The Future of Acute Hospital Services in Worcestershire

Have your say on plans for the Alexandra, Kidderminster and Worcestershire Royal Hospitals.
What is this document for?

This document seeks your views on the future of services provided at Worcestershire’s largest NHS hospitals - the Alexandra Hospitals, Kidderminster Hospital and the Worcestershire Royal Hospital.

This is a consultation document and Worcestershire’s Clinical Commissioning Groups would like to hear your views on the recommended changes.

For more information about the consultation or to request a summary of the information provided in this document in a different format or language please get in touch with us. Requests for information in a different language will be provided in a document format where possible, and if not possible, via an interpretation service.

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Foreword

Every patient is entitled to expect high quality and safe health services from the NHS.

As NHS doctors in Worcestershire it is our passion and aim to provide the very best of health and care to our patients and communities. We intend to make changes to existing hospital services so we provide the best possible safe services when they are needed with better clinical outcomes for patients.

This document describes the reasons for change and the improvements we want to see. We explain our vision on how we think your hospital services should be provided in the future and we want to know what you think and if there is anything else that you believe would improve the changes we are planning. This document does include medical and technical terms. These are explained when they are first used and there is also a glossary at the back of the document. If you need any part of the document explained we also have a consultation helpline: 07710 075062

The three Clinical Commissioning Groups in Worcestershire (Redditch and Bromsgrove CCG, South Worcestershire CCG and Wyre Forest CCG), who are responsible for deciding which health services should be provided, and Worcestershire Acute Hospitals NHS Trust have developed a clinical model which we believe gives Worcestershire services that are clinically and financially sustainable.

Future of Acute Hospital Services in Worcestershire Programme

Launched in September 2013 the Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme aims to provide the best hospital services for everyone who lives in Worcestershire. We have developed a clinical model for hospital services which we believe gives Worcestershire safe, high quality and sustainable hospital services. The clinical model outlines our proposals for the future and if approved would see permanent changes to a small number of services.

The main elements of the FoAHSW clinical model are:

- Centralising emergency surgery onto one site with skilled staff which will improve outcomes and patient experience
- Creation of centres of excellence for planned surgery
- Retaining emergency and urgent care services at the Alexandra Hospital
- Centralisation of inpatient care for children at Worcester with the majority of children’s care remaining local
- Centralisation of births at Worcester with ante-natal and post-natal care remaining local

We believe it is the best clinical solution for Worcestershire. It has been developed by clinicians within the county and endorsed by the West Midlands Clinical Senate and maintains as wide a range of health services as possible across all three hospitals in Worcestershire.

Clinician:
A health professional, such as a doctor, physiotherapist, or nurse, who is directly involved in patient care.

Clinical Senate:
A Clinical Senate consists of doctors, nurses and other health professionals and their role is to assess whether proposed service changes will work.
We are only consulting on this clinical model and accept that we are not offering local people a choice about what services should be provided at each hospital. We do want to know if we have missed anything, or if there are ways in which we could enhance the services we plan to offer.

Over the last few years we have seen current clinical services become increasingly unstable due to shortages of highly skilled staff, and some services have had to be altered on an emergency, temporary basis, to ensure the safety of patients. In this document we explain the positive impact these changes have had on our patients and staff.

### What has been the effect of the temporary emergency changes?

While we regret the need to make temporary emergency changes to some services they have brought considerable improvements to patients.

#### Emergency bowel surgery
- Patient outcomes have been improved
- The number of complications after surgery has fallen

#### Maternity
- Cover by dedicated resident senior doctors on the labour ward has increased to 77 hours every week meaning more women have immediate access to a senior doctor when they are in labour
- Caesarean sections rates have fallen from 32.6% to under 25% of all births benefiting more than 400 women a year.
- Most women across the county have chosen Worcestershire Royal Hospital to give birth. All the additional births have been accommodated at Worcestershire Royal Hospital
- Patient satisfaction levels remain high

#### Children’s services
- All children are assessed by a senior children’s doctor who decides whether they need to be admitted to the Worcestershire Royal Hospital
- GPs in the north of the county can refer children to specialist clinics at the Alexandra Hospital
- Fewer children are being admitted to hospital – we’ve seen a 17% fall in admissions since the emergency changes
- Individual plans have been put in place to ensure children with ‘open access’ to the Alexandra Hospital, because of long-term problems, can have the same access to the Worcestershire Royal Hospital and individual transport plans to enable them to travel to and from Worcester
We know that people value local services and often rate access as a high priority. As a group of GPs responsible for commissioning these services, we have to put the safety of our patients above everything else. Our guiding principles are to put forward proposals for safe services which are provided as near to people’s homes as possible. Most people go to our hospitals as outpatients or to have diagnostic tests. Under our proposals, this would not change and 95% of patients would continue to attend the same hospital as they do now.

Services at Kidderminster Hospital would be maintained and there is scope for additional investment and more services at the hospital in the next few years. The proposals also do not affect services provided by the five community hospitals in Worcestershire, Pershore, Evesham, Tenbury Wells, Malvern and the Princess of Wales Hospital in Bromsgrove.

The proposals we are putting forward will form a key part of the wider Herefordshire and Worcestershire Sustainability and Transformation Plan which has recently been published. The plan aims to ensure we all receive better care, are healthier, and have an NHS which runs more effectively by 2021. More information on the plan is available at: www.yourconversationhw.nhs.uk

The proposals have been drafted with the input of many local people as well as leading local and national experts, who we wish to thank. In particular we would like to thank the members of the Patient, Public and Stakeholder Advisory Group and its Chairman, Colin Beardwood, whose wise counsel has helped us refine the proposals over the last five years. We have also engaged with local people prior to this public consultation to test the proposals on them and their input has helped shape what is in this document, particularly with regard to transport.

We encourage you to read this document thoroughly and to consider the reasons for our proposals. Then tell us what you think.
We value what you think and we want as many people as possible to respond to this consultation by the deadline of midnight on March 27th 2017. We would like to reassure you that we will consider the views of all the people, groups and stakeholders who respond.

Dr Richard Davies  
Chair, NHS Redditch & Bromsgrove Clinical Commissioning Group

Dr Anthony Kelly  
Chair, NHS South Worcestershire Clinical Commissioning Group

Dr Clare Marley  
Chair, NHS Wyre Forest Clinical Commissioning Group
This review was started in January 2012 because clinicians across Worcestershire were worried about how they could safely deliver their services due to shortages of staff. They could see that national changes in the training of doctors would reduce the numbers available to keep services running at all Worcestershire’s hospitals.

