

## **Introduction to the Summary of Patient and Public Engagement to Support the Review of Hospital Services**

The summary outlines the early engagement with the public and patients to look at hospital services in South Yorkshire, Bassetlaw and Chesterfield

The purpose of the engagement was to understand from a patient and public's perspective what makes a sustainable health service, what is important to them about hospital services and to support the development of a series of principles to inform the work looking at hospital services. This engagement was the first phase of a longer term programme of engagement to inform the work.

The summary covers:

- An overview of the engagement
- An overview of the feedback
- How the feedback was taken into account

## **Hospital Services Review**

South and Mid Yorkshire, Bassetlaw and North Derbyshire: Summary of Patient and Public Engagement to Support the Review of Hospital Services

Phase one: September 2017

# Contents

1	Introduction	3
2	Background	3
3	Purpose	3
4	Overview of engagement undertaken	4
5	Overview of feedback	5
	A Why do services need to change?	5
	B What principles should underpin the review?	5
	C How should we define sustainable services?	7
	D What services should we consider for review?	7
	E What is important to you?	9
6	What will we do with this information?	10
	Appendix 1: Feedback form (used at event)	11
	Appendix 2: Online survey	13

# 1 Introduction

This report summarises the feedback from engagement activities with patients and the public from across South Yorkshire, Bassetlaw, North Derbyshire and Mid Yorkshire during August 2017. The purpose of the engagement was to understand from a patient and public's perspective what makes a sustainable health service, what is important to them about hospital services and to support the development of a series of principles to inform the review of hospital services across South Yorkshire, Bassetlaw, North Derbyshire and Mid Yorkshire. This engagement, which was developed and delivered by the Accountable Care System communications team, was the first phase of a longer term programme of engagement to inform the review.

## 2 Background

The South Yorkshire and Bassetlaw Accountable Care System (ACS), known as 'Health and Care Working Together in South Yorkshire and Bassetlaw' has a clear ambition to provide high quality, safe and sustainable health services across the whole of South Yorkshire and Bassetlaw. To ensure all local populations have the same access to treatment and good outcomes when they use hospital services the Accountable Care System has committed to a review of hospital services.

The review will identify those services which would benefit from being delivered in a different way to ensure they are sustainable for the long term. It will consider the future role of hospitals as both a key part of local health care systems and as part of a wider NHS system delivering services for patients across the region.

The scope of the hospital services review is to focus on clinical services and clinical support services. It is being led by an independent Review Director, and an independent Programme Director, with independent consultancy support.

## 3 Purpose

The purpose of the engagement was to understand what was important to patients and the public about hospital services and seek input and agreement on the:

- definitions of what is a sustainable service
- principles that will underpin the review.

Patients and the public who contributed to this phase of engagement were advised that their input will inform an approach to selecting which services will be looked at by the review, and this was why opinion was being sought at this stage.

Patients and the public were asked to identify what components they believed made a health service sustainable. The review team's working sustainability criteria were also shared, they included:

- Seeing and treating **enough patients** to operate a safe and efficient service
- Having an **appropriate workforce** to meet staffing needs
- Having **'interdependent' clinical services** in place and in reach to operate core services safely and effectively – for example, sometimes when a patient receives health care, they unexpectedly

need some other extra urgent care; services in the future need to have access to the possible extra services in place to keep patients safe.

Patients and the public were also asked to review and comment on a series of principles which were proposed to support the review, they were:

- Care will be closer to home and will be outside hospital wherever possible
- The review will engage patients, the public and staff throughout in shaping and developing the options
- Any recommendations to change services that are highlighted by the review would be subject to and informed by public consultation
- We are looking at service-wide problems not short-term issues, and therefore we will look for long-term solutions
- The review will look at our services and consider how they can be sustained. (There is a commitment from all organisations involved in the review to keep all local hospitals and provide urgent care in all of them - so people will always have somewhere to go in an emergency)
- The review is working on the principle that the best and most sustainable clinical models (the way you are treated) will support financial sustainability, ensuring that the costs of all proposals developed do not exceed those we already have.

The team was keen to hear from patients and the public to ensure the principles covered those things which they felt were important. They were asked: 'Are these principles a sound basis to work from?' and 'Is there anything we have missed?'

## 4 Overview of engagement undertaken

This is the first phase of a longer term programme of engagement with patients and the public which has been developed and delivered by the Accountable Care System communications team. It included:

- An event held on 17 August 2017 at The Source in Sheffield, which was attended by 62 members of the public. The purpose of the session was to inform the decision-making about which services should be included in the hospital services review and the principles that should underpin the review. Feedback from the event was captured on flip charts and handouts, and 43 evaluation forms were completed and a thematic breakdown is available. These are summarised in this report. The event was advertised through the five regional Healthwatch groups and through wider community organisations such as Voluntary Action organisations.
- An online survey was open for one week between 21 and 28 August, via Survey Monkey. Patients and the public were encouraged to complete it having been made aware of it via ACS partner networks and communications processes and with a direct mail to those people who attended the event. A total of 23 people completed the online survey and this is also summarised in the report.

