

Shotley Bridge Community Hospital Services

Draft Public Engagement Document

Version 1.6



1. Foreword

As NHS North Durham Clinical Commissioning Group (NDCCG), we work on your behalf to plan health services that you need and use. We plan based on the local clinical strategy and work with hospital and community services, GPs and local authorities to ensure services best meet the needs of the local population.

The Shotley Bridge Community Hospital (SBCH) site is relatively old, expensive to run and lacks the infrastructure required to support future delivery of services. We recognise the need to address how the current SBCH services are delivered in the future.

The main provider of services for patients at SBCH is County Durham and Darlington NHS Foundation Trust (CDDFT). The Clinical Commissioning Group (CCG) is working closely with CDDFT to deliver healthcare for our patients in the future.

Importantly, we need to hear from local people and partners in this public engagement exercise to hear your views and to discuss how we could modernise the way in which we deliver these services in your local area.

This vital feedback will be used as part of a process that will refine ideas and inform a formal consultation in the near future.

Please use this document, visit our website, attend our engagement events and complete the online survey - do get involved in this important healthcare services proposal for the future of services currently delivered out of Shotley Bridge Community Hospital.



Dr Ian Davidson
Project Clinical Lead and Lanchester GP

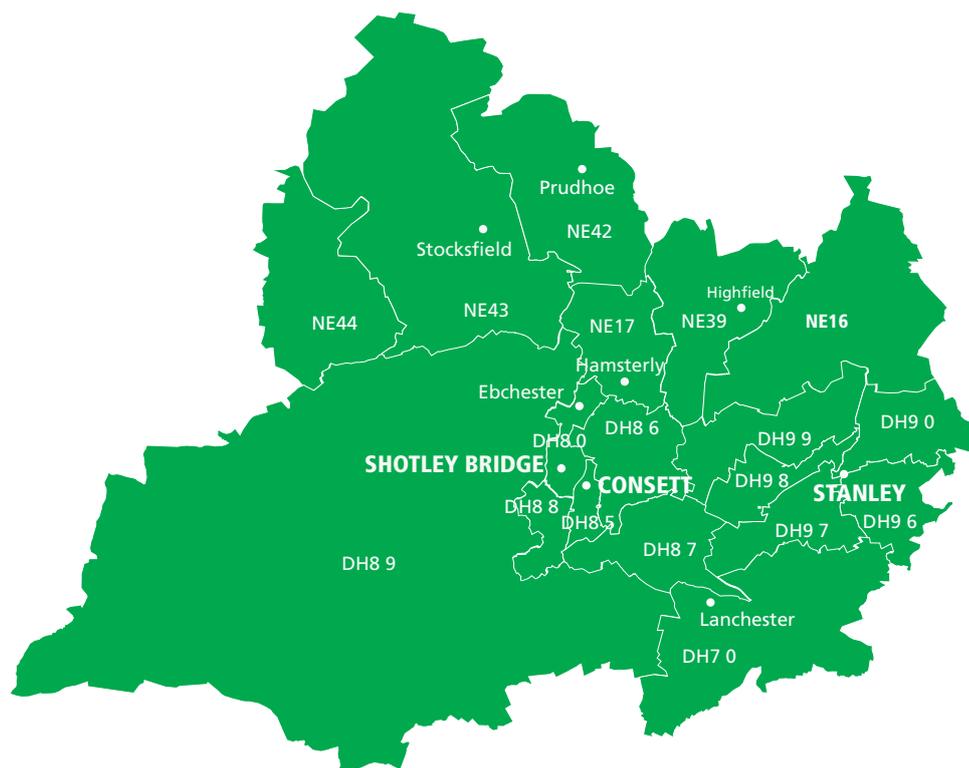
Purpose of this document

- To provide information about the services included in this public engagement
- To provide information about the list of ideas/scenarios
- To ask your views on the range of services we propose to deliver in the future
- To help us consider what ideas should be taken forward to formal consultation

2. Introduction

NDCCG is responsible for planning and designing a range of local NHS services. These services include planned and emergency hospital care, rehabilitation, most community services and mental health and learning disability services.

North West Durham



Shotley Bridge Community Hospital (SBCH) near Consett, County Durham currently provides the following services (please see glossary for definition of services):

- Outpatients
- Urgent Care
- Chemotherapy
- Rehabilitation Bed Provision
- Diagnostics
- Theatre
- Endoscopy (currently suspended, not provided in last 12 months)

SBCH is a medium sized hospital building which formed part of a larger hospital site, the majority of which has been demolished. The remaining site includes two towers (built in 1950 and 1969) which have exceeded their expected operational lifespan, leading to a number of risks.

As a result, there are high costs associated with running SBCH services (£1.8m a year) and there is a significant backlog of costly site maintenance works required over the next five years (£2m).

Maintenance costs at the current site are substantial and major investment would be required to make the site suitable for the next 20-30 years.

We have capital monies available for a fit for purpose facility that will deliver better value for taxpayers' money. Maintenance costs at the current site are substantial and major investment would be required to make the site suitable for the next 20-30 years.

Once we have engaged and consulted on the service and access issues we will look at what the best building solution will be for the future service delivery.

Clinical need for change

Health and social care needs have changed over time and as a result we have to adapt to meet this changing demand. The overall reliance on hospital based outpatient care has reduced and will continue to do so with advances in technology.

As care becomes more specialised, clinicians need to have more advanced skills and experience. So that clinical standards can be met services and staff are coming together on larger hospital sites.

As outlined within the NHS Long Term Plan (2019) services are to be organised across primary, community, social care and voluntary sector providers to meet the changing needs of an ageing population with more complex needs. To have care closer to home, preventing ill health, promoting independence and reducing the need for hospital based services.

County Durham work in partnership across health and social care to plan and deliver joined up services which best support people, including those living with long term conditions.

We believe that there is a strong clinical and financial case for reviewing current services and investing in a fit for purpose facility.

NDCCG believe that current SBCH services are best delivered from a, local, modern and fit for purpose healthcare facility that ensures services are future proofed.

NDCCG has made a financial commitment to provide such a local facility in which to deliver these services.

This public engagement exercise is to explore how some services (currently delivered at SBCH) might be re-provided in a fit for purpose facility and how some services might be delivered elsewhere.

No decisions will be made at this stage about future service delivery.

County Durham have an established way of partnership working across health and social care. They plan, design and deliver primary and community services that wrap around the patient. Any facility will support local primary and community care services within the North West of

Durham. One of the aims is to keep people at home where they will be supported and cared for (where possible) locally.

We have set up a Reference Group consisting of the local MP for North West Durham, local Councillors, the project clinical lead, staff from NDCCG and CDDFT and the Director of Integrated Community Services. Collectively they have been considering information about the current services and what must be considered in any future decision making.

We have also set up a Project Group which includes members of the local Patient Reference Group, Friends of Shotley Bridge Hospital, Healthwatch (as an observer), the project clinical lead and CDDFT and NDCCG staff.

We have been working with our Patient Reference Group members to help develop the information that we are presenting to the public about our proposals.

We want to listen to and understand the views about our proposal from local patients, family members and the wider public, alongside healthcare providers and clinicians, local GPs, local authorities, voluntary and community sector organisations and other stakeholders.

