

# Have your say

Help us to shape the future of local health services in **Northern Staffordshire**



# Introduction

**The health and social care system in Northern Staffordshire faces many challenges. This document describes our proposals for addressing these challenges. We want to ensure we can provide the very best health and social care services that meet the needs of local people within our finite budget.**

In Northern Staffordshire, we deliver a wide range of community services such as memory clinics, falls prevention services and physiotherapy to patients, often in their own home or in the local community. We want people to get the maximum benefit from our community-based services.

We also have five community hospitals. These are Haywood Community Hospital, Leek Moorlands Community Hospital, Longton Cottage Hospital, Cheadle Community Hospital and Bradwell Community Hospital.

At the moment, people are often given a community hospital rehabilitation bed when they don't need to be there. We want to help people to manage their condition in better ways by providing the services, care and support they need in their local community, closer to home. We want to help people avoid unnecessary stays in hospital.

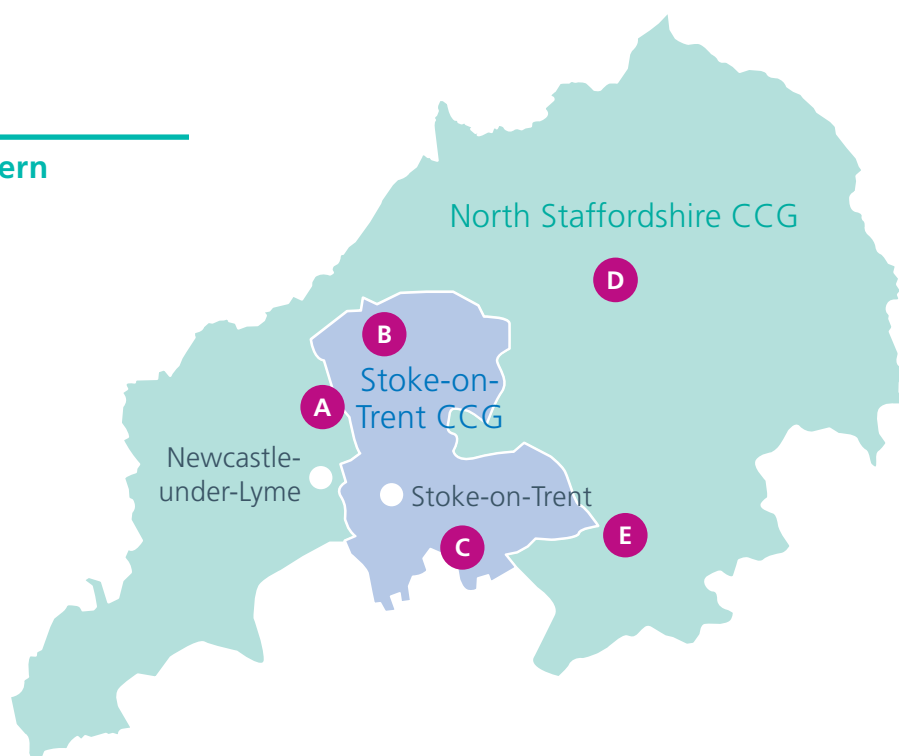
We also run a number of consultant-led outpatients clinics at both Leek Moorlands Community Hospital and the Royal Stoke University Hospital. We want to deliver these clinics better, safer and ensure our consultants spend more of their time with patients and less time travelling between sites.

**This consultation is about how we can better deliver these services.**

This consultation is the first part of our plans to look at how we could deliver services differently and transform health and social care across the whole of Staffordshire. Many organisations are working together to deliver this aim as part of a partnership called Together We're Better. This includes local authorities, voluntary organisations and other health professionals.

## Community hospitals in Northern Staffordshire

- A** Bradwell Community Hospital
- B** Haywood Community Hospital
- C** Longton Cottage Hospital
- D** Leek Moorlands Community Hospital
- E** Cheadle Community Hospital



We want to know your views about community-based services in Newcastle-under-Lyme, Stoke-on-Trent and Staffordshire Moorlands and what you think about proposals for community hospital beds available for rehabilitation.

Rehabilitation is where people are supported to recover quickly after they have been ill, so they can be independent again as soon and as safely as possible.

We also want to know what you think about our proposals to move some of the consultant-led outpatients clinics such as outpatient appointments for skin conditions and minor surgery for things like lumps and hernias.

## The proposals

We are proposing changes so that these services are available in a different way to help us improve health and wellbeing for local people and better meet their medical needs.

### We have looked at three key areas:

- We aim to join together key services in the community through integrated care hubs.  
Integrated care hubs are a new way of delivering community-based services so that they are joined-up, with several services available in one place, better meeting local patients' needs and making sure they receive the care they need without going into hospital.  
These hubs would ensure patients are at the centre of the services they need. For example, if they have several health conditions, a team of experts would meet together to plan the best way to look after them. This means that we would be better at managing long-term conditions (such as asthma, diabetes, heart failure and kidney disease) and keeping people out of hospital.
- We have looked at how we can use our community hospitals and care homes in the best way. We want to make sure that people have the right care when they need it after they are admitted to hospital. Evidence shows that

patients are likely to get better sooner if they are sent home quickly. Most people would prefer to be treated at home if possible.

- We have also looked at how to best deliver some of our consultant-led outpatients clinics that are based at Leek Moorlands Community Hospital so that we can reduce waiting times, provide greater access and help our consultants to spend more time with patients and less time on travelling.

We believe the suggested model of care and options in this consultation document on pages 12 - 15 would help us offer safe, easy-to-reach services that would better meet people's needs now and in the future.

## Where to find more information

To help you to understand our proposals and give your views on them we have a range of information available on our dedicated website:

[www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk)

On the website you will find:

- A link to the online survey
- More information about our broader strategy for health and care
- The Pre-Consultation Business Case
- A series of short films which explain the case for change and the proposed model of care
- Key documents detailing the background and evidence behind the proposals such as our Spotlight documents. These documents provide an overview of various key areas of work to help us develop our proposals
- Frequently asked questions
- Equality Impact Assessment
- Quality Impact Assessment
- Information about how we developed the options that we are consulting about.

## What is consultation?

‘Consultation’ is the term we use to describe how we will gather the views of local people and others who have an interest in helping to inform the decisions made by North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs).

By law, the NHS must involve the public and local organisations when developing services or considering big changes to the way they are provided. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

Asking local people for their views is an important part of how we make decisions about local health and care services. Your views matter and will be considered alongside clinical, financial and practical factors.

The results of public consultation do not represent a vote or a referendum over any proposals for change.

