

Introduction

Acute care given to people in Darlington Durham and Tees who need treatment in hospital varies in standard. Acute care is the short-term active treatment and care patients of all ages receive, usually in a district general hospital, for severe illness or injury, urgent medical conditions, urgently needed surgery or delivering a baby. It varies in standard depending on where you are treated, the condition you are treated for, and the day of the week you are treated on.

Our ambition is to give everyone the same high standard of treatment and the highest chance of making the best recovery no matter what service they need, or on which day of the week. We want hospital services to be what patients need now and start to adapt into what we and our families will need in 10-15 years' time. We want to be able to afford to offer ever improving treatments, medicines and techniques in the best place for patients.

To do that we will have to change to the way we organise some services in our area. That could mean that some services move, some hospitals might become specialist centres, and some hospitals could end up working together to provide certain treatments.

More of us are living longer. More of us are developing long-term conditions. And more of us are choosing lifestyles that lead to health problems.

We are changing. Our hospital services need to change with us.

What are our main challenges?

Pressure on NHS services means they can sometimes struggle to improve with changing standards. Pressure on NHS services means they can sometimes struggle to improve with changing standards. In the next ten to fifteen years those pressures will increase and continue to put service delivery to the full standards that public and clinicians expect at risk.

The number of people using NHS services is increasing. Joint Strategic Needs Assessments and local health data tell us the populations' health needs are changing. The population in our area is expected to increase, there will be a large increase in the number of people aged over 65 years. Nearly two thirds (65%) of people admitted to hospital are over 65 years old, and an increasing number have complex needs, are frail, or have a diagnosis of dementia.

Emergency admissions have increased by 37% in the last ten years. Reducing the average time patients stay in hospital has accommodated that increase up to now. The average stay for patients over 85 is increasing.

We take into account the full health of our population, including health inequalities geography, deprivation, ethnicity, the challenges of rural areas, mortality data, and the configuration of our hospital services to make sure the overall picture of health in Darlington, Durham and Tees Valley doesn't disguise variations for patients.

We have to deliver required clinical standards. Our analysis tells us our hospitals will not be able to meet about a third of expected clinical standards in the near future. This is not acceptable. We have to use our clinical expertise in more effective and efficient ways.

Clinical standards don't stand still. As new treatments and approaches emerge, standards are understandably raised.

In the long term our aim is to develop an approach that links primary, community, acute and social care to provide seamless support for elderly patients and people with long-term conditions – acute services need to be protected for acute need, with excellent community services available to deliver out of hospital care.

To meet clinical standards, we need to make sure our workforce is available in the right locations and services now and in the future.

We do not have enough qualified staff. There are national shortages of specialist clinical staff, which makes recruiting qualified people difficult. Recruitment into emergency medicine, nursing, children's medicine and specialist services such as elderly medicine is becoming increasingly difficult, with gaps in training schemes, an increasing reliance on agency staff, and unfilled consultant posts. Application rates for training schemes involving general medicine are declining.

The NHS is working towards making sure that all **hospitals provide services seven days a week**, so patients receive the same high quality, safe care on a Saturday and Sunday as they do on weekdays. National information suggests that patients are more likely to die in the days following admission if they are admitted on a Sunday compared with a Wednesday.

This means having enough consultants available to assess and review patients, providing access to important diagnostic tests and ensuring that consultants are there to make crucial clinical judgements. Reduced staffing and fewer senior doctors on duty, as well as poor access to diagnostic tests at weekends will affect the quality and safety of care.

We have to make the best use of your money. All these issues and more put pressure on the budgets we have available.

Increasing numbers of patients understandably increases costs. We need treatments and equipment, which are continuously increasing in price. And to deliver clinical standards we need qualified staff who are difficult to recruit and costly to source through agencies as an alternative to recruitment.

The estimated budget shortfall across Darlington, Durham and Tees is estimated at £345m shortfall by the end of 2018/19 if we continue as we are.

What are our choices?

We have some difficult choices ahead of us.

- We have to decide how to change the way services are organised across hospitals so they can work more effectively together. For which services do we create specialist centres and where do we base them? For which services do we develop networks of clinicians or shared teams who will work across multiple sites?
- We have to decide how to change the way hospitals work, so they can work better with services offered out of hospital in people's homes and communities. We have to decide how we will meet the changing needs of a larger older population who will have more long term conditions.
- We have to decide how we spend more of our money preventing ill health and the wider determinants of health inequality, so we can close the gap in health and wellbeing between our local communities and the rest of the country.

What we have done so far?

Discussions with doctors and other clinical staff

Senior local doctors and other clinical staff have reviewed the clinical standards they aspire to deliver for each of the acute care services. We have assessed each hospital against those standards across a number of areas.

We have worked with over 100 clinicians, asking them to consider what the best possible acute care would look like and how they could deliver that to the standards required.

We asked them to think about how services should work together to deliver the standards with the staff and money available without thinking about individual hospitals and sites right now. We asked them to focus on:

- Acute Paediatrics, Maternity and Neonatology (services for very small babies)
- Accident and Emergency
- Acute Medicine
- Acute Surgery
- Intensive Care
- Interventional radiology (specialized Xray helped treatment)

We are developing the **clinical and financial cases for change** which set out the drivers for change and the detailed nature of the challenging choices that we are faced with.

We want to see care provided in hospital and in the community working together as a single integrated system.

We have established a Programme Board made up of the partner organisations and representatives from local councils, and have put in place support arrangements to take forward the next phase of planning and programme delivery.

Discussions with partners and the public

We have been regularly talking to and sharing information with our partners, Healthwatch, Health and Wellbeing Boards and Overview and Scrutiny Groups.

We have started talking to and involving representatives of the public in an ongoing programme of communication and engagement.

We have already carried out some independent research into what the public and service users value in the hospital services currently provided, how they can be improved and how the challenges faced by the NHS might be addressed. This showed:

- Service priorities among local residents with regard to hospital services include: knowledgeable and professional staff; quality of care; cleanliness and hygiene
- Most people are willing to travel for planned care but would like to see unplanned and emergency care close by
- Urgent and emergency care is the most used hospital service amongst local residents in the last year
- People considered changes that might be made to reduce spending in the NHS in a challenged financial climate

Next steps

We are preparing for the next key phase in our engagement programme as we set out our vision for better health services in Darlington, Durham and Tees Valley, and agree the detailed scope of our programme for change.

We will continue to work with doctors and other clinical staff to think about how we can organise services to meet the clinical standards with the staff and money we have available, and we will involve the views of patients and the public in that work.

We look forward to sharing our work so far, working with you to further develop our plans, and our timescales for delivering these.