Nationally there has been a shift in the way doctors are trained as they are encouraged to specialise their medical training to focus on a specific area. This has brought with it significant advances as medical technology and capability have increased over the years. But it also brings challenges. It is no longer possible, or acceptable, to staff services with generalists (medical professionals with a broad range of skills) or juniors. If you do, the evidence is that for particularly serious conditions, there is a risk of poor care.

Our local clinicians told us that we could not continue as we are. Some of our services are too small to continue on more than one site and we know that we can improve clinical care for patients by bringing specialists together in larger teams.

Having larger teams will enable individual clinicians to treat more patients which will help maintain and improve skills and give you a better service. This is particularly important for patients undergoing specialist procedures, such as major bowel surgery, where it is important to be treated by specialist doctors who perform enough procedures to keep their skills up-to-date.

It will also help us ensure senior doctors are more likely to be available at any time of the day or night to take decisions about their patients.

Over the last four years, staff shortages have worsened and as a result some services have had to be moved on a temporary emergency basis. These temporary emergency changes to births, complex emergency surgery, inpatient children’s services, emergency surgery on children and emergency gynaecology have been made without additional funding to support them.

You, our local community, rightly demand the highest quality of care. You also want care to be more convenient and designed around the realities of your daily lives. For both reasons, there is a move towards seven-day service provision and this also requires a redesign of how we work.
Clinical challenges

There are three areas of significant challenge for hospital services in Worcestershire:

- Children’s services;
- Births;
- Emergency surgery

Children’s services

Worcestershire Acute Hospitals NHS Trust runs two departments at the Alexandra and Worcestershire Royal Hospitals where children can be admitted for specialist treatment (inpatient) but there are not enough doctors to keep both departments open. In September 2016 severe shortages of doctors forced the inpatient service for children to move from the Alexandra Hospital to the Worcestershire Royal Hospital. This is a temporary emergency change although it fits with the clinical model going forward. No decisions on a permanent change will be taken until after this public consultation.

Births

Worcestershire Acute Hospitals NHS Trust runs consultant-led maternity units at the Alexandra and Worcestershire Royal Hospitals where women are supervised by a doctor when they give birth. It also has a midwife-led birth centre at the Worcestershire Royal Hospital and provides a home birthing service across the county for women who want to have their babies at home.

Specialist children’s doctors are on site 24-hours-a-day in doctor-led maternity units to provide care for babies who are born needing immediate medical help. The risk of having consultant-led births without children's doctors on site is that a baby will be born who needs immediate medical help and there will be no-one available to look after him or her. These specialist children’s doctors also care for children who need to stay in hospital (inpatient). If there are no inpatient services for children there will be no children's doctors in the hospital overnight and it would be unsafe for doctor-led births to continue. Under our proposed clinical model the inpatient children’s unit at the Alexandra Hospital would close which would mean doctor-led births would also have to stop.

In November 2015 all births from the Alexandra Hospital were moved to the Worcestershire Royal Hospital because of a severe shortage of neonatal nurses (nurses who care for newborn babies who are born premature or sick). This is a temporary emergency change although it fits with the clinical model going forward. No decision on a permanent change will be taken until after this public consultation.

Emergency Surgery

Emergency surgery takes place at both the Alexandra and Worcestershire Royal hospitals.

A 2014 King’s Fund report into reconfiguration of clinical services states that separating the elective (planned) surgical workload from emergency surgery – as proposed under this model - can improve efficiency and avoid cancellations.

Over the past few years there have been concerns about the differences in the quality of emergency surgery undertaken at the Alexandra and Worcestershire Royal hospitals. There have been higher than expected death rates for patients with peritonitis (inflammation of the lining of the tummy) or a bowel obstruction which needs an emergency operation at the Alexandra Hospital than at the Worcestershire Royal Hospital.
This led to the temporary emergency move of emergency surgery on suspected blocked or perforated bowels from the Alexandra to the Worcestershire Royal Hospital in February 2014. This is a temporary emergency change although it fits with the clinical model going forward. No decision on a permanent change will be taken until after this public consultation.

**What will these changes mean for planned surgery?**

Planned surgery, which is booked in advance, takes place at the Alexandra, Kidderminster and Worcestershire Royal hospitals. The changes to emergency surgery, children’s and maternity services will affect operations which are booked in advance. This is because we will need to make room at the Worcestershire Royal Hospital to treat these patients. We can do this by moving some planned operations to either Kidderminster or the Alexandra hospitals.

**Economic challenges**

The health service in Worcestershire has to live within its financial means. The three Clinical Commissioning Groups must be able to afford the services they wish to buy for their patients. In turn, the providers, including Worcestershire Acute Hospitals NHS Trust, have to be able to deliver those services at the price the Clinical Commissioning Groups can pay.

The NHS budget has grown year on year for the first 60 years of its life but the NHS is now facing, at best, a static budget going forward. This gives the NHS across the country a huge challenge and Worcestershire is no different.

The proposed changes are based on improving the quality and sustainability of services across Worcestershire. Financial sustainability has not been a key driver in developing our proposals, however it is important that our plans help towards improving the Trust’s financial deficit. It is anticipated that the Trust will see an improvement of £3.5million as an impact of our proposed changes. This has a further potential saving of at least £5million through improving the Trust’s reputation and its ability to recruit and retain staff, reducing their reliance on higher priced agency workers.

**Chapter 2**

**How we have developed our proposals**

**The Joint Services Review**

In January 2012, the Joint Services Review (JSR) was started and led by Worcestershire Primary Care Trust (the organisation which was responsible for commissioning health services in the county) to look at how high quality, safe and affordable hospital services could be maintained in Worcestershire into the future.

However, whilst progress was made in some areas, no agreement was reached on a final proposal or proposals to be considered by the public as part of a consultation process.
Two options were put forward for the potential delivery of acute hospital services in Worcestershire.

- **Option 1** – Worcestershire Acute Hospitals NHS Trust to continue to run services at the Alexandra, Kidderminster and Worcestershire Royal hospitals.
- **Option 2** – Worcestershire Acute Hospitals to run services at the Kidderminster and Worcestershire Royal sites with an alternative provider running some services at the Alexandra hospital.

Under both options there were proposals to stop inpatient children’s services, consultant-led births and some emergency services at the Alexandra Hospital.

**The Future of Acute Hospital Services in Worcestershire programme**

With the end of the Joint Services Review and the closure of the Worcestershire Primary Care Trust in March 2013, responsibility for the future reconfiguration of hospital services passed to the three Worcestershire Clinical Commissioning Groups (CCGs), formed under the Health and Social Care Act 2012. The three Worcestershire CCGs are:

- NHS Redditch and Bromsgrove CCG;
- NHS South Worcestershire CCG;
- NHS Wyre Forest CCG.