3. Health needs of the local area

The following information provides an insight into the local demographics and health need within the Derwentside area, however if you want further detailed information please click this link <https://www.durhaminsight.info/quick-profile/?geographyId=cf0b9cfb522c49eab7435bb469ea3784&featureId=E02004298>

Table XX details the overall population size of the Derwentside locality, this is shown as a comparison between the County Durham, North East and England position. As at 2017 the population of Derwentside was 94,403, this represents a 10.8% increase since 2001. Derwentside has a faster rate of population growth than that of County Durham and the North East region as a whole. This rate of growth in Derwentside is likely to be a result of housing developments in and around the Consett area taking place.

ONS 2017 Estimates

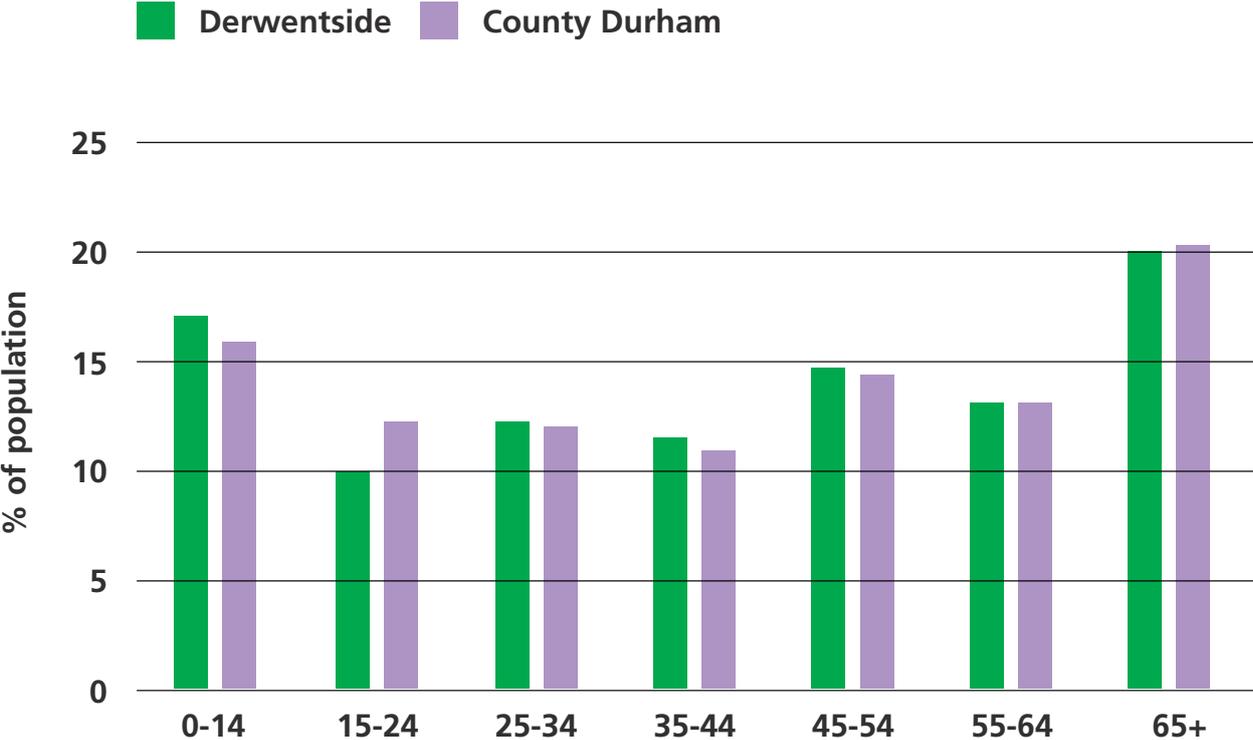
	Count	% Change*
Derwentside	94,403	10.8%
County Durham	523,662	6.1%
North East	2,644,727	4.1%
England	58,744,595	12.2%

Source: Office for National Statistics mid-year estimates

*Percentage of change from 2001 figures

Graph XX demonstrates the population split for the Derwentside locality in comparison to the County Durham position as at 2017. Two of the largest population groups are those between 0-14 and 65+. The 65+ age range accounts for over 20% of the local population within Derwentside.

Derwentside Population Split – 2017 Population Estimates



Source: ONS Estimates 2017

Table XX highlights some of the key indicators associated with poor health and disease. The information is shown on a Derwentside and North Durham level which we then compared to the England position. Those areas which are more prevalent than the national average include obesity, alcohol consumption, emergency hospital admissions and incidence of specifically lung cancer. In total 70% of Derwentside indicators are worse than England.

Derwentside – Disease and Poor Health

Indicators		North Durham CCG	England
Obese adults (%)	29.8	27	24.1
Binge drinking adults (%)	31.4	34.5	20
Healthy eating adults (%)	21	22.9	28.7
Emergency hospital admissions for all causes (SAR)	115.6	114.5	100
Emergency hospital admissions for CHD (SAR)	139.3	132.9	100
Emergency hospital admissions for stroke (SAR)	115.1	112.6	100
Emergency admissions MI (heart attack) (SAR)	170.6	160.9	100
Emergency hospital admissions for COPD (SAR)	149.3	135	100
Incidence of all cancer (SIR)	102.8	100.3	100
Incidence of breast cancer (SIR)	107.8	99.5	100
Incidence of colorectal cancer (SIR)	101.7	96.3	100
Incidence of lung cancer (SIR)	125.5	125	100
Incidence of prostate cancer (SIR)	69.9	74.8	100
Hospital stays for self harm (SAR)	124.2	113.4	100
Hospital stays for alcohol related harm (SAR)	128.7	120.6	100
Emergency hospital admissions for hip fracture in 65+ (SAR)	103.4	105.3	100
Elective hospital admissions for hip replacement (SAR)	95.3	96.8	100
Elective hospital admissions for knee replacement (SAR)	114.6	114.5	100

Source: Local Health, PHE

	Worse than England
	Similar to England
	Better than England
	No data

Table XX shows 11 selected diseases and their rate of prevalence in Derwentside in comparison to that of North Durham and County Durham. Premature mortality ratios in Derwentside are consistently worse than England.

	CHD	Hypertension	Stroke & TIA	Asthma	COPD	Obesity	Cancer	Chronic Kidney Disease	Diabetes	Dementia	Depression (18+)
Derwentside	4.7	16.9	2.3	7.0	3.1	17.5	2.75	5.5	8.0	0.9	9.5
North Durham	4.3	15.4	2.2	6.4	2.5	12.4	2.6	4.3	6.9	0.8	9.3
County Durham	4.9	17.0	2.3	6.5	3.2	15.3	2.7	4.8	7.6	0.9	9.6

Source: North Durham CCG, Population Health Profile 2017

4. Who uses Shotley Bridge Community Hospital?

SBCH is an important local facility for the North West Durham population, delivering a range of local hospital services.

As with other community hospitals, SBCH is a local hospital that provides a range of services (health promotion, diagnostics, treatments and rehabilitation) to meet the needs of the local community.

Community hospitals differ from Acute hospitals which are larger, have an Accident and Emergency Department, and provide short-term treatment for severe injuries or illness, urgent medical conditions, or recovery from surgery.