## Who is conducting this consultation?

Local NHS organisations North Staffordshire and Stoke-on-Trent CCGs are legally responsible for this consultation.

These two CCGs commission (buy) most NHS care including community, mental health and hospital-based services in Northern Staffordshire and are responsible for deciding which service providers receive NHS money. They have a legal duty to involve local people in decision making when they think about making large changes to services.

CCGs are led by their GP members which means that all decision making is informed by clinical experts. Together, the two CCGs serve approximately half a million people across Stoke-on-Trent, Newcastle-under-Lyme and the Staffordshire Moorlands.

## Who will we consult?

We have developed a consultation plan based on our Equality Impact Assessment and what we know about our local people and our stakeholders. You can find these documents on our website.

To help us with this we have analysed our list of stakeholders and we will be checking along the way to make sure we have heard from representatives of all groups. We have looked at information about the differences in health needs in each area because we want to make this gap in health inequalities smaller. This includes placing particular emphasis on patients and carers.

We will also make sure that we give due regard to the groups of people who are listed in the Equality Act 2010 to make sure our proposals do not discriminate against them. We will make sure that we have considered making reasonable adjustments to their needs if there are any unintended consequences of the proposals.

We will encourage NHS and partner staff, clinicians, providers of health services and politicians to take part in this consultation to ensure we include the voice of health professionals. We will engage with Healthwatch Stoke-on-Trent and Healthwatch Staffordshire and provide them with many opportunities to respond to the consultation.

Because our proposals cover more than one local authority area, we have asked that a Joint Health Overview and Scrutiny Committee be formed. We will consult them at key points during the consultation that we will agree with them.



Asking local people for their views is an important part of how we make decisions about local health and care services. Your views matter and will be considered alongside clinical, financial and practical factors.

# How you can have your say

**We welcome all responses to this consultation. The deadline for responses to the survey is Sunday 17th March 2019.**

If you live in Northern Staffordshire, it is important to take the time to read this consultation document and let us know what you think. It explains the options for change which may affect you, your family, your friends or the people you care for.

In this consultation document, we outline our preferred options, but any decision about service change will consider the results of this consultation. Your views will help us decide how we shape health and social care services for the future.

## Ways to have your say

### Complete the survey online

You can fill in the survey online via our website:  
[www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk).

There you will also find details of upcoming consultation activities, background documents and more information about this consultation.

If you would like to receive our regular email newsletter with updates on different activities please email us and we will add you to the mailing list: [consultation.northstaffsstoke@nhs.net](mailto:consultation.northstaffsstoke@nhs.net)

### Complete the survey at the back of this document

If you do not have access to the internet, you can complete the survey at the end of this document. Simply complete, tear off and send to:

#### Freepost Plus RTAA-XTHA-LGGC

Communications  
Heron House  
120 Grove Road  
Stoke-on-Trent  
ST4 4LX

There is no need to use a stamp.

If you would like printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please call us on **01782 298002**. If you have additional feedback to the survey you would like to share, you are also welcome to email or send to us via our Freepost address.

We will also be carefully monitoring social media during the consultation:

 Tweet us [@StaffsCCGs](https://twitter.com/StaffsCCGs)

 Follow us on Facebook [@StaffsCCGs](https://www.facebook.com/StaffsCCGs).

## What happens next?

This consultation will run for 14 weeks from 10th December 2018 to 17th March 2019.

The responses received during the consultation will be analysed independently and a report produced. The report will be carefully considered by the Joint Health Overview and Scrutiny Committee, Healthwatch and North Staffordshire and Stoke-on-Trent CCGs' governing bodies before any final decisions are made.

The governing bodies will meet together but as they are separate organisations, they can make separate decisions for each area if they need to. This meeting will be held in public and we will publish all the relevant documents on our website: [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk).

Once the CCGs' governing bodies have made their decisions, we will let everyone know the outcome. Then the hard work to implement any changes will begin. We will keep you updated on our progress throughout.

NHS England and the Consultation Institute will monitor and check our decision making process.

# Why do services need to change?



Health and social care services in Northern Staffordshire face some challenges that we must address to make sure patients get the high quality care they deserve. In this section we explain what those challenges are.

Partners across Northern Staffordshire (CCGs, NHS providers and local authorities) agree that if we do not redesign and transform services to improve quality, using the available resource as efficiently as possible, our population will experience poorer health outcomes as a direct result. The diagram summarises the key factors we must consider to achieve better care outcomes and quality for our community services.



## Health and wellbeing

The health of people in Northern Staffordshire is generally worse than the UK average. Many conditions, particularly depression, diabetes, high blood pressure and obesity are more common here. People in our area are less active, smoke more and have higher rates of alcohol-related harm than the national average.

We also have a higher number of older people (over 75s) living here than in other parts of England. These older people tend to have more long-term, complicated illnesses than the national average.

## Poverty and deprivation

Higher levels of poverty and deprivation are linked to many health problems.

Stoke-on-Trent is the 16th most deprived local authority area in England. Nearly one in three of the city's residents live in areas that are among England's most deprived.

The population of Newcastle-under-Lyme is less deprived than the national average, but there are pockets of high deprivation, particularly around the town centre.

Staffordshire Moorlands is relatively affluent but has pockets of high deprivation in some urban areas.

This means that we have a higher than average set of pressures on our local health system right the way through from GP practices to hospital-based care.

## Care and quality

Health services in Northern Staffordshire are generally safe and well-led. But for too long there has been a focus on treating people in hospital when they might be able to be treated in the community or in their own home.

Clinical evidence suggests people get better sooner if they can be sent home more quickly, and most prefer to be treated at home if possible. The evidence suggests that if the frail and elderly in particular have a prolonged stay in hospital, their muscles waste, they can become depressed, dependent upon staff and take a lot longer to recover. If patients are medically fit and don't need medical care (like drips), then the best place for them to recover is in good community-based services provided at home or a place they call home.

Northern Staffordshire has more community hospital beds than the national average. This is because more patients are being kept in hospital unnecessarily or sent from a general hospital bed into a community hospital bed for further assessment or to wait for the service they need.

We have already started to make changes. For example, as soon as people are medically fit to leave hospital and don't need any more medical intervention, we assess them early and move them to a place to receive ongoing care.

We call this approach Home First.

We have also been delivering consultant-led outpatients clinics across two sites, Leek Moorlands Community Hospital and the Royal Stoke University Hospital. Patients are waiting longer for appointments than they should and clinics do not always have access to the right specialist equipment at the right time. We want to change this, so our consultant-led outpatients clinics are more efficient, safer and provide a better service.