These three CCGs, in collaboration with NHS England, Worcestershire Acute Hospitals NHS Trust and the NHS Trust Development Authority (now NHS Improvement) established a new programme in September 2013 – the Future of Acute Hospital Services in Worcestershire (FoAHSW) to take over responsibility for the reconfiguration of hospital services.

An Independent Clinical Review Panel was set up in November 2013 to review the two options which had resulted from the Joint Services Review. This panel included medical and nursing experts from outside Worcestershire who were tasked to consider the situation from a clinical perspective only and make recommendations as to the best solution to provide high quality and safe services for patients in Worcestershire into the future.

The Independent Clinical Review Panel rejected both options. It said that option one needed to be modified to provide a better service for patients in Redditch and Bromsgrove and that option two would have resulted in a worse service for the whole of Worcestershire as it would have led to the loss of many services currently provided in the county.

Further work was undertaken to refine option one and develop it into a clinical model. This work included examining the potential for a stand-alone midwife-led birth centre in the north of the county. The revised clinical model was put forward to the West Midlands Clinical Senate for review in late 2014/early 2015.

The West Midlands Clinical Senate supported the majority of the clinical model but asked for further work to be done on the proposals for Accident and Emergency, particularly emergency care for children. This work was led by Dr Kiran Patel, Medical Director of NHS England West Midlands.

The West Midlands Clinical Senate approved the revised clinical model in June 2016, agreeing that it provided sustainable clinical services for Worcestershire.
The Quality and Service Sustainability Sub-Committee is chaired by one of Worcestershire Acute Hospitals NHS Trust’s Divisional Directors. Membership of the sub-committee includes GPs, hospital consultants, senior nurses and representatives from the Worcestershire CCGs, NHS England and NHS Improvement.

The following temporary emergency changes have been made on clinical safety grounds:

- Emergency surgery on suspected blocked or perforated bowels has been centralised at the Worcestershire Royal Hospital
- Emergency surgery on children has been centralised at the Worcestershire Royal Hospital
- Emergency gynaecology has been centralised at the Worcestershire Royal Hospital
- All births (except home births) have been centralised at the Worcestershire Royal Hospital
- Inpatient children’s services have been centralised at the Worcestershire Royal Hospital

All these changes are temporary and the Quality and Service Sustainability Sub-Committee has identified the trigger points which would enable each of the services listed above to be returned to the Alexandra Hospital. The committee meets monthly to monitor the safety of services and whether the temporary changes can be safely reversed. To date, none of the services affected have met the committee’s criteria to reverse changes.
Chapter 3

Our proposals

Planned Care

Proposal 1
To introduce countywide centres of excellence for orthopaedics (surgery on bones), breast surgery and laparoscopic benign upper gastro-intestinal services at the Alexandra Hospital and to introduce a women’s centre and an ambulatory care centre at the Alexandra Hospital.

Proposal 2
To strengthen the countywide centres of excellence for colorectal cancers, oncology and radiotherapy, vascular surgery, major upper gastro-intestinal and bariatric surgery, and head and neck cancer at the Worcestershire Royal Hospital.

Services for Children

Proposal 3
To centralise all inpatient children’s facilities at the Worcestershire Royal Hospital and to provide better access to home nursing and consultant-led clinics to prevent as many children as possible from being admitted to hospital.

Births

Proposal 4
To centralise all hospital births in the county at the Worcestershire Royal Hospital where women would have the choice of midwife or consultant-led care.

Emergency Surgery

Proposal 5
To centralise all emergency surgery at the Worcestershire Royal Hospital.

Emergency and Urgent Care Services

Proposal 6
To retain the Accident and Emergency Departments (A&Es) at the Alexandra and Worcestershire Royal Hospitals. The Alexandra A&E would be for adults (over 16 years old) only. Both hospitals would have new urgent care centres which could treat adults and children 24-hours-a-day.
The model of care being proposed for Worcestershire separates much of the emergency and planned care undertaken in the county. This separation enables the Worcestershire Acute Hospitals NHS Trust to utilise its workforce and equipment in the most cost-effective way and ensures emergency patients have access to all the experts and equipment. It will improve outcomes and enhance the patient experience. It will also lead to a reduction in the number of cancelled operations.

The model of care we are proposing moves:

- Most planned orthopaedic surgery from Worcestershire Royal Hospital to the Alexandra Hospital
- Some planned gynaecology surgery from Worcestershire Royal Hospital to the Alexandra Hospital
- More planned surgery – e.g. breast surgery from Worcestershire Royal Hospital to the Alexandra Hospital
- More ambulatory care from Worcestershire Royal Hospital to the Alexandra Hospital
- More daycase and short stay surgery to Kidderminster Hospital
- All hospital births from the Alexandra Hospital to the Worcestershire Royal Hospital
- Inpatient children’s services from the Alexandra Hospital to the Worcestershire Royal Hospital
- Emergency surgery from the Alexandra Hospital to the Worcestershire Royal Hospital

The two Accident and Emergency departments at the Alexandra and Worcestershire Royal Hospitals will be maintained and expanded to include urgent care centres.

However, the Accident and Emergency department at the Alexandra Hospital will be for adults only (over 16s) due to the proposed move of children’s inpatient beds.

It is expected that 95% of patients will continue to access their hospital care in the same hospital as they do now and that 80% of children who currently attend the Alexandra Hospital will continue to have their care provided in Redditch.

Ambulatory care:
Medical care provided on an outpatient basis including diagnosis, observation, consultation, treatment, intervention and rehabilitation.

A&Es and urgent care centres:
Patients with minor and moderate illnesses and injuries can be treated in urgent care centres. Patients with more serious or life-threatening injuries and illnesses need to be treated in an A&E.
Planned care is care that is by appointment for you to have your treatment or surgery. At the moment planned care services are delivered at all three hospital sites. Due to the unpredictable nature of unplanned and emergency care we often find that routine planned surgery has to be cancelled at short notice so that emergency patients can be treated. We believe we could give patients a better experience if we concentrated much of our planned care in specialist centres. Centres of excellence provide better care for patients. They allow the concentration of physical and clinical resources in one location, enabling specialised practice and the benefits this brings. Patients are treated in dedicated theatres and wards, by specialist nurses, physiotherapists, radiologists, occupational therapists and other clinicians.