CDDFT data tells us that SBCH mainly serves the populations of the DH7, DH8, DH9, NE16 and NE17 postcodes within a ten-mile radius of the site. SBCH serves a small number of patients in other bordering postcodes although activity from these areas is low by comparison.

The North West Durham Population

The North West Durham population that SBCH mainly serves is made up of around 132,000 adults and children.

CCG Area	Postcode	Population
North Durham	DH7 (0)	6,000
	DH8 (5,6,7,8,9,0)	39,000
	DH9 (6,7,8,9,0)	39,000
	NE16 (5,6)	15,000
	NE17 (7)	5,000
Other	NE39 (1,2)	9,000
	NE42 (5,6)	13,000
	NE43 (7)	5,000
	NE44 (6)	1,000
Total		132,000

2011 census data

The North West Durham Population Overall Hospital Use

There are many factors determining which hospital outpatients use including healthcare specialties, access to appointments and patient choice.

CDDFT recorded 584,429 Hospital Outpatient contacts from DH7, DH8 and DH9 for 2017/2018. These contacts are shown below in the table and include all hospital sites that CDDFT provide outpatient services from.

Just over one third of contacts attended University Hospital of North Durham, just under one third attended Darlington Memorial Hospital.

In line with other community hospitals, 4.4% of contacts from the North West Durham area attended SBCH.

Outpatient activity from postcodes DH7, DH8 and DH9

Hospital	Contacts	%
University Hospital of North Durham	196,103	33.5
Darlington Memorial Hospital	180,107	30.8
Bishop Auckland Hospital	100,466	17.2
Shotley Bridge Community Hospital	25,759	4.4
Chester le Street Community Hospital	20,977	3.6
City Hospitals Sunderland	20,686	3.5
Sedgefield Community Hospital	2,936	0.5
Richardson Community Hospital		
Weardale Community Hospital		
OTHER	37,395	6.4
TOTAL Contacts	584,429	100%

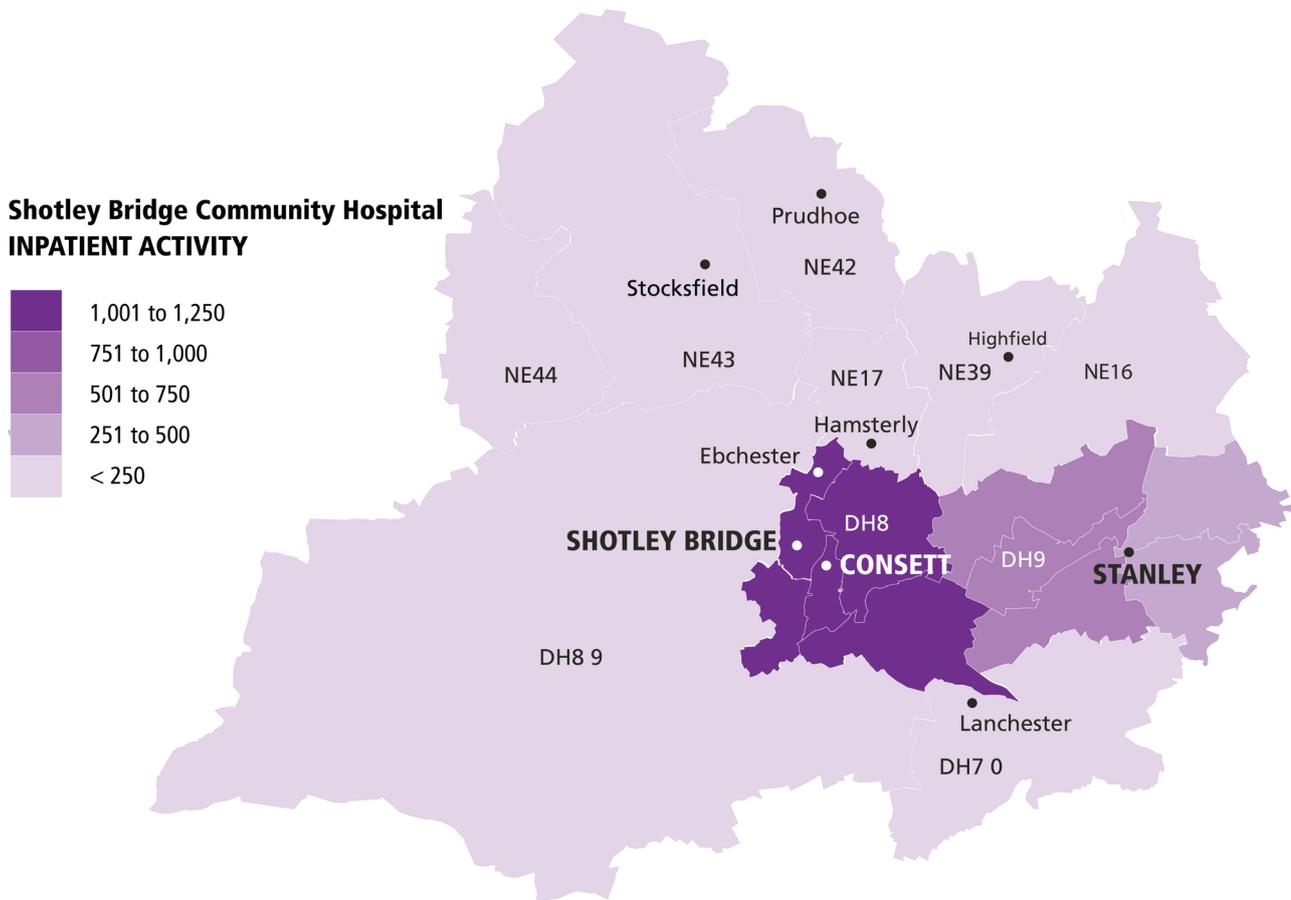
The North West Durham Population SBCH Use

CDDFT data tells us that SBCH activity between the 12 months of October 2017 and September 2018 recorded 25,759 contacts (Inpatients and Outpatients) and 35,048 Urgent Care contacts.

Inpatient activity

An Inpatient will stay in hospital for one night or more for tests, medical treatment or surgery. The total number of SBCH Inpatients between the 12 months of October 2017 and September 2018 was 2,222.