## Workforce

It has been difficult to hire and retain enough NHS workers to staff community hospitals in Northern Staffordshire.

Other pressures facing the NHS across England are starting to be felt locally, including:

- An ageing workforce
- The impact of the changing relationship with the European Union
- Fewer people applying for nurse training
- Recruiting difficulties.

Staffing issues risk the quality and safety of care and mean we need to use temporary staff. This costs more and can affect the quality of care, because patients may not see the same doctor twice. We are also facing challenges with our consultant-led outpatients clinics. Delivering clinics across two sites has meant that our consultants are spending valuable time on travelling that could be better spent with patients.

We have made some progress. The introduction of our Home First service has helped address some, but not all, of our staffing difficulties.

Providing a full and skilled community-based workforce in Northern Staffordshire remains a challenge. We need to maintain the good progress we've made.

## Finance

The health and care system in Northern Staffordshire is currently spending far more money than it receives. We must spend the Northern Staffordshire pound more wisely and take action to make our local health and care system financially sustainable.

The local Sustainability and Transformation Partnership (STP), Together We're Better, estimated that the local health and care system would face a funding gap of £542 million by 2020/21 if it fails to respond to the challenges it faces.

This funding gap is caused by a rise in the number of people being admitted to major hospitals, duplication of services, inflation and increased spending because of our ageing population. Since this plan was published in 2016, the financial position has worsened.

This consultation is about how we could deliver services differently in Northern Staffordshire and is the first part of plans to transform health and social care across the whole of Staffordshire. Many organisations are working together to transform health and social care and we will continue these conversations about how we could make Staffordshire a healthier place to work and live.

## Buildings

We want to deliver community services from buildings that are easy to travel to, safe, fit-for-purpose and cost-effective. Carefully managed buildings play an important part in ensuring high quality care, a good patient experience and better patient outcomes. Well-designed facilities also provide a healthier environment for staff to work in and help reduce running and maintenance costs.

Like many NHS buildings across the country, the condition of our community hospitals varies. Many need significant investment before they can be used. For example, Leek Moorlands Community Hospital and Longton Cottage Hospital both have Victorian buildings that were constructed before the NHS was even created in 1948.

The only community hospital that does not have a large backlog of maintenance work and is modern is Haywood Community Hospital. Most of this hospital was built between 1995 and 2004.



# Understanding what people need

In October 2017, we started speaking to people about the care they receive and how we could improve the delivery of community services and consultant-led outpatients clinics to better meet their changing health needs. In this section we describe how we engaged with our local community and what they told us.

To develop our proposed model of care, we spoke to more than 500 people. These people included members of the public, patients, carers, the voluntary sector and representatives of diverse communities, medical staff, and local and national politicians.

We told them about the process and kept them updated through the media and newsletters. We also offered them the chance to be involved in developing options for the new care model outlined on page 18 and how the options would be evaluated.

At the same time, we gathered and analysed a lot of information about the services available and how much they were being used. We also looked at information about local health problems, population data, equality data, travel times and quality of services. Healthwatch asked us to arrange a special meeting so that people could understand the information we were giving them, which we did.

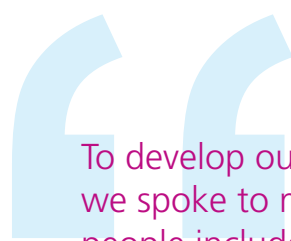
This process of pre-consultation engagement aimed to:

- Provide meaningful information, so people had enough understanding to get involved in shaping future services
- Gather information and listen to ideas
- Help us to do the science and score our proposals against a set of criteria that they helped us to define
- Use the feedback provided to develop the proposals for this stage of formal consultation.

We gathered opinions in various ways including meetings, a survey, discussions and by listening to experts.

All presentations, briefing materials, data packs and the content of the pre-consultation can be found on our website:

[www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk).



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## What people told us

### Discussions about community health services and community hospitals

Despite some concerns about how effective and safe it would be to provide community-based care, and how the new model would be implemented, most people accepted the idea of bringing care out of hospital and closer to where people live.

The key feedback was:

- Patients benefit clinically and mentally from being at home and prefer to be at home
- Overall, there was support for our proposed new care model described on page 12.

People also wanted assurance that:

- There is capacity in community services to support this
- There was a secure future for community hospitals
- There will be support for the patient's spouse, family and carers
- Patients will have follow-up contact in the community
- The model would be carefully implemented
- The investment is made to support the changes needed to deliver the proposed model of care.

People were very passionate about the need to provide parity of esteem for mental health and physical health services. Parity of esteem is defined as 'making sure we treat mental and physical health conditions equally'. Some participants advocated a 'Centre of Excellence' be developed. However, after listening to feedback and examining the data available, it was clear that local access to memory clinics and dementia services would be required in every area to meet local health need. Therefore, these services are included in our proposals outlined on page 21.

When discussing the location of our proposed integrated care hubs, outlined on page 15, early conversations suggested that they could be called 'Health and Care Campuses'. Representations from several campaign groups indicated that losing the word 'hospital' from the buildings would be strongly opposed. Therefore, there are no proposals to change the name of the community hospitals.

People told us they were keen to make sure that appropriate commissioning of voluntary sector services are included in the integrated care hub proposals. They also suggested that signposting to services such as housing support be available from the hubs. In the longer term, they wanted to see social prescribing become embedded into the hubs' services and infrastructure should be included to make this happen. This will be included in the scope of the Community Wellbeing Team.

Where participants suggested services be located within an integrated care hub which are commissioned by partners rather than the CCGs such as sexual health clinics, stop smoking clinics or drug and alcohol therapy, we will work with partners to help them consider locating their services in the hubs. We shared this with the local community through a 'You Said, We Did' summary which we published in our newsletter and on the two CCG websites.

Nursing staff gave us particular insight into the quality of care and needs of patients in rehabilitation beds. Their feedback helped to inform the Technical Expert Group's consideration of the proposals, as have the definition of the criteria that were produced together with participants.

Clinicians have also developed the proposals with us. Each GP locality (area) submitted proposals for consideration about how integrated care hubs could be implemented in their local area.

## Discussions about consultant-led outpatients clinics

As part of our engagement, we talked to people about how we could better deliver some of our consultant-led outpatients clinics that are currently split across Leek Moorlands Community Hospital and the Royal Stoke University Hospital.

While people told us they would like to see services closer to where they live rather than a hospital setting, they would be prepared to travel slightly further if it meant they would get the right treatment from the right specialist at the right time.

## What health professionals told us

GPs, nursing staff, practice managers and other health professionals also told us how integrated care hubs could work for their area.