# 5 Overview of feedback

## A Why do services need to change?

The NHS has always changed to ensure its services make the best use of new technologies and medications and that the services that are being provided are what is needed for the population at any given time.

When this was considered at the August event most respondents said that the main reason services may need to change is because of funding. It was felt that changes to services were often due to government cuts or that those services are no longer cost effective. Participants also gave the following reasons they believed services needed to change:

- Services need to change to reflect changes in the needs of the population and demographic change
- there is an opportunity to reduce waste, duplication and the fragmentation of services, making better use of resources
- services should change to take the needs and experiences of patients into account.

## B What principles should underpin the review?

A series of principles to support the review were proposed and patients and the public were asked to review these to ensure the principles covered those things which they felt were important. Participants at the event and survey respondents considered these principles and below is an overview of the responses.

Principle	Summary of feedback
Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after	All respondents agreed with the theory of this principle and that providing care closer to home is often better for the patient, their families and the community. However, some respondents raised queries around: 'how will community care be funded? Will it result in the closure of hospital wards? There aren't enough specialty staff currently to provide safe care - how is this being tackled?'
Patients, the public and staff will help us review services and think of different ways of doing things	Whilst all respondents agreed with this principle, that coproduction of services is important, over half of respondents felt that engagement with patients and the public is often 'tokenistic' and just 'lip service' with the decisions already having been made and so it is therefore a waste of time and money. Some respondents highlighted that although consultation was important there are not enough patient and public representatives in the decision-making teams.
Any proposals to change services would go to public consultation	Every respondent agreed with this principle, with some recommending that the public should be at the heart of any change, and others noting the legal requirements for consultation.

	<p>There was scepticism from some respondents that the time given to the public to respond to changes was too short, concern that the changes would be adequately 'advertised' and if the responses make any difference. Whilst another respondent noted that: 'the NHS can't be all things to all people. Someone politically independent needs to look at the budget, reasonable needs and crack on with the job'.</p>
<p>We are looking at problems across the whole service, not just short-term struggles in one area - we want services to be the best they can be for years to come</p>	<p>All respondents agreed that there is a need to review services across the area to ensure they are sustainable.</p> <p>Many respondents noted that ensuring the public is involved is key but that inclusivity 'must involve some unusual suspects not the same old' with 'better communication, information sharing and joint working between all the service providers involved (mental and physical health, social care etc).'</p> <p>A few respondents responded along the following lines: 'rationalise where the best service is offered for each specialty and then consolidate these services in one area. Have excellent services in one area, not average services over two places.'</p>
<p>How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency</p>	<p>There was a very mixed response to this principle, with some not seeing it as a principle but more of an open statement or question.</p> <p>Many respondents noted that A&amp;E/urgent services should be available in all local hospitals and people should be turned away and signposted back to GPs or walk-in centres if they arrive in A&amp;E when it is not an emergency.</p> <p>In relation to helping services stay safe respondents noted the need for an increase in staffing levels with the appropriate skill mix and providing the right care, first time. A couple of respondents also noted that there should be an increase in 'education for the public about using the right service first', 'it's about keeping up with statutory health checks - MOTs, dentists etc and healthy lifestyles - being more proactive than reactive' and 'providing a 24 hour service: pharmacies and supermarkets for selfcare, better GP access, better recruitment from within the UK'.</p>
<p>We will look at how we can work differently to make sure we can afford the services we need</p>	<p>Many respondents thought that although this principle sounds good, they were concerned about the reduction in budget and the increase in staff required: 'yes, but do not compromise on quality or staffing', 'devolving care into the community will not work unless funding and resources are also</p>

	<p>transferred’.</p> <p>Some respondents suggested there is a lack of public engagement at the beginning of such discussions and therefore ‘many people will not be positive or happy about the changes, let alone understand the reasoning behind changes made’.</p>
--	---

When asked if there was anything that has been missed, patients and the public told us:

- the review should include the provision of mental health services in the community (including learning disabilities, dementia and improving access to psychological therapies (IAPT)) as well reviewing how mental health patients are treated in the community
- that GP services should be included
- that an investment in education and training for future staff should be a priority

### **How the Review is taking account of this feedback**

**“The review should include the provision of mental health services in the community”.** The Review team discussed the inclusion of mental health services. However there is already a workstream ongoing looking at the development of mental health services across the Accountable Care System, which will address the issues around mental health. It was felt that including mental health would be beyond the resources and timeframe of the Review, and was not within the terms of reference. However whilst we are not reviewing mental health services, solutions that the review may propose will take into consideration any proposed impact on mental health service patients.

**“GP services should be included”.** Similarly, there is a workstream on development of primary care included within the ACS, and including GP services in the Review would make the Review too wide to be deliverable within the time constraints. However the team discussed the relationship with out of hospital services for each of the areas in scope, and where relevant (as for stroke services, or Urgent and Emergency Care), care outside hospital was included within scope for those specific services.