Shotley Bridge Community Hospital – Inpatient Admissions by Postcode



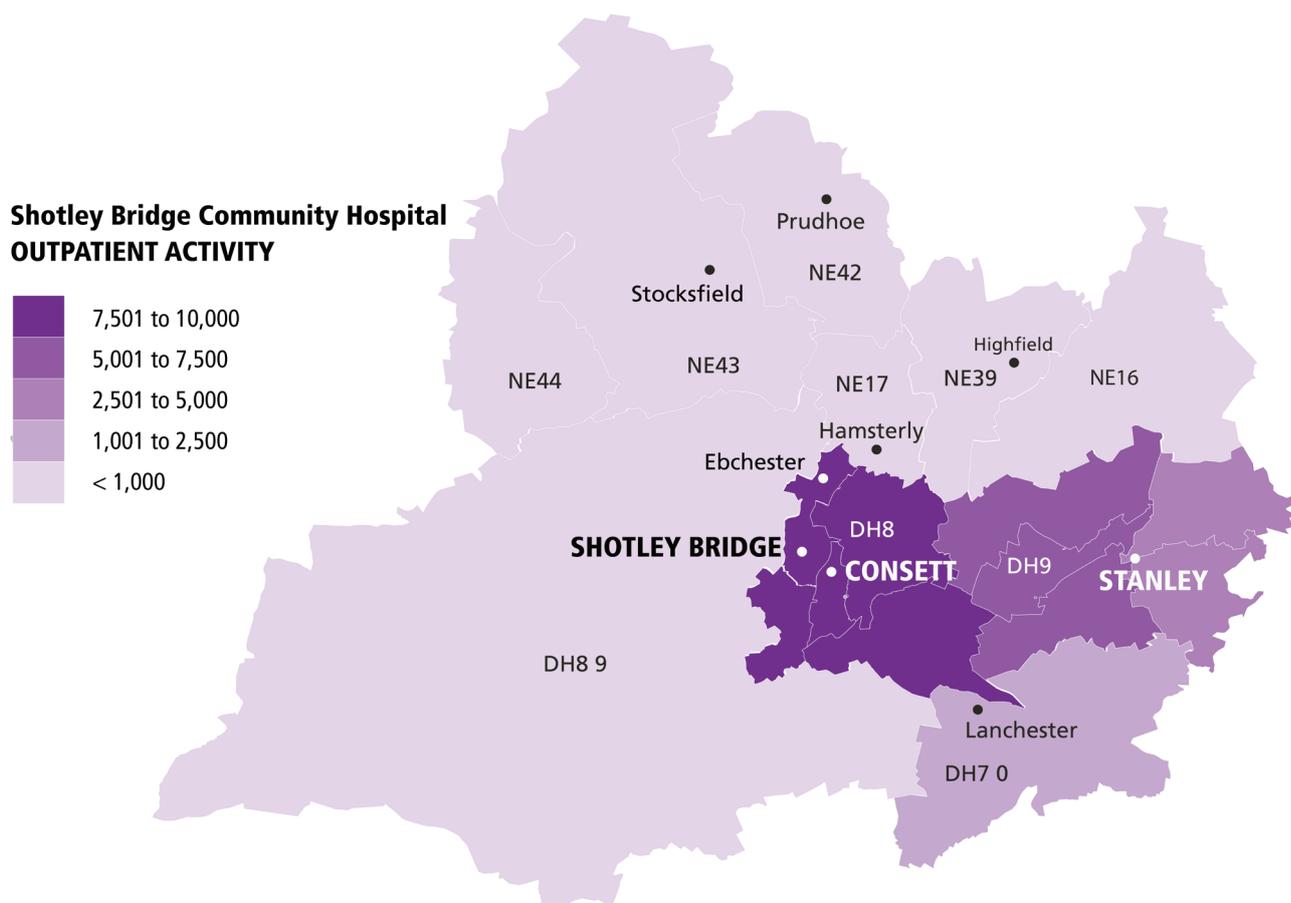
Postcode	Admissions	%
DH7	129	6%
DH8	1,156	52%
DH9	570	26%
NE16	98	4%
NE17	50	2%
Other	219	10%
Total	2,222	100%

October 2017 to September 2018

Outpatient activity

An Outpatient will go to hospital for an appointment but not stay overnight. The total number of SBCH Outpatients between the 12 months of October 2017 and September 2018 was 23, 537.

Shotley Bridge Community Hospital – Outpatient Attendance by Postcode



Postcode	Admissions	%
DH7	2,055	9%
DH8	9,839	42%
DH9	6,932	30%
NE16	766	3%
NE17	589	2%
Other	3,356	14%
Total	23,537	100%

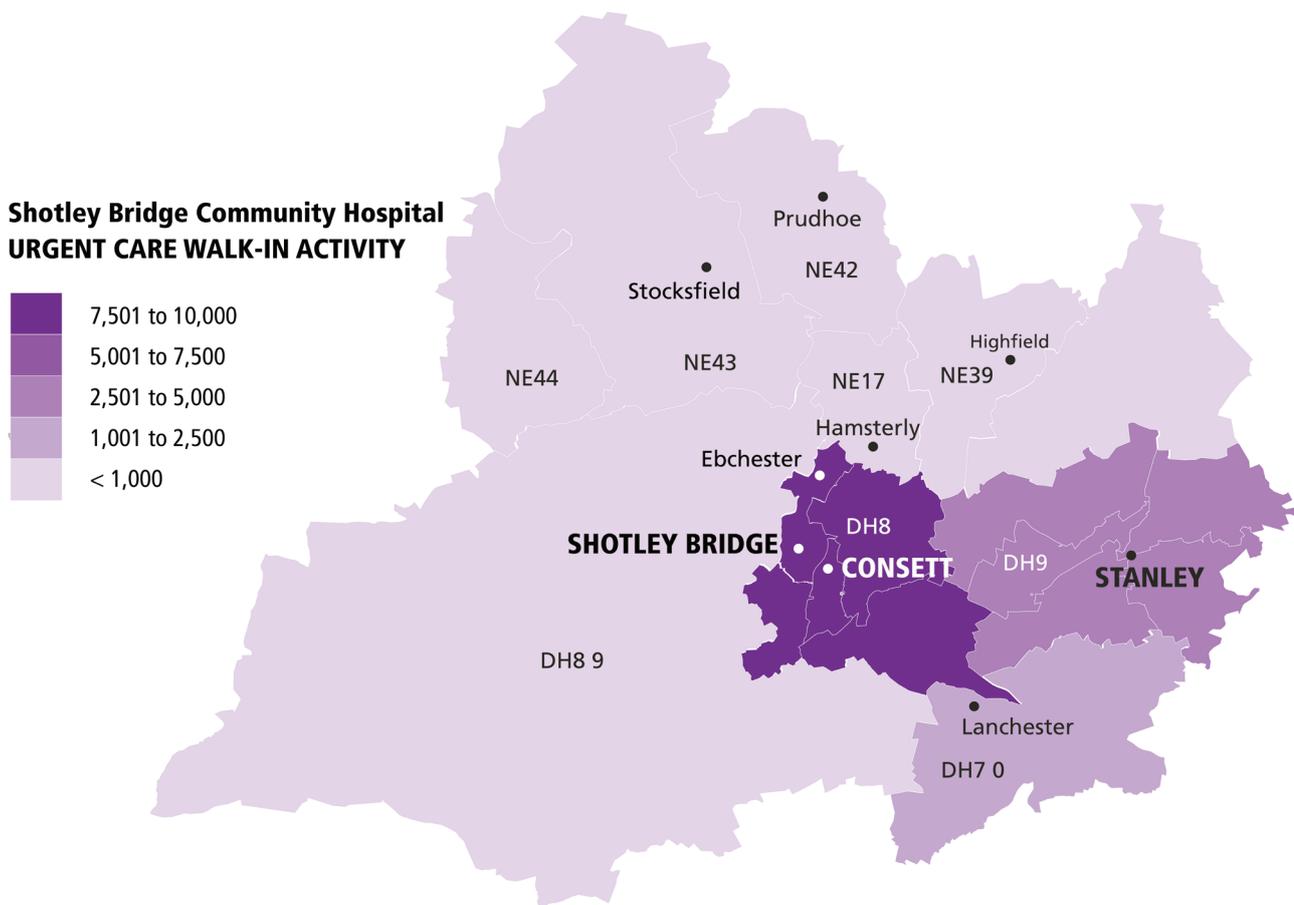
October 2017 to September 2018

Urgent Care activity

Urgent Care is when you need urgent medical attention but it's not a life-threatening situation. Some patients who call NHS111 are directed to an urgent care centre. The total number of SBCH Urgent Care contacts between the 12 months of October 2017 and September 2018 was 35,048.