The key feedback was:

- GPs are generally supportive of a model where bed-based care is avoided for those who could be better managed at home
- GPs are concerned about how any change in the number of community beds would impact on the Royal Stoke University Hospital
- GPs said that community care services need to be reactive
- GPs said that the clinical governance arrangements for these services need to be clear and without impact on general practice.

The main concern for GPs was making sure our proposals would be of benefit to their patients and help improve health outcomes.

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# What the future might look like

The conversations we had with the public, patients, medical colleagues and other experts inspired us to come up with a new care model and way of delivering services. This section explains our new care model and how it could work in future.

A care model is a carefully planned approach to improving patients' health. We believe our new care model would address the needs local people told us about by making sure they get the right care in the right place. This would help secure our local health system's future.

This new model of care is designed for all adults (aged over 18) but is particularly focused on supporting people with high clinical needs who are most at risk of being admitted to hospital such as adults with several long-term conditions.

It is a new approach to community-based care that improves patients' outcomes and gives them access to the care they need nearer to home; no more long and unnecessary hospital stays. Our new care model would mean we have less need for community rehabilitation hospital beds as we move more community services into the community. With our new care model helping us to deliver better, more person-centred community-based services, we would be able to reduce the number of beds needed to approximately 132 beds. You can read more on how we have looked at the bed numbers we would need in our document 'Spotlight on Modelling the Number of Rehabilitation Beds' published on our website: [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk).

We want to prevent people getting poorly wherever possible and will work with patients and their GPs to help patients help themselves.

We also want to make sure that we are making best use of our services. Our new approach addresses some of the challenges we face with some of our consultant-led outpatients clinics too.

We propose to move some of our clinics from Leek Moorlands Community Hospital to the Royal Stoke University Hospital. By doing this, we could reduce waiting times for appointments, ensure more people could access the services, provide more clinics, improve access to specialist equipment such as MRI scanners and importantly, ensure our specialist consultants could spend more time with patients than travelling between hospitals. We believe by changing the way we deliver these services, we would be able to provide a better, more efficient and safer service.

We know the NHS in Northern Staffordshire faces some big challenges, but we think there are some exciting opportunities. We plan to invest in services and lead a process that creates something special for local people.

## Our aims

We want to create a new way of offering community-based care that:

- Helps people recover quickly when they are ill, so they can be independent again as soon and as safely as possible
- Reduces how long people spend in a major hospital
- Allows people to live with and manage their health conditions more effectively
- Gives people the choice of dying at home if that is what they want.

This approach is based on 10 principles that came from our meetings with local people, as well as our knowledge of the best clinical practice nationally and internationally and the NHS General Practice Forward View.

These principles are:

**1**

**Home is the preferred setting for care whenever possible**

**2**

**Care should be patient-centred**

**3**

**Patients should feel confident and supported to manage their own illnesses**

**4**

**The providers of health and care should work together to improve people's outcomes**

**5**

**Care should be planned and proactive**

**6**

**Care should be delivered by medical professionals who have different expertise working together**

**7**

**The care model should use 'trusted assessors' to make initial decisions about the care that people need.** Trusted assessors are professionals who are trained to do a first assessment of a person's needs. This helps to ensure that highly qualified health professionals are freed up to assess more complex cases that require their specialised skills

**8**

**Strong professional leadership is a must**

**9**

**Staff should feel empowered**

**10**

**People should only go into hospital when they really need to**

## Integrated care teams: putting patients at the centre

Across Northern Staffordshire, people who are frail or have several long-term health conditions are supported by nurses and social care workers. This is a form of integrated care, where a patient's specific needs are put at the centre of everything that is done for them. It is coordinated or joined up so medical professionals with different expertise can work together to find the best options for the patient.

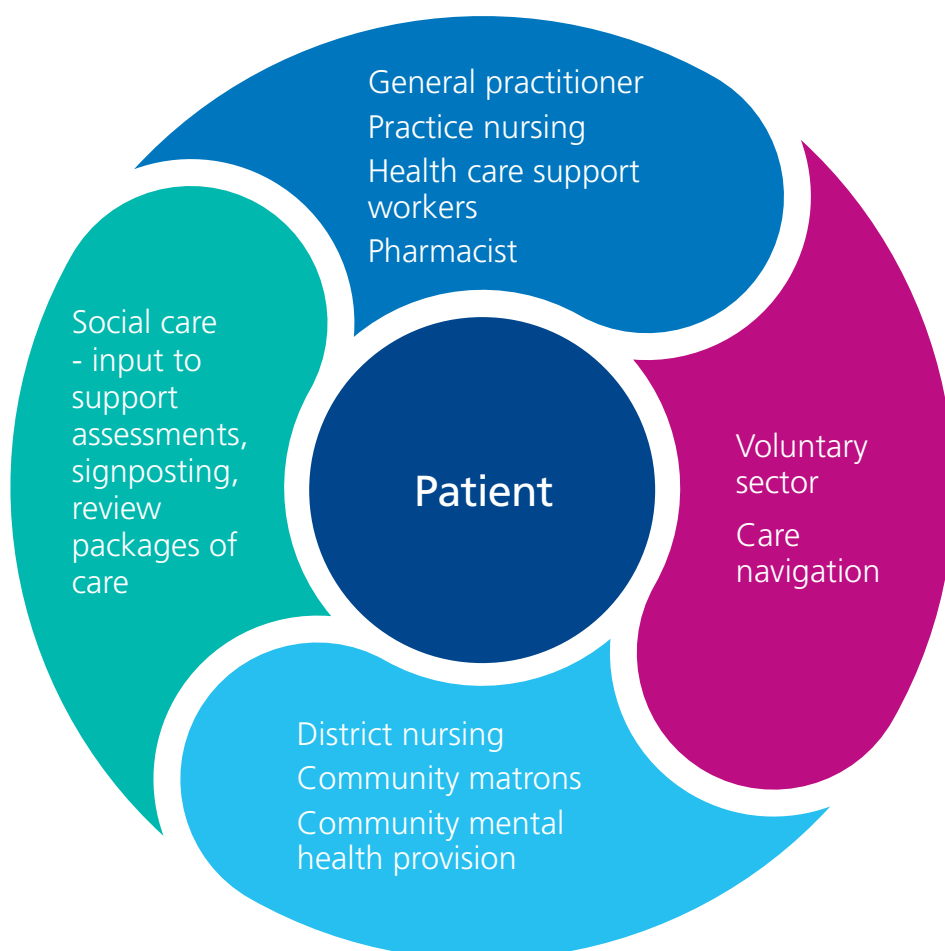
We want more people to benefit from this approach whenever they seek medical advice or support in their community. This would be whether they're contacting their GP practice, a voluntary organisation or a social care provider. Patients would benefit from teams of medical experts with a mix of skills and expertise working in local neighbourhoods or localities, to help people with conditions stay healthy.