**“Investment in education and training for future staff should be a priority”.** At the time of drafting this report, the impact of changes on education and training opportunities for staff was included in the longlist of evaluation criteria for the Review. The feedback from the Steering Group was that ‘investment’ should be understood widely as including education and training opportunities.

## **C How should we define a sustainable service?**

Participants at the August event spent some time considering how they would define a sustainable service. The table below summarises the feedback. The attendees elected to take the definitions away and comment on them after the session, so this table is based on feedback from six attendees who returned a response afterwards.

<b>Working sustainability criteria</b>	<b>Summary of feedback</b>
<p>Having <b>enough patients</b> to operate a safe and efficient service</p> <p>We think a service is ‘future proof’ if it sees the right number of patients so that our staff are well practiced and can give good and safe care</p>	<p>Respondents noted that sufficient funding and a fully staffed workforce are key components of a ‘future proof’ service as well as bringing in the appropriate specialist expertise and investing in the education and training of new as well as current staff.</p>
<p>Having an <b>appropriate workforce</b> to meet staffing needs</p>	<p>After funding, the top three things that respondents told us make a ‘future proof’ service</p>

<p>We think a 'future proof' service would have the right staff (who are well trained in what they do) at the right times and in the right places to be able to look after people when they need it</p>	<p>are:</p> <ul style="list-style-type: none"> <li>a) A reduction in duplication – not all services need to be in all hospitals</li> <li>b) Improved communication between services and with patients – open and honest dialogue</li> <li>c) Integration of hospital and community services - ensuring the inclusion of mental health services as equal to physical health</li> </ul>
<p>Having <b>'interdependent' clinical services</b> in place and in reach to operate core services safely and effectively</p>	
<p>People who need extra care, in an emergency, are able to get it quickly and safely. Sometimes when a patient receives some health care, they unexpectedly need some other extra care. We think a 'future proof' service needs to have the possible extra services in place to keep patients safe</p>	

**How the Review is taking account of this feedback**

**"Sufficient funding and a fully staffed workforce are key components of a 'future proof' service".** Workforce are already included in the draft criteria. Following this feedback, the Hospital Services Review team have amended the definition of 'sustainability' to add an extra criterion on funding. The definition of sustainability was amended to read:

- There are enough patients to operate a safe and efficient service;
- There is an appropriate workforce to meet staffing needs;
- There are interdependent clinical services in place, and in reach, to operate core clinical services safely and effectively; and,
- **The service is likely to be deliverable within the resource envelope that is likely to be available.**

**"A reduction in duplication."** Reducing duplication is an important part of reviewing the services, and is included in the Terms of Reference of the review as amongst the objectives . However it was more likely to be an outcome of assessing the services rather than part of the sustainability criteria per se.

**"Improved communication between services and with patients – open and honest dialogue".** This will be central to the approach taken by the Hospital Services Review. The communication campaign for the Accountable Care System campaign, "Honest and Clear", will build on this. In terms of system design, communication between different parts of the system will be a key issue once we are at the point of designing how services are delivered.

**"Integration of hospital and community services - ensuring the inclusion of mental health services as equal to physical health".** The scope of the Review will include community services where these impact on specific acute hospital services, as laid out in the report. Mental health is not in scope for the review since the Review focuses on acute hospital services, and there is separate work being taken forward on mental health services as part of the Accountable Care System.

**D What services should we consider for review – which need to work differently?**

When deciding which services will be considered as part of the hospital services review lots of information will be taken into account: medical directors, operations directors and chief executives from each hospital across South Yorkshire and Bassetlaw will tell the review team what areas they are concerned about and why; the review team will look at the information already available about how local hospitals are doing,

their ratings and the feedback they get; they will also look at whether some services rely on others to be able to work in the best way they can; in addition they will also take into account the feedback from this phase of patient and public engagement.

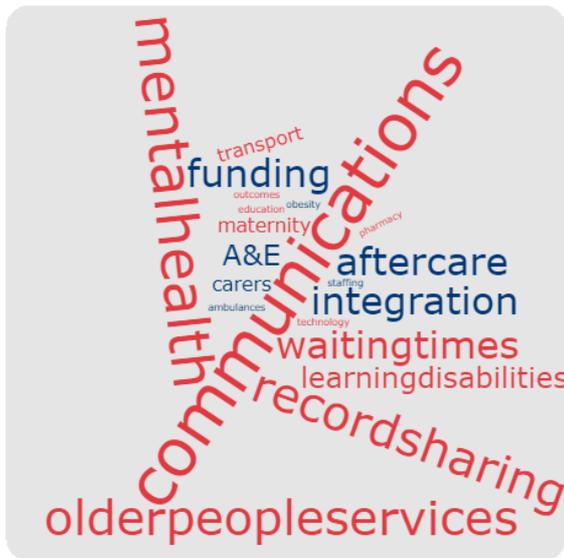
Participants at the August event suggested a wide range of services should be included in the review, see below. The list is weighted, with those services cited more often at the top, but as the number of respondents for this exercise was low the prioritised list was not statistically significant. The list does however give an insight into the services that patients and the public thought should be considered for review.