92% of Urgent Care contacts were local, recorded as having travelled locally from the North Durham CCG area.

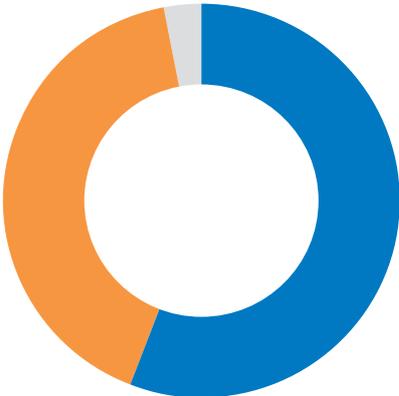
Shotley Bridge Community Hospital – Urgent Care Walk-In by Postcode



Postcode	Walk-In	%
DH7	1,176	6%
DH8	9,581	53%
DH9	4,569	25%
NE16	360	2%
NE17	495	3%
Other	1,955	11%
Total	35,048	100%

Shotley Bridge Community Hospital – Urgent Care Activity Days Seen

Just over half (56%) of Urgent Care activity happens between Monday to Friday, with busier weekends seeing 41% of activity over Saturday and Sunday.



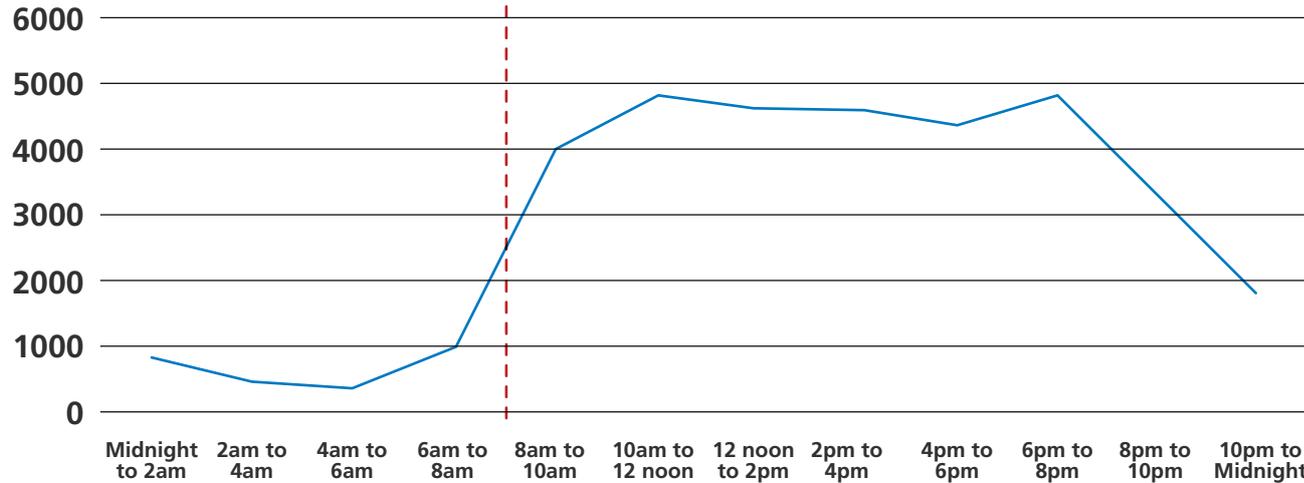
Day seen	Activity	%
Weekday	19,541	56%
Weekends	14,363	41%
Bank Holidays	1,144	3%
Total	35,048	100%

October 2017 to September 2018

Shotley Bridge Community Hospital – Urgent Care Activity Appointment Times

The vast majority (93%) of Urgent Care activity happens between 8am and midnight, with midnight to 8am seeing just 7% of activity over these eight hours.

Urgent Care Activity Appointment Times



Time	Appointments	%
Midnight to 2am	881	2.5%
2am to 4am	456	1.3%
4am to 6am	347	1%
6am to 8am	961	2.7%
8am to 10am	3,976	11.3%
10am to 12 noon	4,814	13.7%
12 noon to 2pm	4,632	13.2%
2pm to 4pm	4,596	13.1%
4pm to 6pm	4,359	12.4%
6pm to 8pm	4,815	13.7%
8pm to 10pm	3,358	9.6%
10pm to Midnight	1,853	5.3%
Total	35,048	100%

October 2017 to September 2018

Emergency and A&E services are not provided at Shotley Bridge Community Hospital and therefore are not part of this public engagement.

Who else is part of the public engagement conversation?

Included below is some of the range of teams, each providing specific care for their patients, which will also need to be considered as part of any future delivery arrangements.

Our vision for Integrated Care

To bring together health, social care and voluntary sector organisations to achieve improved health and wellbeing for the people of County Durham



Community Services - A wide range of services that can take place in a patients' own home or a local community setting. This can range from helping someone with a long-term condition to manage at home (e.g. Diabetes), to treating those who are seriously ill with complex conditions in order to try to prevent them needing to go in to hospital.

Home Care - A range of services that are provided at an individual's home to help with things such as getting washed and dressed, housekeeping, preparing meals and nursing.

Primary Care - Primary Care services are often the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services.

Voluntary and Community Services - Sometimes known as the 'third sector' these services can vary significantly in size from small local groups, run exclusively by volunteers, to large national charities. They can provide a wide range of social, supportive and preventative services.

5. Our proposals

SBCH currently provides the following services:

- Outpatients
- Urgent Care
- Chemotherapy
- Rehabilitation Bed Provision
- Diagnostics
- Theatre
- Endoscopy (currently suspended, not provided in last 12 months)

This public engagement exercise is around our proposals on how the current SBCH services should be delivered in the future.

We have taken into account the challenging health needs and demographics of the local population whilst also making some assumptions based on national and local direction of travel; trying to deliver more care at home. In addition to this there is an assumption that due to advances in medicine and technology there will be a lesser reliance on hospital based services.

The aim of this public engagement is to help us understand the views local people have on the services currently delivered from SBCH and on our proposals to deliver them elsewhere.

For the vast majority of patients (using our Outpatients, Urgent Care and Chemotherapy services) our proposals would be a like-for-like service provision; ensuring that these services are delivered from a local, modern and fit for purpose healthcare facility.