GP practices would work with these teams made up of nursing and adult social care workers, members of the voluntary sector, and community mental health professionals.

This approach would put the patient at the centre of their care. We would have a team of specialists, an integrated care team, who would support frail, older people as well as those living with long-term conditions (such as asthma, diabetes, heart failure and kidney disease). The aim is to stop a health crisis by spotting any changes in a patient's health and giving them the care they need quickly.

As the diagram shows, these teams would wrap care around vulnerable patients. They would let people know about the services they need and help them to access them.

We would develop four integrated care hubs (see next page) where patients can get the care they need closer to home. They would allow health and care professionals the chance to deliver care side-by-side and to discuss a patient's changing needs.



## Integrated care hubs

We don't think patients should have to travel to a large hospital to get specialist health and social care. Evidence tells us that in the long term, hospital is not the best place to be because over time, patients become less well and less independent. Our new care model would create four integrated care hubs where people, particularly those who are vulnerable and frail, can get the specialist health and social care close to home.

By creating these new bases, we can better meet local patients' needs by making sure that they receive the care they need without going into hospital. This would also take the pressure off major hospitals. The hubs would be located in four areas. By choosing these locations, we can gain economies of scale but also make sure we are working at a small enough level to ensure services are based on local needs. These four areas are:

- Newcastle-under-Lyme
- North of Stoke-on-Trent
- South of Stoke-on-Trent
- Staffordshire Moorlands.

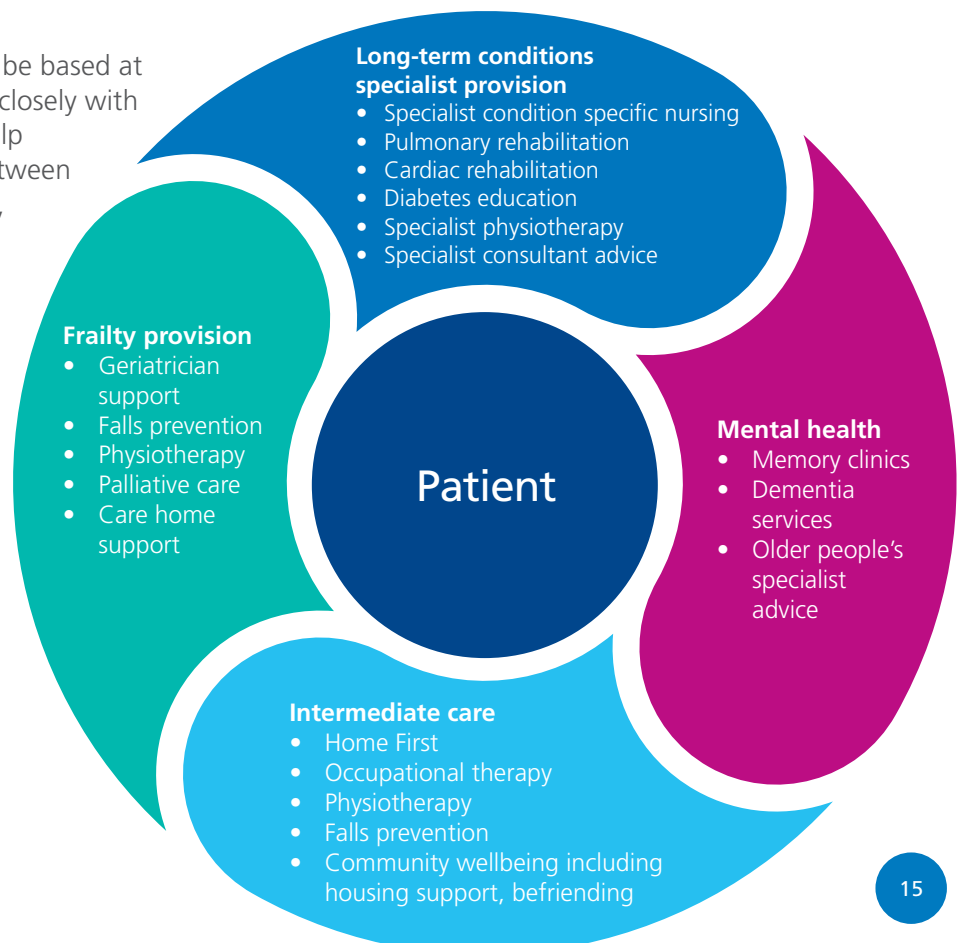
Our integrated care teams would be based at these four hubs and would work closely with local GPs. We think this would help improve working relationships between primary care, the voluntary sector, community-based services and specialist services.

The hubs would offer the core services described in the diagram below plus additional services based on local health needs.

These additional services and the exact type of medical professionals at each hub would depend on local needs, but they would be key care and support centres for people with dementia or those who are old and frail. Other teams based there could include the community diabetes team, the respiratory team, the cardiac rehabilitation team, the long-term conditions support team, the community mental health team and the cancer support team, as well as district nurses. Services could include long-term conditions nursing, memory clinics, occupational therapy and palliative care.

Even though the services may be different, the way we will deliver services will be the same for all hubs. This should ensure every community has equal access to the same opportunities.

You can read more about integrated care hubs in our Pre-Consultation Business Case on our website. You can also watch a short video which explains how these hubs would work: [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk)





# How it would work

## Case Study: Jim

Jim is 71 and lives in Stoke-on-Trent with his wife, Janice. He has multiple medical conditions including Parkinson's disease and has recently had several falls both at home and when walking to his local shop.

Jim has just fallen again in his hallway at home and can't get up. Jim calls for help and eventually Janice hears his cries over the noise of the television. She calls 999.

### Current model of care delivery

The paramedics arrive and take him to the A&E department at the Royal Stoke University Hospital.

He is assessed in A&E and deemed not to have broken anything.

However, given the frequency of his falls, he is admitted for review by the neurologists and geriatricians.

On the ward, Jim receives good quality clinical care and is treated with safety and dignity, but he misses being in his own bed and doesn't sleep very well. Janice finds it difficult and stressful to travel each day to the hospital and worries about what will happen when Jim comes home again.

After three days, Jim is discharged home with a note to his GP recommending review by community therapy teams. Both he and Janice nervously await his next fall.