- Older people's services
- Mental health services – adult and, child and adolescent mental health services, psychology
- A&E – specifically waiting times and the referral to mental health services in an emergency
- Ambulance services
- Walk-in centres
- ENT (ear nose and throat) services
- Orthodontics (oral treatments and dental health)
- Maternity services
- Public health (preventative health services)
- Outpatients
- Pharmacy services
- Diabetes
- Orthopaedics
- Dermatology
- Patient transport
- 111 service

The care provided for the elderly and/or those with dementia was highlighted by many participants who suggested the transition between hospital and community care should be a focus as there was a desire for more seamless integration.

Participants were also asked what should be done differently and they identified a key area as 'communications'. This was a combination of improved communication between hospital services and those provided in the community, and improved communication/information in accessible formats for patients and carers especially for those with learning disabilities or mental health issues. Participants also wanted to see an improvement in the sharing of records between GP practices and hospital services suggesting it would reduce the need to repeat medical histories and improve patient care especially if a patient is seen across different services.

Analysis of the responses shows the main areas respondents wished to see focused upon as part of the hospital services review as communications, older people's services, mental health services and record sharing.



**How the Review is taking account of this feedback**

The Review considered the feedback from the group. Given that the rate of response on this issue was statistically low, and the discussion was based on limited information, the Review team considered the list but did not use it to determine the final selection of services. However, the team did use the priorities that the public identified as most important to them to weight the results when shortlisting services (see next section).

**E What is important to you?**

At the August event, participants were asked to order the following questions and statements in order of their importance to them (1 being the most important and 10 being the least).

- Do we have enough properly trained staff to look after people?
- Are more than two hospitals struggling with the same thing?
- Will service problems stop patients getting the very best?
- Do other hospitals rely on a service to be working in a certain way?
- Even if there were more staff, would the quality of care be excellent and safe for patients?
- The number of patients who are looked after and how they will be affected if a service is struggling
- Whether it costs more to run the service in one of the hospitals than it does the others
- Whether patients are on the waiting lists for too long
- Whether staff who are in training have a good experience of working for that service
- Whether doctors, nurses and other staff see enough patients to be really good at what they do and provide safe care

The table below shows the list as prioritised by patients and the public at the August event and will be used by the review team to inform which services to review and look at in more detail.

Area of prioritisation	Vote
Do we have enough properly trained staff to look after people?	51
Whether patients are on the waiting lists for too long	44
Whether staff who are in training have a good experience of working for that service	39

Whether doctors, nurses and other staff see enough patients to be really good at what they do and provide safe care	32
Will service problems stop patients getting the very best?	27
Even if there were more staff, would the quality of care be excellent and safe for patients?	21
The number of patients who are looked after and how they will be affected if a service is struggling	20
Whether it costs more to run the service in one of the hospitals than it does the others	17
Do other hospitals rely on a service to be working in a certain way?	15
Are more than two hospitals struggling with the same thing?	12

Participants identified having enough properly trained staff to look after people and whether patients are on waiting lists for too long as the areas most important to them. Participants also thought it was important for staff who are in training to have a good experience of working for that service.

Participants did not feel it was important for the review team to look at whether two hospitals are struggling with the same thing, whether other hospitals rely on a service to be working in a certain way or whether it costs more to run the service in one of the hospitals than it does in others.

#### ***How the Review is taking account of this feedback***

During the development of the shortlisted services, the Review team applied a weighting based on the priorities identified by the public. Independent analysis of service data, and self-assessments by the hospitals, had resulted in a 'long shortlist' of the highest priority services.

The team tested what would happen to the order of the shortlist if we gave double weighting to the three criteria which had been identified as most important by the public.

The criteria which were identified as the most important by the public were: 'Do we have enough appropriately trained people?', 'Whether patients are on waiting lists for too long' and 'Whether staff in training have a good experience of that service'.

The results of this analysis are included within the report (section 4.6). Applying the weighting caused some services to move slightly up or down the shortlist but did not significantly alter the results.

## 6 What will we do with this information?

This information has been used to inform the development of a shortlist of services for review and a list of principles to inform the review going forward, as identified above. It will also, where appropriate, inform other Accountable Care System workstreams.

There will be further opportunities for patients and the public to contribute to the hospital services review. For an overview of the review, its timeline and forthcoming opportunities to get involved see [www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk)

# Appendix 1: feedback form (used at event)

## **South Yorkshire and Bassetlaw Hospital Services Review Public Conversation to Review Principles**

The NHS is one of Britain's proudest achievements. Our staff deliver a superb service in treating record numbers of patients.

Since its creation in 1948, it has constantly adapted and it must continue to do so as the world and our health needs change.

