The Better Health programme is about how the NHS in Darlington, Durham and Tees can improve care for patients, especially in an emergency.

In the past, most hospitals could offer people the best treatment available at the time for most conditions. However, health care has taken great strides forward in the last four decades.

The medical evidence shows that where patients are admitted to specialist centres with staff seeing a high number of patients with similar problems, the results for patients are much improved.

Around 100 clinicians - including senior consultants, nurses, GPs and other health staff across Darlington, Durham and Tees - have been working together to look at how we provide services.

They have identified 700 standards developed by the Medical Royal Colleges and other organisations which could improve care.

These standards primarily relate to availability of senior staff across seven days to assess, treat and review patients. Our local services have been working hard to improve the care they provide and now meet around two thirds of these. The last third cannot be achieved without changing the way we deliver care.

This means that currently patients experience a different quality of care, depending on where and when they are treated.

This year, these clinicians have been talking to patients, public, and colleagues in the NHS and other partner organisations, sharing ideas and seeking views.

Some of them met with patients and the public in February to ask what the local NHS does well, and what we could do better.

People told us about services they believed could be available in a community setting closer to home, but they also recognised that, for some services, it is better to go to a specialist centre to get the best care.

This already happens for patients who have had heart attacks, strokes, or have suffered serious injuries.

Our clinicians believe there are other patients in serious or life-threatening situations who would benefit from treatment in a specialist environment, where there is senior staff on duty, 24 hours a day, seven days a week, for example in emergency departments, maternity and intensive care.

In May, our clinicians went out to talk to patients and the public again. They asked them about a set of draft principles for how care could be organised:

- Care should be delivered through a network of hospitals and community services
- More seamless care should be provided close to, or in the patient's home where safe and effective, with access to urgent and community care 24 hours a day, seven days a week.
- Patients should only be admitted to hospital where it is no longer safe or effective for them to be cared for in the community.
- There should be access to specialist opinion 24 hours a day, seven days a week, where this improves results, for example, heart attacks, strokes, serious injuries, or internal bleeding.
- Routine care should be organised so that there is no unnecessary waiting, no cancellations, and patients are not exposed to risk of infections

They also shared a draft framework of care, based on these principles:

More care could be provided outside of hospital, and as close to the patient's home as possible.

There should be a clear single point of access to healthcare for the public by an improved NHS 111 service so that all patients can be assessed urgently by a skilled health professional.

More of us will have one or more long-term health conditions, especially as we get older and frailer and need support and management, sometimes for many years.

In the past, much of the care offered by the NHS was in hospital. Caring for long term health conditions, such as heart disease, or diabetes, needs a different

approach, with more community based support and services provided by the NHS and social care partners.

Each hospital would have a different range of services, depending on local needs

Hospitals would provide a range of services for patients in their areas.

This would include outpatient clinics, tests - such as X rays, scans and other investigations, and support for maternity cases with low risk of complications.

Urgent care centres, situated in hospitals or in the community, would manage patients with illnesses and injuries that do not require hospital admission. They would be staffed by doctors, other health professionals or both.

Routine care, such as planned surgery, including joint replacement, should be organised so that there is no unnecessary waiting, no cancellations and patients are not exposed to risk of infections. Services may also include rehabilitation. They would work closely with GP's and community services to ensure that as much care as possible is provided in patients' homes or close to their homes.

Some hospitals would be emergency centres for patients with serious illnesses such as strokes, or serious injuries such as hip fractures, which can be life threatening...

These emergency centres would be designed to ensure that seven days a week there are senior staff on duty in the emergency departments, medicine, emergency surgery, orthopaedics and intensive care, supported by investigations such as laboratory tests, radiology and scans.

They could also be the centres for maternity cases which are at more risk of complication.

One of these emergency centres would be the major trauma and heart attack centre. There are currently two of these in the North East, and this number will not change.

Most people who attended our events were supportive of the draft principles and framework:

- There was a broad support and understanding of the benefits of specialist care, and an understanding that this may mean further travel for some patients, which was a concern for some people.

- There was support for more services in community settings and people are keen to have more detail about what these services could look like

- There was concern about the availability of funding and staff, especially GPs. They were receptive to the idea of GP practices working together and other clinicians, such as pharmacists, providing more care

- They wanted assurance that resources will be available for the development of more services in the community, and that these will work together more effectively with social care and the voluntary sector.

- There was a lot of discussion about effective hospital discharge processes, and the services that need to be in place so that patients have the right support when they leave hospital

- They wanted to have confidence in the full range of urgent and emergency services available, including NHS 111 and the ambulance service.

- They supported sharing more information electronically across health services. Many were surprised that, for example, GPs and hospitals still do not share a single electronic record for patients.

- At the Darlington meetings, people were also concerned about the impact of the Better Health programme on services at Darlington Memorial Hospital.

The programme is considering all these issues in developing the way ahead.

We promised to have further discussions about how services might work in the future, and the draft framework of care is the basis for developing possible solutions.

We would like you to help us develop our draft principles and framework into potential solutions to provide better care and agree what will be important in making decisions.

Our clinicians have identified 700 standards which could improve care. We already meet two thirds of these. We think we should only consider potential solutions which help us achieve more of these standards, in particular around staffing, which we know has a significant impact on the quality of care and outcomes for patients.

We think we should only consider potential solutions which improve results for patients, for instance by improving survival from life threatening illnesses, reducing length of stay in hospital, cancellations, post-operative complications, hospital-acquired infections and reducing avoidable hospital admissions for patients with long term health conditions

We think potential solutions we should consider will help us attract and retain doctors in training across a range of specialties now and in the future, and help us reduce use of locum, medical and nursing staff.

We think potential solutions should minimise impact on access to care for the public by car, public transport or ambulance for residents.

We think potential solutions must reduce waiting times at A&E, ambulance handover delays, delays to leaving hospital and reducing waiting times for surgery and cancer treatment.

We must be able to deliver our potential solutions using the available financial resources, and with the facilities we have.

We think potential solutions should support us playing a role in research and development contribution which helps us attract and retain a quality workforce, and improve the care we offer to patients.

We now want to seek your views about these issues.

Do you agree with them? Which are important to you? Are there any you would add?

There are a variety of ways to share your views.