### Proposed model of care delivery

The paramedics arrive and get Jim back on his feet. They contact the local integrated care hub, who, on hearing about Jim's situation, send out a clinician from the Home First service.

The nurse arrives within two hours of the referral being made, gives Jim a full assessment and checks how Janice is feeling too.

Picking up how low Janice is, the nurse puts in place a two-week care package starting that night, including input from community nursing, occupational therapy, physiotherapy, social care and the falls responder service.

During the two-week period, a mental health nurse and social worker also visit to talk to Janice and ask her how she is coping both practically and emotionally and if she needs any support.

The couple know that if Jim falls again, they can call the integrated care team based at the hub for help.

Jim and Janice feel supported and able to live with renewed feelings of independence and control.



## Case Study: Florence

Florence is 94 and lives in Staffordshire Moorlands with her daughter. She has diabetes controlled with tablets and osteoarthritis which is causing her pain in her hip. Despite this, she has always prided herself on being active.

Florence has just been discharged home after a hospital stay for a chest infection. She is finding it difficult to return to the levels of confidence she previously had to carry out everyday tasks herself, saying her hip is now especially painful. Her blood sugar levels are now not as well controlled as they had been in the past. Florence's daughter can't be there for her mother all day every day to make sure she takes her diabetes medication, washes, eats and stays clean.

### Current model of care delivery

Florence's daughter investigates with her GP the option of respite care, where her mother's health needs as well as her social care needs can be cared for. However, Florence is reluctant to go. It's not a place she would ever hope to find herself in, although she understands it's for her own benefit.

After a couple of weeks in the care home, Florence has become depressed: she misses her freedom to potter about the garden, speak to the neighbours, and choose what to do when.

When it comes time for her to leave and return home, the GP and Florence's daughter both express concern that Florence is, if anything, less able now than before to live on her own. A social care assessment offers a high-level package of support for her to return home. Florence and her daughter travel every six weeks into Stoke-on-Trent for her follow-up outpatients appointments. By the time she gets there, Florence is too tired to concentrate on what the doctor is asking or telling her.

After a few weeks of the support package, Florence still feels as if her independence and control have been limited. Her diabetes remains difficult to control and her hip pain is still reducing her mobility. Together with her daughter, she decides it is time for her to move permanently to a care home.

### Proposed model of care delivery

Florence's daughter speaks to her GP who refers Florence's case to the local integrated care team.

Her local integrated care team visits in the mornings and evenings for just over a week to help Florence get back to walking independently, washing and dressing herself again, and to make sure she takes her medication routinely and is confident to make snacks and drinks herself.

Within a week of their initial visit, Florence's confidence has started to return. She is able to get in and out of the bath by herself, make a cup of tea and sleeps well. Her diabetes has come back under control and her hip pain doesn't seem to bother her so much. Instead of having follow-up outpatient care at the local community hospital, Florence is able to visit her local integrated care hub where her local specialist team is located.

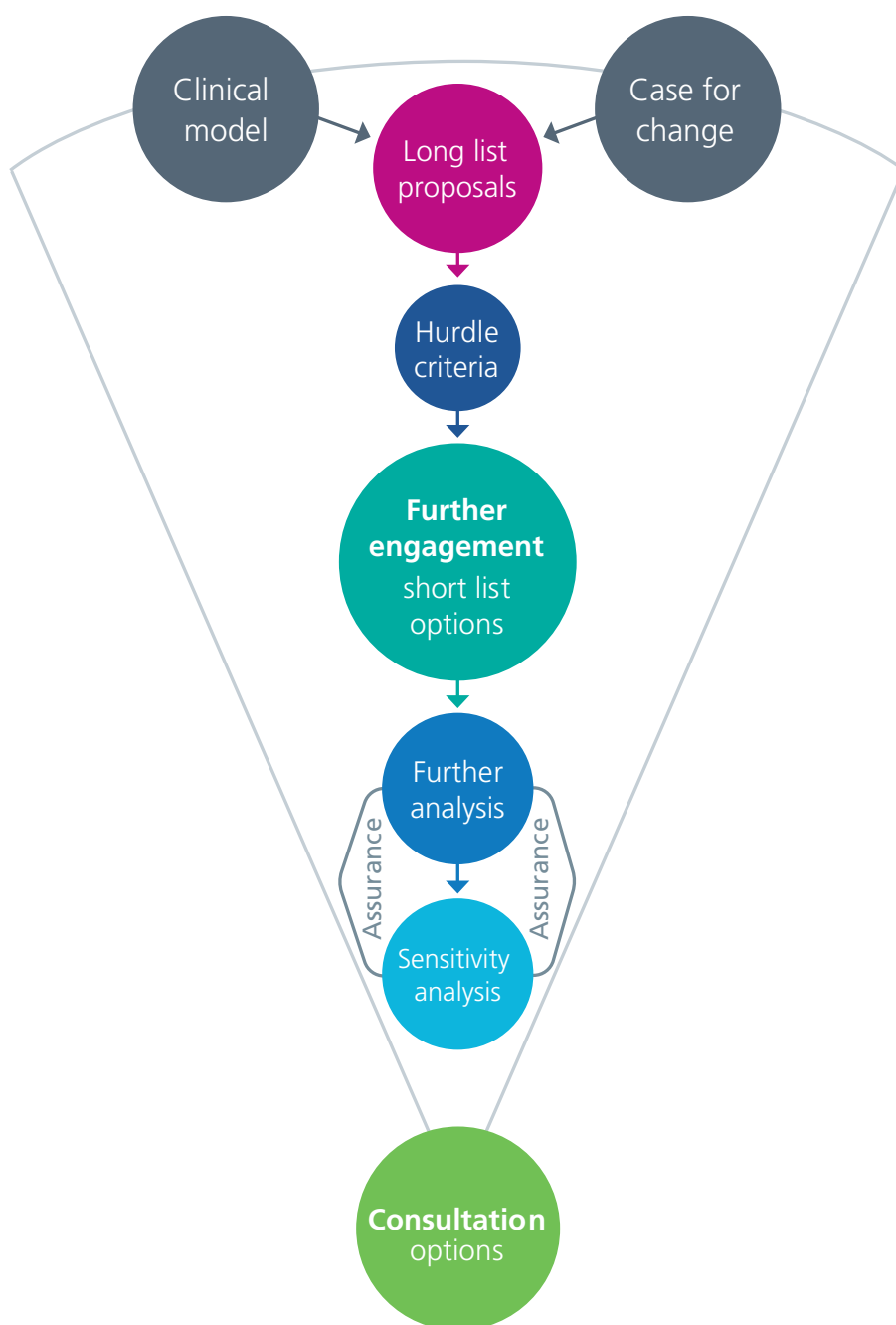
Florence is comfortable in her own environment and knows that if she needs help again, it is only a call away.