As life expectancy increases so too do the ailments of old age, and there are now more people with chronic conditions like heart failure and arthritis. There are also big opportunities to improve care by making practical changes to how the NHS works.

Improvements like making it easier to see a GP, speeding up access to appointments which will allow us to receive our diagnosis at the earliest possible time, and offering help faster to people with mental ill health problems.

Local hospital services play a vital role in meeting this need and as we look at how we can future-proof them, we are reviewing services within them to help identify which services would benefit from being provided in a different way.

A series of principles to support the review have been proposed and we are very keen to hear your views to ensure we have covered those things which you feel are important.

- Are these principles a sound basis to work from?
- Is there anything we have missed?

Using these principles, early work is now taking place to develop an approach to selecting which services will be looked at by the review, which is why your opinion is important to us.

We will be looking for additional public engagement in designing this approach and would welcome your involvement.

Please return your completed form to Kathryn Hyde, Strategy and Innovation Team, South Yorkshire and Bassetlaw STP: [katy.hyde@nhs.net](mailto:katy.hyde@nhs.net) by 31st July.

**South Yorkshire and Bassetlaw Hospital Services Review**

**Public Facing Review Principles:**

Care will be closer to home and will be outside hospital wherever possible
The review will engage patients, the public and staff throughout in shaping and developing the options
Any recommendations to change services that are highlighted by the review would be subject to and informed by public consultation
We are looking at a service-wide problems not short term issues, and will look for long-term solutions
The review will look at our services and consider how they can be sustained. There is a commitment from all organisations involved in the review to keep all our local hospitals and provide urgent care in all of them - so people will always have somewhere to go in an emergency.
The review is working on the principle that the best and most sustainable clinical models (the way you are treated) will support financial sustainability, ensuring that the costs of all proposals developed do not exceed those we already have.
Would you like to attend any future events (please give name and preferred contact details in the space below)

# Appendix 2: online survey data

Table one: response to proposed principles

Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else	Principle two: Patients, the public and staff will help us review services and think of different ways of doing things	Principle three: Any proposals to change services would go to public consultation	Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come	Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency	Principle six: We will look at how we can work differently to make sure we can afford the services we need
A good principle but potentially very expensive. Must have well trained community staff who care about good patient care. More community local facilities required. Consider more use of families to support patients.	Could be better public engagement but the public need to be clear what is required. Could be more involvement with GP representative groups	Yes but needs a short time scale with better marketing to allow people to be aware of how they can be involved.	Need to review services across the region to rationalise where the best service is offered for each speciality and then consolidate these services in one area. Have excellent services in one area, not average services over two places.	A/E services should be available in all local hospitals in some form with specialised services in major centres. This should be urgent or emergency care only and people should be turned away and signposted back to GP's or walk in centres in they arrive in A/E when it is not an emergency.	Review the amount of general managers and deputies across the hospitals and cut them. Make sure we get value for money out of all non clinical staff as well as clinical staff
Who, where, when. Will it involve paying private companies to provide services will it mean closing hospitals and hospital wardss. Is it a way to save money at the expense of peoples healthcare. I can see the Barnsley hospital from my house but from january a child will been taken to Sheffield , Doncasyer or Wakefield for a night or weekend emergency. Its certainly is not closer to my home. Will the public be involved in this decision if so how and how will they be contacted to be given the opportunity to be involved.	How many? How will they be contacted will adverts be placed in local newspapers for those not online, in gp surgerys and chemists, even schools?	They would have to by law	This is fine as long as the public is informed and involved and its not being done in secret, like now	Stop paying all the money to private companies and quangos. How much do exercises like this cost and how much are you all being paid. Stop this gravy train and put the money into the NHS. Its a political solution and its about not cutting or closing services and recruiting more staff	What does this mean? setting up yet another joint talking shop that money can be poured into, to work out which profit making company will charge the least and deliver a second class service eg capita

## Health and care working together in South Yorkshire and Bassetlaw

### An Accountable Care System

Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else	Principle two: Patients, the public and staff will help us review services and think of different ways of doing things	Principle three: Any proposals to change services would go to public consultation	Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come	Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency	Principle six: We will look at how we can work differently to make sure we can afford the services we need
This sounds much better, but how will the same quality levels be delivered outside of a hospital environment?	I agree with this.	I agree with this.	I agree with this.	This doesn't seem like a principle, more of a question and an open statement. However, I agree with keeping local hospitals.	Yes, but do not compromise on quality or staffing.
Yes agree	Yes agree	Yes agree	Yes agree	Agree but not of at the expenses of isolating communitys and forming big super hospitals and aiding the private sector	Control waste.more communication between departments EDUCATE the public to take responsibility for their own health cut down on the chiefs and gets more Indians so to say
I agree	The NHS does not have a great record of designing approaches properly together with people	Would have to travel through relevant cabinet systems etc	To do this then you must be very inclusive therefore designing the approach must involve some unusual suspects not the same old	Have to define the core offers of each first and have clear relation ale definitions across a range of services so patient flows fit - the system need to regularly check that it should working which needs much stronger collegiate approaches across NHS ccg health watch and local government	You have to take on some of the inherent mistrusts and myths and you must connect with others including communities and vcse
If that "somewhere else" is also close to home and relatives	At EVERY stage of the review	Based on quality of service not just cost	Adequate staffing levels across all disciplines and appropriate skill mix Trained/experienced staff within their job role/speciality. Patient care standards meet patient needs Services regularly reviewed to monitor standards internally and externally (walkrounds) Local diagnostic services Appropriate/timely/correct medication and dosages Care delivered by caring/competent compassionate staff. Right care, first time Safeguarding of vulnerable populations	Based on evidenced based research/best practice/NICE guidance	