Shotley Bridge Community Hospital – Scope of Engagement Summary

SHOTLEY BRIDGE COMMUNITY HOSPITAL SERVICES	OUR PROPOSAL
OUTPATIENTS	No service change
CHEMOTHERAPY	No service change
DIAGNOSTICS	No service change
URGENT CARE - 8am to midnight (93% of Urgent Care contacts)*	No service change
URGENT CARE - Midnight to 8am (7% of Urgent Care contacts)*	Scenario 1 - Continue in the modern, fit for purpose facility Scenario 2 - Home visits only
BEDS	Scenario 1 - Continue to provide 8 beds in the facility plus intermediate care beds in the community. Scenario 2 - Provide a ward of 16 beds in the facility without any additional intermediate care beds in the community. Scenario 3 - Use the intermediate care beds in the community solely to provide all of the required bed capacity
THEATRE	Provide from main sites in the future
ENDOSCOPY**	Provide from main sites in the future

* Activity October 2017/ September 2018

** Endoscopy services at this time are suspended at Shotley Bridge Hospital due to the fact that equipment has failed and the cost to replace and maintain is substantial. This service hasn't been in place for the last 12 months.

1. Outpatient Services

These are services that are provided for patients that have been referred to hospital but who do not need to stay overnight. Outpatient services currently delivered at SBCH include:

- Cardiology
- Clinical Photography
- Contraception and Sexual Health
- Community Dietetics
- Dermatology
- Diabetes
- Ear, Nose and Throat
- Gastroenterology
- General Surgery
- Geriatric
- Haematology
- Midwifery
- Obstetrics
- Ophthalmology
- Oral Surgery
- Paediatrics *at Stanley PCC
- Pain Management
- Plastics
- Respiratory
- Retinal Screening
- Rheumatology
- Trauma and Orthopaedics
- Urology
- Vascular
- Women's Health

NDCCG's proposal is to re-provide Outpatient Services to be delivered from a local, modern and fit for purpose healthcare facility.

We would like to listen to and understand your views on this proposal.

2. Chemotherapy Services

These services, also known as clinical oncology services, are available to people who need cancer treatment where medicine is used to kill cancer cells. This would be for an individual's follow up appointment(s) which can safely be delivered in a community hospital setting.

NDCCG's proposal is to re-provide Chemotherapy Services to be delivered from a local, modern and fit for purpose healthcare facility.

We would like to listen to and understand your views on this proposal.

3. Diagnostic Services

These services use of the latest technology to perform a range of tests or scans. These could include, MRI, ultrasound, X-ray, echocardiography or CT and are used to help provide information about a condition or give a diagnosis of the problem.

SBCH currently has plain film x-ray facilities as well as ultrasound. These services are closely linked to the needs of the Urgent Care Services.

NDCCG's proposal is to re-provide Diagnostic Services to be delivered from a local, modern and fit for purpose healthcare facility.

We would like to listen to and understand your views on this proposal.

4. Urgent Care Services

These services are available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly for needs that are not considered life threatening. These services help reduce the burden on busy A&E departments. People access this service through NHS 111.

The service currently has 24 hour a day nurse practitioner cover with GP leadership in place.

NDCCG has recognised that services aren't well utilised during the hours of midnight to 8am – just 7% of all appointments are inside these eight hours. The CCG is also mindful of the recruitment and retention issues relating to the GP workforce.

NDCCG's would like to put forward the following three scenarios for discussion.

We would like to listen to and understand your views on these proposals.

Scenario 1 - Urgent Care services to be delivered 24 hours a day by nurse practitioner cover with GP leadership in place. To be delivered from a, local, modern and fit for purpose healthcare facility.

Scenario 2 – Urgent care services to be delivered 12 hours a day by nurse practitioner cover with GP leadership in place. To be delivered from a local, modern and fit for purpose healthcare facility.

Scenario 3 - Urgent Care services to be delivered 8am to midnight by nurse practitioner cover with GP leadership in place to be delivered locally in a modern, fit for purpose healthcare facility with only home visits during the hours of midnight to 8am.

5. Rehabilitation Bed Provision

Rehabilitation beds are available for patients who require a bed for a limited amount of time to receive care and support.

SBCH currently has eight NHS GP-led beds - these beds are for patients in a stable condition with medical support provided by a GP.

Within the North West Durham area the independent sector provides a further seven beds and the ability for 'spot-purchasing' more beds as required as an intermediate care facility.

There is a need for bed provision within the North West Durham area. Further work is required to understand the impact of any potential changes on these patients including what a bed is used for and for what type of patient.

**NDCCG's would like to put forward
the following three scenarios for discussion.**

We would like to listen to and understand your views on these proposals.

Scenario 1 – Continue to provide the eight NHS GP-led beds in a local, modern and fit for purpose healthcare facility plus the use of intermediate care beds in the community.

Scenario 2 - Consolidate all existing bed provision and provide a ward of 16 (NHS GP-led) beds in a local, modern and fit for purpose healthcare facility, without any additional intermediate care beds in the community.

Scenario 3 - Use the intermediate care beds in the community solely to provide all of the required bed capacity.

6. Theatre Services

These services include procedures provided to patients across a wide range of ages, with staff supporting them from pre-operation, anaesthetic, operation and recovery.

SBCH currently provides theatre based services.

At this stage NDCCG is reviewing information regarding local and national strategies for workforce as well as best practice and latest clinical safety guidelines. Based on our initial observations and discussions with local clinical leaders in this field we believe that we need to explore alternative ideas to those currently being delivered.

The staff which work in Operating Theatres have specific training and work as part of a highly integrated specialised team. Nationally, and within Europe, the specialised Theatre workforce are difficult to recruit and retain. CDDFT have a recruitment, training and improvement programme designed to ensure that this national trend does not impact on patient safety for the county.

However, it remains the fact that not all sites can be maintained and be fully utilised at all times effectively due to national shortages of trained professional Nursing and Medical staff.

CDDFT have worked over the last few years to improve the Theatre infrastructure by building a new facility on the Darlington Memorial Hospital site and redeveloping the Bishop Auckland Theatre Suite significantly.

This improved infrastructure, in part, was designed to reduce the vacancy rates within this specialised workforce by providing modern, state of the art departments to work in. The ability to staff multiple sites is increasingly difficult to achieve and brings with it risk of increased patient cancellations and a poor patient experience across the county.

Operating Theatres are complex environments which require significant design and complex ongoing maintenance and validation. The cost of providing this is very high. In order to ensure value for tax payers' money we think that these environments need to be fully utilised to warrant the cost of providing such a facility.

NDCCG is proposing to provide Theatre Services from main hospital sites only in the future.

We would like to listen to and understand your views on these proposals.

7. Endoscopy Services

These services include procedures that can examine the inside of your body using an instrument called an endoscope.

Endoscopy services are suspended at SBCH due to equipment failure and the substantial replacement and maintenance costs. This service has not been in place for the last 12 months.

Current diagnostic targets are being met, however, there is a case to review the clinical and financial viability of such a service provided locally.

Over the last 20 years Gastrointestinal (GI) endoscopy has become more specialised. A wide range of treatments can now be offered. Some stomach and bowel growth's can now be removed with endoscopic technology that would have previously required patients to be subjected to a major operation.

Quality has improved with structured and defined training of endoscopists. Evidence suggests that it is important for endoscopists to undertake a substantial number of procedures to ensure better outcomes for patients. Clinicians are also becoming more specialised in specific types of endoscopy procedure and therefore patients would be booked (according to need) to the most appropriately skilled endoscopist.