The Worcestershire Urology (the area of medicine that focuses on diseases of the kidneys, bladder and male reproductive organs) Centre is already based at the Alexandra Hospital and we aim to introduce the following new countywide centres of excellence at the Alexandra Hospital:

**Countywide centre of excellence for elective orthopaedics (surgery on bones)**

Most of the major planned orthopaedic work currently undertaken at both Worcestershire Royal Hospital and the Alexandra Hospital would be concentrated at the Alexandra site in Redditch. The centre would deliver comprehensive, holistic and personalised care for patients with bone and joint disorders. It would provide the full range of orthopaedic services and all complex orthopaedic services for the county. The countywide centre for orthopaedics would have a dedicated operating theatre and wards at the Alexandra Hospital. This would ensure patients are treated in an environment which reduces the risk of infection after surgery. The centre of excellence would form part of a combined service for patients with bone and joint problems across Worcestershire. There would be specialist rehabilitation services in appropriate settings away from the Alexandra Hospital to enable patients to receive on-going treatment closer to home. The orthopaedic work currently undertaken at Kidderminster, including most hand and foot surgery in the county, would continue.

**Countywide centre of excellence for laparoscopic benign upper gastro-intestinal surgery (keyhole surgery on non-cancerous/non-serious conditions of the upper and middle sections of the gastrointestinal tract including oesophagus (food pipe), stomach and gall bladder tract)**

This includes gall bladder surgery, hernias and reflux surgery. There would be a team of consultant surgeons undertaking planned benign upper gastro-intestinal surgery at the Alexandra Hospital.
The Worcestershire Royal Hospital is currently the centre for colorectal cancers, oncology and radiotherapy for cancer patients, vascular surgery, major upper gastro-intestinal and bariatric surgery and head and neck cancer and these would be developed into countywide centres of excellence.

We also want to ensure that Kidderminster Hospital remains a thriving local hospital with as wide a range of services as possible. Under the proposals it is expected that the number of operations undertaken at Kidderminster Hospital will increase.

The proposals for planned care would mean that some people would have to travel further for their daycase and routine operations in the future but we believe they would have better surgical care with reduced chance of cancellation or hospital-acquired infection than now. Outpatient appointments would continue to be available in all three hospitals, as now.

- **Women’s Centre at the Alexandra Hospital**
  
  A dedicated womens centre at the Alexandra Hospital for gynaecological outpatient and day case procedures.

- **Ambulatory Centre at the Alexandra Hospital**
  
  A dedicated centre for ambulatory surgical care at the Alexandra Hospital. This would enable patients to have planned and urgent, but not emergency operations, and procedures at the Alexandra Hospital as an outpatient.

The Worcestershire Royal Hospital is currently the centre for colorectal cancers, oncology and radiotherapy for cancer patients, vascular surgery, major upper gastro-intestinal and bariatric surgery and head and neck cancer and these would be developed into countywide centres of excellence.

We also want to ensure that Kidderminster Hospital remains a thriving local hospital with as wide a range of services as possible. Under the proposals it is expected that the number of operations undertaken at Kidderminster Hospital will increase.

The proposals for planned care would mean that some people would have to travel further for their daycase and routine operations in the future but we believe they would have better surgical care with reduced chance of cancellation or hospital-acquired infection than now. Outpatient appointments would continue to be available in all three hospitals, as now.

**Proposal 1**

To introduce countywide centres of excellence for orthopaedics, breast surgery and laparoscopic benign upper gastro-intestinal services at the Alexandra Hospital and to introduce a women’s centre and an ambulatory care centre at the Alexandra Hospital.

**Proposal 2**

To strengthen the countywide centres of excellence for colorectal cancers, oncology and radiotherapy, vascular surgery, major upper gastro-intestinal and bariatric surgery, and head and neck cancer at the Worcestershire Royal Hospital.

What would happen to Parvinda?

Parvinda (44) from Tenbury has been diagnosed with gallstones and needs to have her gall bladder removed. Under our proposals Parvinda would have her operation at the Alexandra Hospital in the specialist elective upper gastro-intestinal centre. She would have her operation in a dedicated planned surgery operating theatre and recover on a planned surgery ward.

What would happen to Mike?

Mike (56) from Malvern needs a hip replacement. Under our proposals he would be given a convenient date to have his surgery at the Alexandra Hospital in Redditch. His operation would go ahead as planned in a specialist orthopaedic theatre. He would receive his immediate after care as an inpatient in Redditch before being discharged home after 4-5 days. At home he would continue to have physiotherapy from the community team based at Malvern Community Hospital.
Services for children under 16 are currently available at all three Worcestershire hospitals. There are specialist children’s wards at the Alexandra and Worcestershire Royal Hospitals and children are seen as outpatients at the Alexandra, Worcestershire Royal and Kidderminster Hospitals. Most day case operations on children are undertaken at Kidderminster Hospital.

Under our proposals there would continue to be outpatient procedures at all three hospitals and daycase operations at Kidderminster but all inpatient facilities would be concentrated in a new specialist children’s centre at the Worcestershire Royal Hospital.

We are making this proposal because there are currently too few specialist children’s doctors in Worcestershire to meet the Royal College of Paediatricians’ safety guidelines and there is evidence that sick children do better if they are treated in larger, more specialist centres. By concentrating our inpatient services for children in one hospital we would be able to increase the amount of consultant cover for sick children and have the opportunity to introduce an additional team of doctors and nurses to care for very small babies. This will help us recruit and retain specialist doctors and nurses in Worcestershire which would benefit all our children.

Most children who are admitted to hospital spend less than 24 hours as an inpatient.

**Alexandra Hospital**

All children who are taken to the Alexandra Hospital for emergency care would be assessed and given initial treatment in the urgent care centre. Most would be treated and discharged, some would be referred to consultant-run children’s clinics at the Alexandra Hospital for specialist input and some could be referred to an enhanced Orchard Service which provides services to children in their own homes. Any child who was seriously ill would be taken by ambulance to the Worcestershire Royal Hospital.
Kidderminster Hospital

Children with minor or moderate illness or injury will continue to be treated in the minor injuries unit at Kidderminster Hospital. Children will continue to have planned operations which do not require an overnight stay at Kidderminster Hospital, with further plans to increase the amount of surgery. If complications occur after surgery children will be transferred to the Worcestershire Royal Hospital, as now.

Worcestershire Royal Hospital

The Worcestershire Royal Hospital would be the countywide centre for children's services. It would have all the inpatient facilities for children in the county.

There would also be a paediatric assessment unit at the Worcestershire Royal Hospital which would see children from all over the county.

Paediatric Assessment Unit

A part-time paediatric assessment unit for the Alexandra Hospital was considered as part of the development of the clinical model. However both the West Midlands Clinical Senate and our own GPs and hospital doctors were worried about the safety of a unit which was only available for part of the day and was not supported by inpatient children's beds. On safety grounds it was decided not to proceed with a paediatric assessment unit but to increase the scope of the children's home nursing service which would be able to provide assessment in children's homes.