## Health and care working together in South Yorkshire and Bassetlaw

### An Accountable Care System

Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else	Principle two: Patients, the public and staff will help us review services and think of different ways of doing things	Principle three: Any proposals to change services would go to public consultation	Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come	Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency	Principle six: We will look at how we can work differently to make sure we can afford the services we need
			Safe and infection free environment.		
Great in terms of local people holding the answer to local problems. Outside hospital wherever hospital-avoids possibility of hospital acquired infections- obviously evidenced based.	Co-production and getting patients view key to improving services. still however from feedback appears this is not at an actual tangible level- feedback suggests is still tokenistic engagement.	great. although I suppose there is also a case to say that the correct balance between public consultation and individuals making decisions on the available research.	Great! Proactivity not reactive based action.	Move out of austerity.	Great. Always good to take on new ideas that could provide answers to specific problems,
Good news, it has to be funded sufficiently to provide the necessary first class care	Most important and work with Social Services too	Definitely	Long term solutions are the best way forward, not short term fixes	Making sure best practice is always carried out with compassion. Educate the public about using the right service first, that way money will not be wasted	A must
Excellent idea, if there's enough staff to take care of them. I have. To wait weeks for an appointment to see my GP!	Excellent idea.	Totally agree that the public should be consulted, but there will be limitations on what the budget will allow.	Yes please! GP services must be made better than they are now. Once again it depends on budget constraints and staff on the ground.	I think in our area our local hospitals already are good and safe. Once gain it's the constraints and shortage off staff than can let it down.	Agree!
This is a great principle but it needs to be achieved practically too! If people get referred to ,other services, the person doing the referral needs to be aware of travel needs and any costs involved etc for that patient.	Does this mean there will be a board made up of the general public etc who will be listened to by the decision makers or will the decision makers chair public meetings so more people can attend and get involved? Also if something can't be done or changed, will there be follow up to let the public know why? That way you keep people involved and they keep their faith in this reviewing dynamic.	This could be a very lengthy and messy process. If this happens, the proposed ideas would need to be advertised in the public domain for a while, then a meeting held for people to discuss it all - with patients, service users and charities and organisations that may need to know, all present. I agree it would be ideal to get people's opinions and ideas on everything but is this practical? Maybe start small and build up?	Does 'services' mean just the NHS services or the community/ charity services etc that people may be referred to as well? Some of these are independent and may not like/ encourage being monitored... Planning for the future is a good method, things need to be sustainable.	If funding is tight, as it often is in this sector, perhaps watch closely where the current funding goes and how it can be utilised better? Some counselling services and advice centres working on prevention may be less funded but be tackling the problem before it becomes a problem - more funding in these services could prevent people needing the hospital in the first place. That said, local hospitals could be kept safer with security service presences at night to deter violence against staff and	It might be worth shopping around when it comes to training needs etc, can people be trained by others already in that post? (using a standardised pack/ information) Also some kind of directory should be available for all wards as well as local GPs etc with community services in it and local charities etc that can offer services outside of the hospital - that way staff know who best to refer patients to.