# How we developed our options for change

After listening to what people had to say and a detailed analysis of all the data and information about what services people need, we designed our proposed model of community-based care. This section explains how we developed our options.

We used detailed analysis to identify options for providing high-quality, affordable and lasting community-based care to people in Northern Staffordshire. These options should help tackle the challenges we mentioned earlier.

The diagram shows the process that we went through to develop the options for change. The options are outlined later in this document.



## Developing our long list of proposals

We developed our long list of proposals by analysing opinions and reviewing the data and research including what is working well in other counties. This work allowed us to create two long lists of proposals that would provide solutions to the problems and challenges we are facing.

1. A list of proposals looking at where we could locate integrated care hubs to offer wider, community-based health and care services.
2. A list looking at the number of community beds we would need and where they could be located. We started with a list of over 60 combinations.

We worked hard to make sure that the proposals in these lists met these five tests set out by NHS England:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners
5. Having satisfied the new patient care test for hospital bed closures by having met one of the three preconditions as follows:
  - Demonstrate sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that new workforce would be there to deliver it
  - Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, would reduce specific categories of admissions
  - Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

These tests are designed to demonstrate that there has been a consistent approach to managing change and build confidence within the service, with patients and the public.

We were particularly careful to make sure that the proposals were clinically safe and based on evidence and research. We worked with local people, our partners and clinicians to develop a set of criteria we could use to shorten the list.

## Hurdle criteria

It would be pointless and unlawful for us to consult on any ideas that weren't possible or practical. So, a group of professionals and experts from the health community and local authorities narrowed down the proposals further using hurdle criteria.

These are called hurdle criteria because if the proposals did not pass the criteria, they could not be put forward to the next stage. The group assessed the long list to see if the proposals:

- Were affordable
- Were in line with local and national health strategies
- Were clinically sustainable.

They used a scoring method which is explained in more detail in the Pre-Consultation Business Case.

## Further engagement and analysis

We then set up a reference group of key people, which included senior medical and local authority representatives as well as patients and Healthwatch. The group met five times to narrow down and score the options according to criteria the group felt were most important which they had previously defined:

- Would deliver quality care to patients in the future
- Meets need
- Accessible.

We asked people to score the options against these desirable criteria, and the results are available in the Pre-Consultation Business Case.

The Pre-Consultation Business Case is available on our website: [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk)

## Assurance

The West Midlands Clinical Senate considered the proposals and the process we had been through to make sure we were not planning to do anything that would be unsafe and that we would be making improvements for patients.

They asked that we develop a preferred option which they considered in detail. They visited each of the community hospitals as part of the process. They published their final opinion of our proposals and you can read more about this in our Pre-Consultation Business Case.

We kept people updated about the process we were going through in a regular newsletter and we published everything on our website.

NHS England are assured that we have been thorough in the way we have developed the options. We have also worked with the Consultation Institute to make sure that we have followed best practice along the way.

The Pre-Consultation Business Case was considered by the CCGs' governing bodies at a meeting held in public.

## Final step: Consultation

**This shortlist of options is what we are now consulting on.**



# What we are consulting about

In the introduction to this document, we described some of the challenges facing health and social care in Northern Staffordshire. This section explains our proposals and the options we want your views about.

Some of our proposals involve changing the way we provide local services and where they are based, so public consultation is important and necessary to inform our decisions.

These changes would affect:

- Community-based services
- Community hospital-based rehabilitation beds
- Some consultant-led outpatients clinics which have low usage rates and long waiting times.

In this section of the document, we summarise the options for change. We will also tell you which **is the preferred option** and why.

**This doesn't mean that we have made any decisions at this stage. This consultation is about gathering your views in order to help us decide our next steps.**

After the decision is made, we will carefully plan how to make these changes. We will continue to keep people updated as we progress through to any implementation.

## In this section you can read more about:

### Integrated care hubs page 22

The options for locations of care hubs in:

South of Stoke-on-Trent page 22

Staffordshire Moorlands page 23

Newcastle-under-Lyme page 25

North of Stoke-on-Trent page 25

### Community hospital and NHS care home beds page 26

Options for locations and numbers of beds page 27

### Consultant-led outpatients clinics page 30

# Integrated care hubs

We want to know where you think the integrated care hubs should be in the four areas.

We have narrowed down a long list of 13 proposals to a shortlist of eight. These eight options are spread across the four areas, ranging from one to four options per hub area.

All of the options have been developed having considered:

- Meeting the health needs of local people
- Delivering high-quality care
- Whether they would work in the future
- Accessibility (travel times and distances and public transport links)
- Costs.

You can read more about integrated care teams and hubs on pages 14 - 15.

## Integrated care hubs: South of Stoke-on-Trent options

A proposal to keep Longton Cottage Hospital was not included in the final shortlist as it would be too expensive to make it safe and fit-for-purpose. The options for locating an integrated care hub in the South of Stoke-on-Trent are:

### Option 1A:

One hub with services delivered from a new site built to meet the needs of local people at Greendock Street, Longton. The purpose-built facility would be built alongside a new GP facility that is being centrally funded by NHS Estates which is part of a multi-million pound investment in general practice facilities and technology across England.

#### Advantages

- We would deliver an integrated care hub from a new building, which would be designed to suit local people's needs
- As it would be a new purpose-built facility, we could offer a higher quality of care than could be expected with Option 1B
- The site would be easily reached by car and bus. It is marginally quicker for people in the area to reach than Option 1B.

#### Disadvantages

- This option would require a large amount of building work, which would cost between £6.89 million and £9.64 million and take some time to complete
- Longton Cottage Hospital would no longer be required.

### Option 1B:

One hub with services delivered from the building at Meir Primary Care Centre, Weston Road.

#### Advantages

- We would provide specialist care services from an integrated care hub at Meir Primary Care Centre
- The hub would be accessible by car and on local bus routes
- This is a cheaper option than Option 1A.

#### Disadvantages

- The Meir site would need some building work to make sure it is suitable for the hub's needs. This work would cost between £880,000 and £1.23 million
- Longton Cottage Hospital would no longer be required.

### Preferred option: 1A

Option 1A is our preferred option because it would offer an affordable, purpose-built facility. It would be designed specifically to meet local needs that would serve us well into the future.



## Integrated care hubs: Staffordshire Moorlands options

Leek Moorlands Community Hospital is an asset to the community and feelings run high about the building itself as well as the services provided within it. An obvious option would be to refurbish the hospital to make it fit for the purpose of becoming the integrated care hub providing services to the local people of Leek and Staffordshire Moorlands.