Temporary emergency changes to children’s services

In September 2016 severe shortages of doctors forced the inpatient service for children to move from the Alexandra Hospital to the Worcestershire Royal Hospital. This is a temporary emergency change although it fits with the clinical model going forward. No decisions on a permanent change will be taken until after this public consultation.

Proposal 3

To centralise all inpatient children's facilities at the Worcestershire Royal Hospital and to provide better access to home nursing and consultant-led clinics to prevent as many children as possible from being admitted to hospital.

What would happen to Lucy?

Lucy from Bromsgrove is three and has a high temperature and a rash which doesn’t fade when her parents press a glass against it. They suspect it might be meningitis and call 999 for an emergency ambulance. The ambulance takes Lucy straight to Worcestershire Royal Hospital where the doctors confirm it is meningitis. She’s treated on the children’s high dependency unit and her parents are able to stay with her until she is discharged home six days later.

What would happen to James?

James (8) from Astwood Bank has a history of asthma and has been a frequent visitor to the Alexandra Hospital. He’s at school when he has his latest asthma attack. His mother brings him to the urgent care centre which is co-located with the A&E at the Alexandra Hospital. James is referred to the children’s outpatient clinic where he is seen by a consultant paediatrician the same
day. James is assessed by the consultant who believes he is well enough to return home with a written asthma management plan. The consultant asks the Orchard Service, which provides a hospital at home service for children, to review James at home for the next 24 hours.

Births

There are currently consultant-led maternity services at both the Alexandra and Worcestershire Royal Hospitals and there is a co-located midwife-led birth centre at the Worcestershire Royal Hospital.

It is unsafe to run a consultant-led maternity service if there are no on-site children’s doctors 24-hours-a-day. This is because some babies require specialist support from highly trained doctors just after they are born. Most of the time the doctors and midwives looking after pregnant women can tell which ones will need extra special help but sometimes a baby which is expected to be healthy also needs specialist help.

If Proposal 3 is accepted and we no longer have inpatient beds for children at the Alexandra Hospital we would have to stop births at the hospital.

We propose to concentrate all hospital births in Worcestershire at the Worcestershire Royal Hospital. All women would continue to have all their ante-natal care, scans and diagnostic tests at the hospital or community clinic they currently attend but they would give birth to their babies in Worcester.

Alternatively they would be able to choose another provider, such as Birmingham Women’s Hospital or Warwick Hospital for all their ante-natal care and the birth itself.

Women who have low risk pregnancies will also be able to give birth at home.
Temporary Emergency changes to births in Worcestershire

Due to the shortage of neonatal nurses all hospital births in Worcestershire were moved on a temporary emergency basis from the Alexandra Hospital to the Worcestershire Royal Hospital in November 2015. Until then up to 2,000 women had given birth every year at the Alexandra Hospital. We expected that around 500 of these women a year would choose to give birth out of county but experience from the emergency changes has shown that this figure is significantly lower. The Worcestershire Royal Hospital has been able to accommodate all the additional births and the number of complications during birth, such as caesarean sections, have fallen.

Midwife-led birth centre in North Worcestershire

The Independent Clinical Review Panel report (published January 2014) said that NHS Redditch and Bromsgrove Clinical Commissioning Group should consider offering women the choice of having their baby in a stand-alone midwife-led unit in the north of the county if they choose to do so and their pregnancy is low risk. The three CCGs considered this and decided not to include it as part of the consultation because:

- The co-located midwife-led birth centre which opened in April 2015 on the Worcestershire Royal Hospital site, has proved extremely popular and serves the whole of Worcestershire.
- Fewer women than expected have transferred out of county for the birth of their child as a result of the temporary emergency changes and the Worcestershire Royal Hospital has had the capacity to cope with the additional births.
- There is spare capacity at neighbouring stand-alone mid-wife led birth units and unlikely to be enough demand for a new stand-alone birth centre in the area.

Redditch and Bromsgrove CCG will consider undertaking a separate review in the future, if demographics or circumstances change.

Proposal 4

To centralise all hospital births in the county at the Worcestershire Royal Hospital where women would have the choice of midwife or consultant-led care.

What would happen to Leesa?

Leesa from Redditch is 17. She’s young and healthy but her scan shows that her baby is smaller than expected and is likely to need extra support after birth. As Leesa is considered ‘high risk’ and needs to be cared for by a consultant obstetrician she has to plan to give birth in a full obstetric unit. The nearest units are Birmingham Women’s, Warwick and Worcestershire Royal Hospital. Leesa chooses the Worcestershire Royal Hospital. She has all her scans and pre-birth check-ups at the Alex and when she goes into labour prematurely she travels to Worcester to give birth. Her baby Oli is small and needs high dependency care followed by special care for two weeks. Leesa stays in hospital and Oli moves from the neonatal unit to the transitional care ward where Leesa helps to look after him until he can be discharged home. Leesa and Oli have all their follow up care in Redditch.

What would happen to Lottie?

Lottie (27) from Bromsgrove is expecting her second child. She had no complications with her first baby and she wants a normal birth. She’s given the choice of having her baby at home or at the midwife led unit in Worcester, which is next to the consultant-led unit. She is warned that even if
she wants a midwife-led birth at home she might have to transfer to Worcester if her baby needs consultant intervention such as an emergency caesarean section. Lottie opts for a home birth which proceeds without any complications.

Emergency Surgery

All emergency surgery will be centralised at Worcestershire Royal Hospital. Patients needing urgent but not emergency surgery will continue to be treated at the Alexandra Hospital.

Ambulances will take suspected emergency surgery patients direct to Worcestershire Royal Hospital. Patients needing emergency surgery who don't call an ambulance and go to the Alexandra Hospital will be stabilised before being transferred to the Worcestershire Royal Hospital. We recognise that medical patients can develop surgical complications so there will continue to be a 24/7 surgical presence at the Alexandra Hospital to provide surgical support to the hospital's acute physicians (Consultants who deal with immediate and early specialist management of adult patients with a wide range of medical conditions).

We realise that under our proposals some people will have to travel further for emergency care but the care they receive will be better and they will have a higher chance of making a full recovery. Anyone travelling in an ambulance will be treated by highly qualified paramedics during their journey.

Proposal 5

All emergency surgery to be centralised at the Worcestershire Royal Hospital.

What would happen to Julia?

Julia (47) from Bromsgrove has had stomach pains for several days but they are getting worse. Her partner is worried about her so he takes her to the Alexandra Hospital. She is seen by the GP in the urgent care centre. He suspects acute appendicitis and refers her to the surgical team at Worcestershire Royal Hospital where she is transferred for surgery that night. Three days later she is back home in Bromsgrove.
We are proposing that Worcestershire’s two Accident and Emergency (A&E) departments at the Alexandra and Worcestershire Royal hospitals will remain open 24 hours a day and that they will each contain new 24 hour co-located urgent care centres. Due to the planned move of children’s beds the Accident and Emergency Department at the Alexandra Hospital will be for adults (over 16 years old) only, but children will be treated for minor and moderate illnesses and injuries in the urgent care centre.