## Health and care working together in South Yorkshire and Bassetlaw

### An Accountable Care System

<p>Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else</p>	<p>Principle two: Patients, the public and staff will help us review services and think of different ways of doing things</p>	<p>Principle three: Any proposals to change services would go to public consultation</p>	<p>Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come</p>	<p>Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency</p>	<p>Principle six: We will look at how we can work differently to make sure we can afford the services we need</p>
				<p>by the NHS making sure that each hospital has an equal distribution of staff (where possible). for instance, some may have a team of 20 therapists and some may only have 4 - some of this depends on the size of the hospital/ department but roughly all small hospitals should have the same and all larger hospitals should have the same etc.</p>	
<p>At present, there is neither the specialised nor the amount of medical/professional staff to actually ensure this can be delivered safely, successfully without causing physical or mental harm to patients.</p>	<p>While this sounds very good, it actually rarely happens. By the time the public is engaged and asked for their ideas and/or views on how services could possibly be run more efficiently, sustainably and effectively as well as how important services are to them, the remit/main subject areas have already been chosen by those in charge!</p>	<p>see statement 2! Public engagement right at the beginning could not only save time and possibly prevent wasting money, but would also ensure that the public is more positive about changes. This is important to prevent resistance to the changes required by the economic situation the NHS finds itself in.</p>	<p>Totally agree, while short terms fixes may offer savings at the time, they often increase cost in the long term! Better communication, information sharing and joint up working between all the service providers involved (physical&amp;mental health, social care etc) and their patients is desperately lacking at present.</p>	<p>By ensuring services work better together, as well as ensuring they all have the correct (sufficient) amount of trained (qualified) staff for the provision of services, including regular updating of skills and knowledge. Completing some form of impact study could also ensure adequate funding is available for the service and listening to the patients and frontline staff from the outset will ensure a proactive approach, which could prevent errors and spot risks before they pose a problem</p>	<p>Sounds great, sadly lack of public engagement right at the beginning has meant that those who actually use services have had very little say, and even when they have been involved, they were often not listened to. We all know that things have to change, but unless WE are all involved from the start in open honest discussions, many people will not be positive or happy about the changes, let alone understand the reasoning behind changes made. Also using data these days may not be the most accurate method to decide on service provision as often people aren't diagnosed or do not appear on lists, due to being referred/treated by another specialist service.</p>
<p>How? And why? Who else will look after me and who will they be? Will they be professionally trained medical people? And if not, why should</p>	<p>How are the public expected to " think of different ways of doing things "? And what exactly are " doing things "?</p>	<p>Yes. You mention " changing services " but not improving services. Why not?</p>	<p>The problems are about a severe shortage of money and a deliberate shortage of staff. When are you going to address these problems?</p>	<p>Just urgent care? What about surgery, hyper stroke units, 24 hour A&amp;E? Physiotherapy, diabetes care, heart and general surgery? Maternity. Post operative care? All the things which are</p>	<p>We can work differently but it will take greater resources, not less. You're pump priming for cuts and closure. Stand up for the NHS or go and work in America. You have no</p>

## Health and care working together in South Yorkshire and Bassetlaw

### An Accountable Care System

Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else	Principle two: Patients, the public and staff will help us review services and think of different ways of doing things	Principle three: Any proposals to change services would go to public consultation	Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come	Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency	Principle six: We will look at how we can work differently to make sure we can afford the services we need
they be entrusted with the work?				currently available at a PROPERLY FUNDED PUBLICLY OWNED AND RUN NHS HOSPITAL.	ethics, scruples or honesty if you talk about "" afford "" when you've been told to cut £22 billion from the budget. Cowards. The following is a disgrace both to the profession, the NHS and a decent society. I refuse to list them so that you can use the list to justify closing our local hospital. We know you're receiving up to £110,000 a year on top of your salaries to impose a Kaiser Permanente system of American health insurance on us. Don't do it. "
In principle this would be great. But homecare is expensive, are the NHS budgets going to be able to support this because they don't seem to be in many cases.	Again in principle this is how it should be. However, things are often cut and dried before consultation and the consultation process is just lip service, wasting both time and money.	As number 2	I think everyone wants this. How feasible is this with the cut backs the NHS have faced?	Hospitals need to get better at charging those who should be charged. They are very honest about charges in places like New Zealand (i have seen this myself) so we need to stop being so British about it. It is not racist, it's common sense. Money needs to stop being wasted and focused on what the patients need. More education about keeping up with statutory health checks - MOT's, Dentists etc and healthy lifestyles - being more pro active than reactive - more cheaper in the long run. Urgent care needs to have more investments (A&E's etc) and what is being done with promoting not going to A&E's for stupid non urgent issues need to continue - perhaps training in schools would be good for this.	See no 5 which probably covers this partly.
MATERNATY CARE NEEDS	SCHOOL MEDICAL AND DENTAL SERVICES COULD REDUCE THE	YES THEY SHOULD TO RETAIN	EMERGENCY DEPT.WILL ALWAYS BE	SEPERATE EMERGENCY CARE FROM THE MAINSTREAM OF HOSPITAL	ANY PERSON WHO IS NOT AN EU CITIZEN AND RECIEVES TREATMENT