Changes in clinical standards now require 24 hour access to emergency endoscopy (where hospitals have an Emergency Department) for upper GI bleeding. This creates further demand on an already limited workforce. Safe modern medicine requires this procedure to be performed by specialists therefore there is an obvious practical advantage to having endoscopy services co-located on acute admission sites. There would be endoscopist/ endoscopy nurse overnight cover when required.

Advances in endoscopic techniques have resulted in an increased need for expensive supporting equipment.

As part of this public engagement exercise, information on clinical and safety standards relating to such procedures will be reviewed with County Durham and Darlington Foundation Trust (CDDFT).

NDCCG is proposing to provide Endoscopy Services from main hospital sites only in the future.

We would like to listen to and understand your views on these proposals.

6. The Process

The process we are following and how decisions will be made.

This period of engagement is part of the due process that NDCCG is following as it moves towards a formal consultation later in 2019.

We have been widely discussing changes required to SBCH services.

A process led by NHS commissioners is used to get to a short list of potential scenarios for formal consultation. This involves taking a long list of potential scenarios through three levels of analysis, applying pre-agreed criteria at each stage.

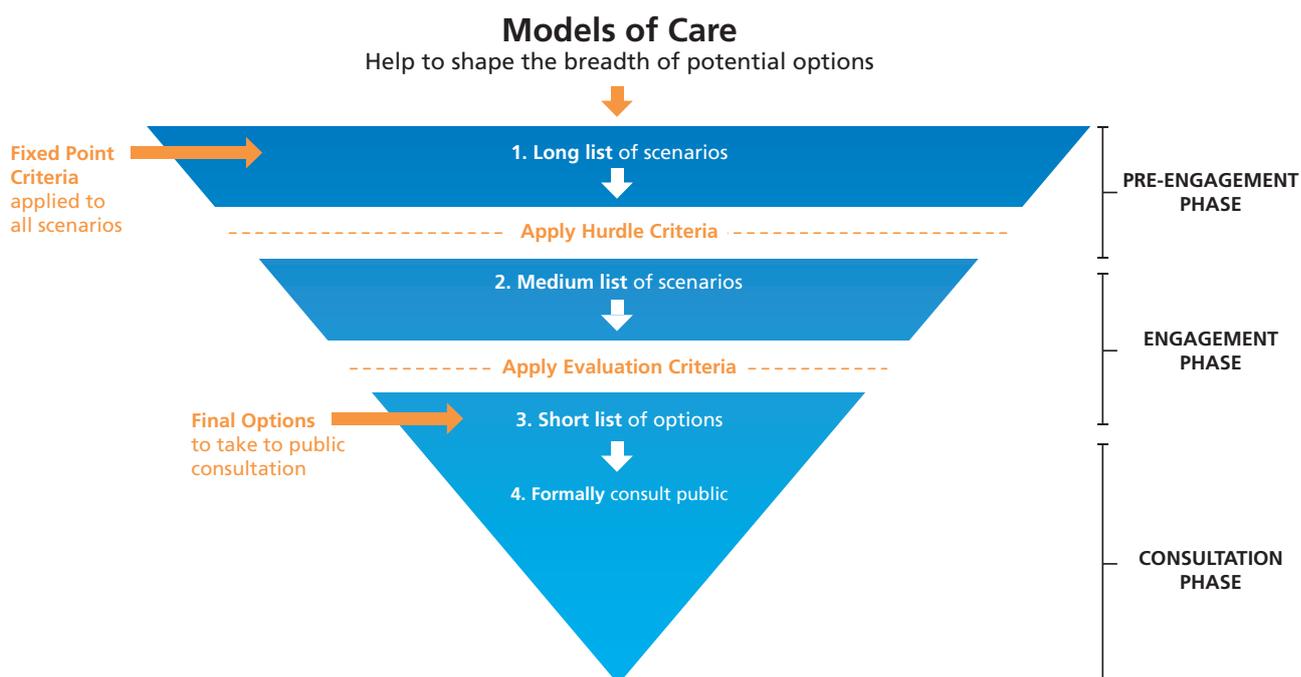
These three levels are:

1. fixed points
2. hurdle criteria
3. evaluation criteria

We will discuss with patients, carers/families and the public at various points as to what these fixed points and criteria should be.

The public feedback will shape the criteria, e.g. adding to the fixed points, and prioritising the hurdle criteria.

The next stages show how we will reach potential shortlisted scenarios for how SBCH services could be organised which will go to formal public consultation.



Stage one: Fixed Points

Any potential scenarios from the long list that don't fit with the following fixed points are non-negotiable factors. For SBCH these could be:

- The location of any facility must be in the North West Durham area
- NDCCG will not refurbishing the existing SBCH premises
- Allocated funding is specifically to be used for the development of a fit for purpose facility

Stage two: Hurdle Criteria

The remaining long list of potential scenarios are then tested against these criteria that have a yes/no answer. This results in the medium list. The hurdle criteria are:

Is the potential scenario clinically sustainable? (Does it deliver the quality standards, will the workforce be available?)

- Is it implementable? (Can this be done and will it deliver change within five years?)
- Is it accessible? (Peak time car travel of no more than one hour to access urgent care)
- Is it a strategic fit? (Are there any decisions already in place that we should keep?)
- Is it financially sustainable? (This is about the amount of capital we can afford)

Stage three: Evaluation Criteria

The remaining medium list of potential scenarios are then analysed in fine detail against the six evaluation criteria. These are:

- Quality of care – can they deliver improvements in patient care?
- Access to care – are they accessible to patients?
- Affordability and value for money – are they affordable within the funds available?
- Workforce – can they be staffed?
- Deliverability – are they deliverable within the timeframe needed?
- Research and education – do they support research and education in the county?

Public consultation and implementation

Throughout this process, the development of potential scenarios is overseen and scrutinised by the Clinical Commissioning Groups, the Health Overview and Scrutiny Committee and NHS England.

When a shortlist of potential scenarios is agreed by clinicians and key stakeholders these will be subject to formal public consultation. This is usually around a 12-week process.

The feedback from the consultation is then reviewed independently and the results considered by the Clinical Commissioning Groups' Joint Governing Body as part of the evidence they will look at when reaching a decision about the future provision of services.

A plan for implementing the chosen scenario is then developed.

The Engagement Phase

As part of the preparation for the formal consultation, this public engagement exercise seeks to move from a 'long list' of possible scenarios to a more informed and viable 'short list'.

Before we can formally consult on a 'short list' of scenarios we will have worked with our partners and stakeholders to identify what essential criteria any scenarios that are going to be considered must meet. This may be in terms of patient safety, financial viability, clinical effectiveness and sustainability for the future.

This public engagement exercise does not make any firm decisions about what the final outcome would be but moves the conversation towards what the realistic outcomes are. These are then scrutinised by patients, public and other interested people through the public engagement and subsequent formal public consultation processes.

Why have certain scenarios been excluded?