The Emergency Departments will be staffed by a full range of staff and will provide high levels of care. Emergency Department consultants will be employed on a countywide basis and rotate between the Alexandra and Worcestershire Royal Hospitals.

**Kidderminster Minor Injuries Unit**

The minor injury unit at Kidderminster Hospital would remain. It provides a local service to the population who need treatment for minor injuries such as wounds, burns and broken bones which can be managed without having to stay in hospital. It does not receive patients who are seriously ill or injured or those who require resuscitation. However if seriously ill patients arrive in the department staff are trained to look after them and have procedures in place with West Midlands Ambulance Service NHS Foundation Trust to ensure rapid transfer to Worcestershire Royal Hospital.

**Proposal 6**

To retain the Accident and Emergency Departments at the Alexandra and Worcestershire Royal Hospitals. The Alexandra Accident and Emergency Department would be for adults (over 16 years old) only. Both hospitals would have new urgent care centres which could treat adults and children 24-hours-a-day.
What would happen to Jane?

Jane (75) from Studley has asthma, heart failure and diabetes. She is a frail, elderly patient who frequently needs to go into hospital. One night she falls out of bed and her care home calls for an ambulance to take her to the Alexandra Hospital. At the Alexandra Hospital, she is initially seen by a doctor in the Emergency Department. He doesn’t think she has fractured her hip but he sends her for an x-ray to be sure. The x-ray comes back clear and Jane is able to return to her care home.

What would happen to Darren?

Darren (6) from Redditch falls off a swing in the local park and his mum takes him to the Alexandra Hospital. He is assessed by a GP in the urgent care centre and sent for an x-ray which reveals he has a simple fracture. Darren’s wrist is plastered and he goes home two hours after arrival. He has his follow up care at the Alexandra Hospital.
What these proposals will mean for you and your family

Most people visit the Alexandra, Kidderminster and Worcestershire Royal Hospitals as outpatients or to have tests to find out what’s wrong with them. The Clinical Commissioning Groups’ draft proposals do not affect these services and most patient visits to the Alexandra, Kidderminster and Worcestershire Royal hospitals would continue as normal in the future.

The table below sets out a selection of the most commonly used services at the Alexandra, Kidderminster and Worcestershire Royal hospitals and detail, in the majority of occasions, what would happen to those services under these proposals. This allows you to see what the proposals mean for you, your family and the people who use these hospitals. Where there is a choice of locations to receive treatment, patients would, as now, have a choice of where to go.

### Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Alexandra Hospital</th>
<th>Kidderminster Hospital</th>
<th>Worcestershire Royal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ante-natal</strong> (women seen before the birth of their babies)</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Audiology</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Back pain</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Bariatric surgery</strong> (Surgery on the stomach/intestines to help someone who is very obese to lose weight)</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Blood tests</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Breast screening</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Breast surgery</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Broken ankle</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Bronchoscopy</strong> (Procedure to examine a patients airway)</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Caring for new born babies – special care</strong></td>
<td>✓!* ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Caring for new born babies – high dependency and intensive care</strong></td>
<td>✓!* ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Cataracts</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Chest infection</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Child assessment unit</strong></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Child stay in hospital (inpatient)</strong></td>
<td>✓!* ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Service Description</td>
<td>Alexandra Hospital</td>
<td>Kidderminster Hospital</td>
<td>Worcestershire Royal</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Colonoscopy</strong> <em>(procedure to look at the inner lining of the large intestine)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Complicated skin diseases</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>CT scan</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Cuts</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Cystoscopy</strong> <em>(procedure used to examine the inside of the bladder)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Dehydrated elderly patients</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Deliveries of babies – Consultant led</strong></td>
<td>✓*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Deliveries of babies in a Midwife led unit</strong></td>
<td>x</td>
<td>x</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Diabetic patients</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Diabetic ulcer</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Deep vein thrombosis</strong> <em>(blood clot that develops in a deep vein)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Early pregnancy assessment unit</strong></td>
<td>✓*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Emergency abdominal surgery</strong></td>
<td>✓*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Epileptic fit/seizure</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Fracture clinics</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Gallstones removal</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Gastroscopy</strong> <em>(procedure to look at the oesophagus (food pipe), stomach and first part of the small intestine)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Gynaecological surgery</strong> <em>(surgery on the female reproductive system)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Heart attack (major)</strong></td>
<td>x</td>
<td>x</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Heart attack (minor)</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Hernia repair</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Hip fracture (broken hip)</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Hip replacement</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Home birth</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Investigation of anaemia</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Kidney stones</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Knee replacement</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Lumps, bumps and cysts</strong> <em>(minor surgery)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Service</td>
<td>Alexandra Hospital</td>
<td>Kidderminster Hospital</td>
<td>Worcestershire Royal</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Minor abdominal pain</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Minor head injuries</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Minor injuries</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>MRI scan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oncology (treatment of cancer)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral surgery (Jaw/mouth surgery)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Outpatient clinics</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pain clinic</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Pancreatic cancer surgery</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Diabetic patients</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetic ulcer</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pneumonia (Inflammation of the lung)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Post-natal (women seen after the birth of their babies)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rehabilitation and post-operative care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Renal dialysis</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Self-poisoning</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Serious allergies</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Shared fertility services</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Shoulder surgery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Simple fracture of arm</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sprains and strains</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Sudden worsening of bronchitis (infection causing inflammation/irritation to the main airways of the lung)</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Suddenly confused elderly person</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Throat and nose procedures</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Thyroid procedures (gland in the neck that produces hormones)</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ultrasound scan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>X-ray</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

* These services have been suspended on a temporary emergency basis
Worcestershire is a rural county and its three hospitals are all between 18 and 20 miles apart. Any changes to existing services which alters the site at which a service is delivered will have an impact on travel for staff, patients and visitors.

Throughout the development of our proposals the public has told us that there needs to be better transport links between the hospitals. The programme’s equality impact assessment undertaken by Mott MacDonald reinforced this.

We need to know how you would wish to travel to hospital in the future and you can do this by completing our questionnaire inserted at the end of this document. We are committed to supporting a transport solution.

We are working with the parents and carers of children who have open access to the children’s ward at the Alexandra Hospital to develop transport which meets their needs and enables them to get to the Worcestershire Royal Hospital whenever they need to do so.