## Health and care working together in South Yorkshire and Bassetlaw

### An Accountable Care System

Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else	Principle two: Patients, the public and staff will help us review services and think of different ways of doing things	Principle three: Any proposals to change services would go to public consultation	Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come	Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency	Principle six: We will look at how we can work differently to make sure we can afford the services we need
CAREFULL ATTENTION	NEED TO GO TO HOSPITAL	CONFIDENCE	IN DEMAND	SERVICES	SHOULD BE CHARGED
Sounds good but where is the 'care closer to home' coming from and how will it be funded?	Too many time consuming and costly reviews and too little action in my opinion.	The NHS can't be all things to all people. Someone, politically independent, needs to look at the budget, reasonable needs and crack on with the job. Consultation, whilst admirable, won't achieve anything.	It's about time but see above.	Define the core purpose of the NHS, 'basic' medical, surgical and mental health services for example and deliver them well. e.g. should ivf be available when certain cancer drugs aren't? When funding is tight, the NHS should be about curing illness not lifestyle.	You are always doing this so it needs to be done differently to be successful.
I agree in principle but have to take into account people's lack of travel in some cases. Or not having the right support at home.	Definitely agree. It should be a standard norm for everything in the NHS. Patients and the public use the services regularly so their voices should be involved.	Definitely - and awareness raising of the consultation should be as wide as possible. Through posters and flyers, social media, and local media if possible.	If thoughts of patients and the public are taken into stronger consideration then longer term plans are likely to succeed, and be accepted by the service users, rather than short term plans devised by clinicians that don't take into consideration of how it will affect service users.	By regular monitoring of services; taking into account client complaints and implementing outcomes from those and staff development.	Definitely. There can always be a way to work differently but not to the detriment of patients and their views.
So long as appropriate care is in place this is a good idea	This needs to happen	Yes	This needs to happen	Yes we do	This needs to happen but patient care should not suffer as a consequence
this is a very important principle, it is one of the main ones to which will solve the problem of exhausting resources for both the patient and the hospital	this is important as you start a partnership between the service and service users		this is a good principle but would need a lot of support to get people to think long term not whats happening now		
[Near] Community often cost-effective as well as good for PEOPLE.	Needs to be truly inclusive.	Essentially, truly democratic, transparent - not 'tokenistic.'	Medium and long term view-s essential.	Vital. Need to bear in mind increasing delays on UK roads! Can hamper ambulance transport to - perhaps, further away - emergency provision.	Yes. Limited resources - financial and skilled, experienced staff - AND volunteers with commitment to CARING. Essential to USE a variety of people's views in thinking broadly and deeply, to use good folk, including volunteers, in planning and

## Health and care working together in South Yorkshire and Bassetlaw

### An Accountable Care System

Principle one: Care will be closer to home and will be outside hospital wherever possible - so you only need to go to hospital when you really need to or can't be looked after somewhere else	Principle two: Patients, the public and staff will help us review services and think of different ways of doing things	Principle three: Any proposals to change services would go to public consultation	Principle four: We are looking at problems across the whole service. not just short term struggles in one area - we want services to be the best they can be for years to come	Principle five: How can we help services stay safe and good? We all want to keep all local hospitals where they are and provide urgent care in all of them so people will always have somewhere to go in an emergency	Principle six: We will look at how we can work differently to make sure we can afford the services we need
					delivery of services. 'Democracy in Delivery' of OUR NATIONAL Health Service/s.
Great in Theory providing people get the adequate care they require	As it should be	A must		communication between GP practices and hospitals needs greater improvement which will result in saving lives as well as money	Save costs by purchasing products from the same competitive seller rather than paying far over the odds for the same product
good care in the community and with close family or freinds	get carers involved	public have to be at the heart of change	people are sick of reviews which change things put more managers and consultants in the nhs which drives up costs ie wages so lets make changes for the long term and review every 5 years	24 hrs service, emergency care when needed use of pharmacies and supermarkets for self care, better gp access, better recruitment from uk, train more nurses, docters, promote gp career at schools, colleges, university earlier, tell students these are the careers there are shortages, increase wages.	more partnership working and learning from each other
No comment	OK	Assuming the public consultation will be heeded	OK	OK	OK
How will care in the community be funded and resourced to the equivalent of hospital care ?	How will patients and the public be involved if they are not represented on the review team ?	Too late if public not previously involved in proposals.	.	But in Sheffield, emergency provision has already been removed from the south of the city.	Devolving care into the community will not work unless funding and resources are also transferred.

**Table 2 Ranking of Principles**

Below is a set of criteria, or a series of questions that we will ask ourselves when deciding which services to review and look at in more detail. Please order them in order of their importance to you (1 being the most important to you and 10 being the least)

<b>Do we have enough properly trained staff to look after people?</b>	<b>Are more than two hospitals struggling with the same thing?</b>	<b>Will service problems stop patients getting the very best?</b>	<b>Do other hospitals rely on a service to be working in a certain way so they can also look after people well?</b>	<b>Even if there were more staff, would the quality of care be excellent and safe for patients?</b>	<b>What will the impact be for patients if a service is struggling, and how many people will be affected?</b>	<b>Does it cost more to run the service in one of the hospitals than it does in the others?</b>	<b>Are patients on waiting lists for too long?</b>	<b>Do staff who are in training have a good experience of working in that service?</b>	<b>Do doctors, nurses and other staff see enough patients to be really good at what they do and provide safe care?</b>
1	4	6	5	10	9	3	8	7	2
1									
6	7	10	9	3	4	2	1	5	8
1	4		5	6	8	7	2	3	
4	5	6	7	8	3	2	1	9	10
1	9	3	8	7	2	10	6	5	4
5	9	8	4	6	3	10	1	2	7
2	1	6	10	7	8	5	3	9	4
2	5	6	4	1	3	9	8	7	10
1	3	4	6	7	2	8	9	5	10
6	10	4	2	7	3	9	1	5	8