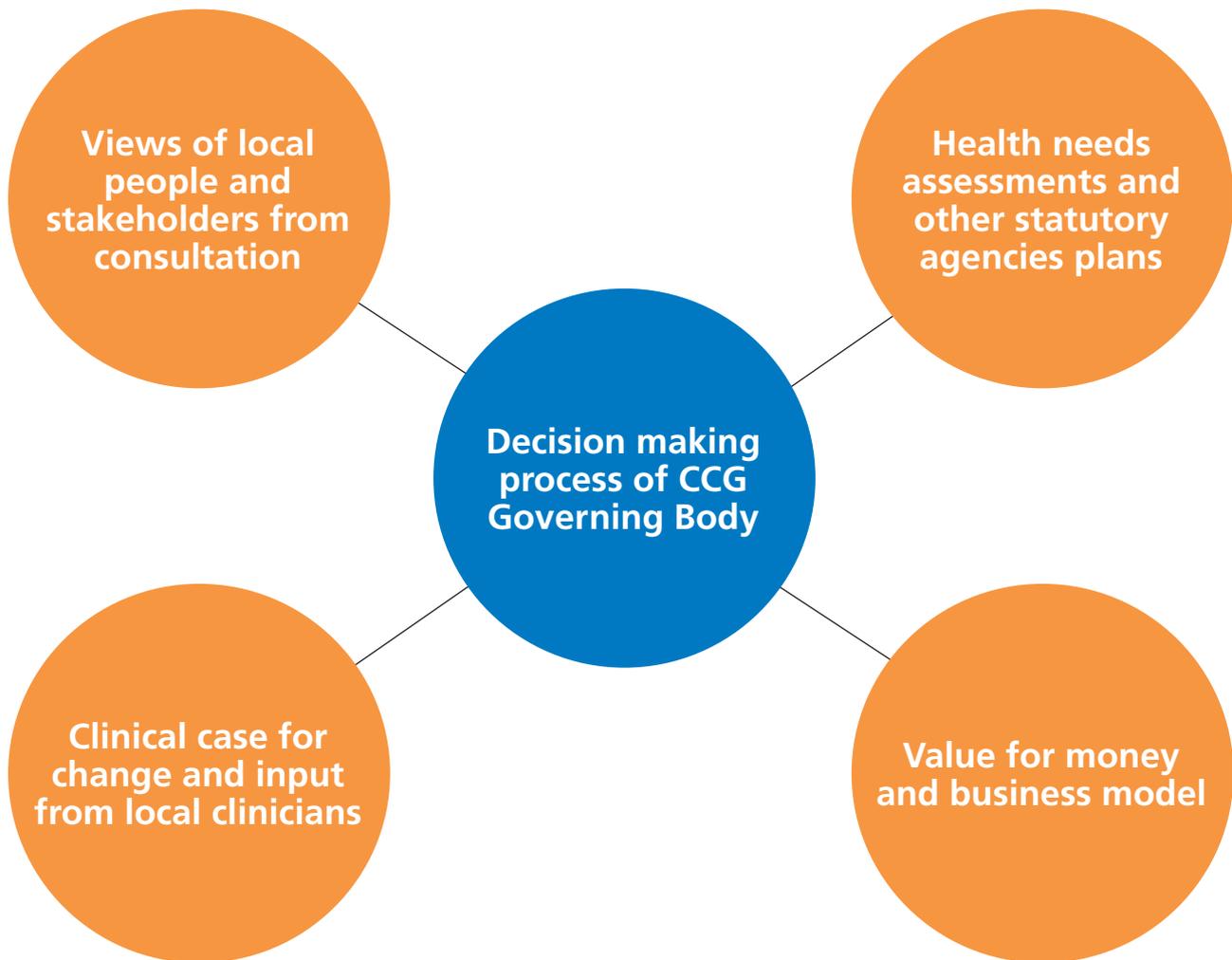
As part of the pre-engagement process we will need to consider a range of 'Hurdle Criteria' against each of the possible scenarios there may be. These are effectively pieces of the jigsaw of future planning which must be met (or cleared in terms of a hurdle) for any of the possible scenarios to be considered to go forward to the short list.

How future decisions will be made

Public consultations on proposals for any service changes make a valuable contribution to the development of a service model. The evaluation of consultation responses sits alongside a number of others inputs that would be used to help formulate the outcome.

In addition to the formal public consultation process, information such as the clinical case for change, the health needs assessment and considerations of value for money are also factors in any final decision.

The diagram below illustrates the range of influences that will need to be taken into consideration as part of the decision making process to be taken by the ND CCG Governing Body before any future plans are agreed.



To summarise, the purpose of the public engagement exercise is to:

- Provide information about the current 'long list' of scenarios
- Seek views on what should and should not be considered for the 'short list' of scenarios to be taken forward to the formal consultation (to follow this engagement)
- Provide information about the wide range of services included as part of this piece of work
- Gather views on the range of services we propose to deliver in the future
- Provide explanations regarding developments in the delivery of our local NHS services
- Gather views on proposals about the areas and ways services may be delivered in the future
- Ensure that a diverse range of voices are heard through the use of inclusive approaches
- Deliver an open, transparent and evidenced consultation process
- To run a process which maximises community support and minimises the risk of legal challenge

7. Get involved

Contact details

Webpage with information

Online link for survey

Postal address

Complete and return page X of this document

Phone number

Where can I hear more about the proposals?

Table of engagement events

Confirmation about whether these are drop-in or people need to indicate that they are attending and register

Date Time Venue

Please tell us your views no later than Thursday 7 March / 4 April 2018

8. Survey

Different for:

- **Patients**
- **Staff**
- **Stakeholders**
- **General public**

Current experience/impressions of SBCH.

How could things be improved?

Who should we be talking to?

If new build – where (leave open to begin discussion) – exact location should be a specific consultation question unless there is only one compelling scenario.

How far would you be prepared to travel to the facility?

How do these proposals affect you?

Any ideas of your own or anything else we should consider?

Any other scenarios we should be considering?

Who are you?

Where do you live?

Initial Engagement Phase – Exploratory Questions

Your experiences

Have you or someone you care about used any services at Shotley Bridge Community Hospital? Yes / No

If you answered yes to the above question tick the service(s) you used?

Service	√	Service	√
Chemotherapy		Diagnostics	
Day surgery / Theatre		Urgent Care	
Endoscopy		Outpatients	

If Outpatients, specify which: _____

What was your/their experience of this / these services?

Consider:

Availability of appointments

Ability to travel to the site

Levels of care and treatment provided by staff

Levels of communication about your care and treatment

Environment that your care was provided in

Were you/they given any choice about where your appointment could be? Yes / No

What would influence your decision about where you would like your appointment to take place?

Consider:

Distance to travel

Soonest available appointments

Clinical needs and specialist care required

Reports and ratings on the levels of care provided

Have you used any other services in local hospitals? Yes / NO

If Yes, where? _____

And what services were they? _____

–

What was your experience of this / these services?

A bit about you

What is the first part of your postcode? _____

Are you? Male Female Prefers not to say

What is your age? Under 16 16 – 17 18 – 24

25– 34 35 – 44 45 – 54

55 – 64 - 65 – 74 75 and over

Prefers not to say

How to contact us

Please visit our website

www.northdurhamccg.nhs.uk

for more information about the CCG and how to get involved.

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