Public transport links between the three acute hospital sites are poor. There is a train service between Worcester and Kidderminster, but the Worcestershire Royal Hospital is on the outskirts of the city and is 1.4 miles from Worcester Shrub Hill station. The number 150 bus runs between the bus depots in Redditch and Worcester and serves both the Alexandra and Worcestershire Royal hospitals but the service only runs three times a day in each direction and therefore does not meet the travel needs of staff travelling between the two hospitals for work or patients and visitors trying to access services at specific times.

All three hospitals have large public car parks but it is recognised that at peak times car parking can be an issue for the public and for staff, particularly at the Worcestershire Royal Hospital site. Access to a private car or van varies across the county but research by the RAC in 2012 shows that 77.6% of households in Worcester; 79.7% of households in Redditch and 81.6% in Wyre Forest have access to a private car or van.

The most frequent reason for visiting a hospital is for an outpatient appointment or diagnostic test. Under the proposed clinical model all outpatient appointments and diagnostic tests will continue to be delivered from the same hospital site as now.

The transport survey, conducted by an independent company, Mott MacDonald, as part of the planning process for this consultation, revealed that 85% of patients and visitors currently travel by car to the Alexandra, Kidderminster and Worcestershire Royal hospital sites. A further 8% travel by bus. Most people (95%) would still be treated at the same hospital as they are now. We realise we need to understand how those patients and their visitors who would have to travel, would be able to make their journey.

We are working to make sure the distances that people travel to access specialist healthcare services are reasonable and convenient.
Further consideration for transport and the use of voluntary sector, including sponsorship and shared funding, will continue to be looked at.

Worcestershire Acute Hospitals NHS Trust is also looking at the parking available on its three hospital sites.

To help us plan the right transport we need you to tell us what transport you currently use to get to hospital and how you would want to travel if you needed to get to a different hospital in the future. You can do this by filling in the questionnaire inserted at the end of this document.

The temporary emergency changes to services have enabled us to talk to patients, visitors and carers about how they are accessing our hospitals. We are also monitoring the use of the ambulance service and this will help us plan future transport arrangements.

**Equality Impact Assessment**

As part of the preparation for this consultation we asked an independent company, Mott MacDonald to undertake an equality impact assessment on our proposals.
This assessment looked at:

- The health outcomes if our proposals are implemented;
- The impact the proposals would have on vulnerable groups in the community and whether they would experience disproportionate effects to the general population;
- Travel and the changes to journey times.

Mott MacDonald has published its interim equality impact assessment and this will be finalised after public consultation to take account of views raised during the consultation. A copy of the interim equality assessment is on the website: www.worcsfuturehospitals.co.uk

The report looked at the four areas which could change and concluded:

- **Emergency care** – Patients accessing specialist services at Worcestershire Royal Hospital are likely to access services via ambulance, and be diverted to the most appropriate hospital based on their condition; limiting the impact of accessibility issues. Therefore, for this group, accessibility may be more of an issue for visitors. We recognise that there would also be an impact on patients once their treatment had finished and they needed to return home.

- **Paediatric care** - For children requiring access to hospital based emergency or inpatient care, children and their families would have to travel an increased distance to access these services and this was viewed negatively by stakeholders. It was felt that for families of children who require an inpatient stay this may also have an impact in terms of managing existing family commitments such as child care for other members of their family.

- **Maternity and neonatal care** – Negative impacts were identified relating to the accessibility of consultant led maternity services and neonatal care under the proposals. In terms of accessibility, it was considered that this could have a negative impact on pregnant women if there was further to travel in an emergency situation. There would also be implications for partners, birth supporters and visitors of these services, as well as the families of babies receiving neonatal care. Stakeholders commented that this may be a particular issue for those reliant on public transport. Since the temporary emergency changes to maternity services in November 2015 we have monitored the impact on women and their families. Patient satisfaction levels have remained high, the maternity unit at the Worcestershire Royal has coped with all the additional births from Redditch and only ten women per month have chosen to have their babies outside the county.

- **Planned care** - As a result of the consolidation of some planned care services to particular hospitals, some patients would need to travel longer distances to access the planned surgery they need in the future. As well as patients, these proposals would also affect visitors and support may need to be provided to both patients and visitors accessing unfamiliar sites. Further to this, the impact of accessibility will be heightened for those who also need to travel further to attend hospital for observation before planned surgery. Outpatient appointments however would continue to be provided across all three hospitals in Worcestershire and therefore accessibility is not an issue.

For those who access services themselves (rather than by ambulance) those living in rural communities, or who do not have access to a car, would be particularly affected by the changes, and this is likely to result in additional pressures on community and public transport services. Poor public transport and issues with car parking facilities at the hospitals increase the severity of these impacts.

In terms of positive impacts, the provision of local urgent care, minor injury and children’s assessment services was viewed positively, ensuring that these services can be accessed locally for
Worcestershire residents. The continued provision of an Accident and Emergency Department (adult only) at the Alexandra Hospital and antenatal care and maternity assessment services were also felt to be positive.

Further, if the home birthing service was enhanced this would enable those ‘low risk’ mothers living within north Worcestershire to give birth locally, rather than having to travel to Worcestershire Royal Hospital (or their next nearest maternity service).
Chapter 5

Having your say

Your views are extremely important and we are keen to hear from as many people, groups and stakeholders as possible.

These are the ways in which you can find out more, get involved and tell us what you think:

**Questionnaire**

Please fill in the questionnaire online at: [www.worcsfuturehospitals.co.uk](http://www.worcsfuturehospitals.co.uk) or the paper version inserted at the back of this document.

**Public meetings and events**

Public meetings and events are being held to enable anyone with an interest to find out more about the proposals, ask questions and provide their views.

The Future of Acute Hospitals Services in Worcestershire (FoAHSW) programme will be discussed at the Governing Bodies of Worcestershire's three Clinical Commissioning Groups on the following dates below. These meetings are all being held in public:

- **Thursday 26th January** – Redditch and Bromsgrove CCG Governing Body - BHI Parkside, Bromsgrove, B61 0AE – 9am
- **Thursday 26th January** – South Worcestershire CCG Governing Body – Committee Room, Pershore Civic Centre, WR10 1PT - 2pm
- **Tuesday 7th February** – Wyre Forest CCG Governing Body - Council Chamber Wyre Forest District Council, Kidderminster, DY11 7WF – 9am

In addition drop-in sessions and roadshows are being held in all the county’s hospitals and in community venues. A full list can be found on the website: [www.worcsfuturehospitals.co.uk](http://www.worcsfuturehospitals.co.uk)

**Contact Us**

Please contact us via the following:

- Visit our website: [www.worcsfuturehospitals.co.uk](http://www.worcsfuturehospitals.co.uk)
- Call us on: **07710 075062**
- Email us at: [futurehospitals@worcestershire.nhs.uk](mailto:futurehospitals@worcestershire.nhs.uk)
- Send your response to: **Future of Acute Hospital Services in Worcestershire, Freepost Plus RTCU-KZKZ-EJZZ, NHS South Worcestershire CCG, The Coach House, John Comyn Drive, Worcester WR3 7NS**
Deadline

To ensure your views are considered we must receive your response by no later than midnight on Monday, March 30th 2017.

Feedback analysis

An independent research organisation has been appointed to collect and analyse all the responses to this consultation including the questionnaires and feedback received at public meetings and events. The findings will help the Clinical Commissioning Groups finalise their proposals for acute hospital services in Worcestershire. The report on the consultation will be published on the website.

Further information

Further information about the plans and this consultation are on the website, www.worcsfuturehospitals.co.uk. The website has all the consultation materials including frequently asked questions.

If you have any further questions about the consultation or would like to request additional copies or alternative versions of this document please contact us via the details above.

Please note we will be unable to respond individually to the feedback received but all feedback will be considered and analysed as part of the report on the consultation.
Chapter 6

Next steps

The consultation closes at midnight on Monday, March 30th 2017. To ensure that your views are considered we must receive your response before then.

Once the consultation closes the three Clinical Commissioning Groups will consider all the responses that have been received and the feedback they have received at the public meetings and events during the consultation. They will use this feedback to develop their final proposals.

The final proposals will be put to the three Clinical Commissioning Group Governing Bodies for approval in May 2017.
In Summary

95% of patients will be treated in the same hospital as now.

Centres of Excellence

80% of children continue to receive care at Alexandra Hospital, Including Diagnostics, Outpatient & Urgent Care

Emergency Care & Planned Care

Separated to Improve access & quality

Why is change needed?

Workforce
To address national workforce shortages

Quality
To improve quality of care for patients

Safety
To improve safety of services
What does this mean for my local hospital?

**Kidderminster Hospital**
- More day case Operations
- More short stay Operations

**Worcestershire Royal Hospital**
- All Births
- All Inpatient children’s beds
- Emergency surgery
- Centre for emergency care
- A&E for adults & children
- UCC* for adults & children

**Alexandra Hospital**
- More planned surgery
- A&E for adults (16+)
- UCC* adults & children
- Women’s centre
- Improved theatres

*Urgent Care Centre

What can I change?

**Transport**
Help improve transport across the county

Let us know!
Have we missed anything?
Any ideas how services could be delivered differently?
**Glossary**

**Acute surgery**
Urgent surgery which needs to be completed in hours or days.

**Ambulatory Care**
Medical care provided on an outpatient basis including diagnosis, observation, consultation, treatment, intervention and rehabilitation.

**Bariatric surgery**
Surgery on the stomach and/or intestines to help someone who is very obese to lose weight.

**Centre of excellence**
A centre for patients with a specific health need where specialist staff, equipment and facilities for the treatment of this particular illness or condition are all in one place.

**Clinical Commissioning Group**
A Clinical Commissioning Group is an NHS organisation set up in 2012 to organise the delivery of NHS services.

**Commissioning or Commissioner**
Commissioning is the process for evaluating the services required and selecting the most appropriate suppliers to deliver those services, in this case health services. The commissioner is the person or organisation who does this.

**Colorectal cancer**
Colon, rectal or bowel cancer is when cancer develops in the colon or parts of the large intestine.

**Day assessment unit**
A unit to assess patients before they either go on to a ward or are sent home which is only open during the day and not at night.

**Emergency centre**
An Accident and Emergency or A&E department in a hospital which treats patients with serious illnesses or injuries.

**Emergency surgery**
Unplanned surgery which needs to be completed immediately due to a life-threatening illness or injury.

**Gastro-intestinal surgery**
Surgery to the digestive system and the parts of our body that enable us to digest food, for example the stomach. Also upper gastro-intestinal surgery includes surgery on the gall bladder and hernias.

**Haematology**
The area of medicine that involves the study and treatment of blood.
Independent Clinical Review Panel
A panel of medical and clinical professionals from outside the area who reviewed the options for specific health services and made proposals for the safest and highest quality healthcare for patients into the future.

Inpatient
A patient who needs a stay in hospital.

Major Emergency Centre
A department in a hospital with specialist facilities and staff which treats patients with specific emergency conditions, like heart attacks or stroke, as well as treating patients with other illnesses and injuries who would attend an A&E department.

Major Trauma Centre
A specialist centre in a small number of hospitals which treats patients with the most serious and life-threatening injuries like serious head injuries, severe gunshot wounds or road traffic accidents.

Maternity Assessment Unit
A short stay department in a hospital where pregnant women are assessed before being either transferred to a ward or sent home.

Medical Assessment Unit (MAU)
A short stay department in a hospital where patients undergo tests and stabilisation before they are transferred to a ward or sent home.

Midwife-led Maternity Unit (MLU) or Midwife-Led Birth Centre
A maternity unit which is managed by midwives who deliver babies to mums who are classed as low risk.

Neonatal unit
A department in a hospital where babies who are born early, who don’t weigh very much or who have a medical condition, receive specialised care.

Obstetrics
The branch of medicine that deals with the care of women during pregnancy, childbirth and after delivery.

Oncology
The study and treatment of tumours.

Orthopaedics
Orthopaedics or orthopaedic surgery is concerned with conditions relating to bones and joints like the spine, hips, knees, hands and feet.

Outpatient
A patient who is treated in a clinic during the day and doesn't need to stay in hospital.

Paediatric Assessment Unit (PAU)
The same as a medical assessment unit but for children.
Planned care
Treatment or surgery which is booked in advance and is not an emergency.

Primary care
The first point of contact for a patient when he/she is feeling ill but is not experiencing a medical emergency, for example a GP.

Radiotherapy
The use of high energy rays, usually x-rays, to treat diseases like cancer.

Royal College
The Royal Colleges are the governing bodies for the different strands of medicine, for instance child health and surgery. They set the standards individual doctors, nurses, other clinicians and hospital services must meet.

Sustainability and Transformation Plan (STP)
The national planning framework for the NHS over the next five years.

Tertiary centre
A tertiary centre is a hospital that provides specialist healthcare in a large hospital with specialist facilities and staff.

Urgent Care Centre (UCC)
A department in a hospital where a patient will be treated if they have an urgent but non-emergency illness or injury.

Urology
The area of medicine that focuses on diseases of the kidneys, bladder and male reproductive organs.

Vascular surgery
Specialist surgery on veins and arteries.

Worcestershire Primary Care Trust
The organisation which organised the delivery of health services in Worcestershire before the clinical commissioning groups were established in April 2013. It was also known as NHS Worcestershire.