The Technical Expert Group recommended that we be bold, brave and open minded and consider investing capital in the development of a totally new site at Leek as well as the current hospital. However, appropriate land or estate would need to be purchased to enable the development. This makes this option harder to deliver because of a lack of new locations, the necessary funding arrangements and logistics. This meant that we removed this option from our proposals.

We know that a lot of local people feel passionately about both Leek Moorlands Community Hospital and Cheadle Community Hospital. But the size of the population in Staffordshire Moorlands means that we need to decide on the best single location for the integrated care hub to serve everyone. We have considered several options and want your feedback on them because we need to know which option local people prefer.

### Option 2A: Leek refurbish

Refurbish the current hospital estate to turn it into an integrated care hub.

#### Advantages

- Leek Moorlands Community Hospital would be retained in its current form which is important to local people
- The hub would be accessible by car and on local bus routes.

#### Disadvantages

- The site would be more difficult for the people of Cheadle to reach
- This option would require significant internal building modification to improve accessibility, for example widening of corridors, repositioning of fire escapes and reconfiguration of clinical space.

### Option 2B: Leek rebuild

Rebuild the current Leek Moorlands Community Hospital. This would involve building a new hub on the existing site.

#### Advantages

- We would deliver an integrated care hub from a rebuilt, state-of-the-art Leek Moorlands Community Hospital
- The Grade II listed aspect of the hospital would be retained
- The hub would be accessible by car and on local bus routes
- A new build would be more financially sustainable and would future-proof the model of care in Leek.

#### Disadvantages

- The site would be more difficult for the people of Cheadle to reach
- Midlands Partnership NHS Foundation Trust (MPFT) would need to use other existing buildings to house their services whilst building work is happening on the Leek site. This would be a short-term problem.

## Integrated care hubs: Staffordshire Moorlands options (continued)

### Option 2C:

One hub with services delivered from a new site (Kniveden).

#### Advantages

- The quality of care is expected to be similar to Options 2A, 2B and 2D.

#### Disadvantages

- The option would require a large amount of building work upfront, which would cost between £4.88 million and £6.83 million
- This option would be less easy to get to by car and bus.

### Option 2D:

One hub with services delivered from Cheadle Community Hospital.

#### Advantages

- We would deliver an integrated care hub from the existing Cheadle Community Hospital site on Royal Walk
- The hub would be accessible by car and on local bus routes
- The quality of care is expected to be similar to Options 2A, 2B and 2C
- This option would be cheaper than Option 2C.

#### Disadvantages

- Cheadle Community Hospital is an old building and would need some maintenance work before it could reopen as a hub. This would cost between £3.9 million and £4.8 million
- We would no longer need Leek Moorlands Community Hospital.

### Preferred option: 2B

Our preferred option is Option 2B.

The scoring process undertaken by the Technical Expert Group showed that in the long term, investment in rebuilding the facility at Leek Moorlands Community Hospital would provide better, safer, more affordable services to meet local needs.

Technical Expert Group scoring of the option showed benefits based upon:

- **Accessibility:** The hub would be on the existing Leek Moorlands Community Hospital site, which the Technical Expert Group scored as the best for accessibility
- **Quality:** As the option would be a new build, it would be developed to be fit-for-purpose. This means there would no longer be concerns about quality which there would have been if the existing hospital was simply refurbished.

The Reference Group scored the option of a hub at the Leek Moorlands Community Hospital site as the highest. This means having a hub at Leek Moorlands Community Hospital would match this preference.

The rebuild of Leek Moorlands Community Hospital would ensure that existing NHS assets are maximised; rather than selling the site to buy a new site in Leek town centre.

This option is cheaper than Option 2D and costs around the same as Option 2C. Quality of care is expected to be similar to Option 2C and Option 2D.

## Integrated care hubs: Newcastle-under-Lyme options

### Option 3A:

One hub with services delivered from Bradwell Community Hospital.

#### Advantages

- We would deliver an integrated care hub from Bradwell Community Hospital
- The hospital is accessible by car and is on local bus routes.

#### Disadvantages

- The building is old, so we would need to do some building work to make this happen. This work would cost between £5.89 million and £7.54 million.

### Option 3B:

One hub with services delivered from Milehouse Primary Care Centre on Lymebrook Way, Millrise Village.

#### Advantages

- We would deliver an integrated care hub from the more modern Milehouse building which is where some GP practices are already located.

#### Disadvantages

- We would need to invest between £0.95 million and £1.32 million to make this happen.

### Preferred option: 3A

We considered and compared the two options and listened to the concerns presented by clinicians, politicians and local people.

We decided Option 3A is our preferred option because it would offer easy-to-reach, safe and integrated services into the future.

## Integrated care hubs: North of Stoke-on-Trent option

For North of Stoke-on-Trent, only one option was short-listed because the only option that met the criteria outlined on page 19 was to have an integrated care hub based at Haywood Community Hospital. We would like your views on this preferred option.

### Option 4A:

One hub with services delivered from Haywood Community Hospital.

#### Advantages

- Haywood Community Hospital is modern and fit-for-purpose
- The hospital is accessible by car and is on local bus routes.

#### Disadvantages

- This option would initially cost us between £6.6 million and £8.2 million.

# Community hospital rehabilitation and NHS care home beds

Currently, people use community services at five hospitals across Northern Staffordshire. These are Haywood Community Hospital, Leek Moorlands Community Hospital, Longton Cottage Hospital, Cheadle Community Hospital and Bradwell Community Hospital.

The conditions of these hospitals vary. Leek and Longton hospitals have Victorian buildings that were not designed for modern healthcare and would need significant investment before they could be fit-for-purpose.

Haywood Community Hospital is the newest of the buildings. It was built between 1995 and 2004. It is the most suitable for delivering modern community healthcare, has the most parking and is accessible by car and bus. It also has the most space, which is important when it comes to finding somewhere that can host a range of services.

In addition, we struggle to hire enough skilled workers to staff our community hospitals, far more so than similar areas.

We also know that too many people are having rehabilitation care from hospital beds when they could have stayed at home or had their treatment in the community.

Patients' health tends to worsen quickly if they stay in a hospital bed when they are well enough to go home. Some of our most frail and vulnerable patients live in care homes, and evidence suggests they are admitted to hospital too often and stay there too long.

## Options

Our new approach is centred on developing wide ranging, out-of-hospital services. But we know there would be times when people would need to be assessed or treated in a community hospital or a care home bed.

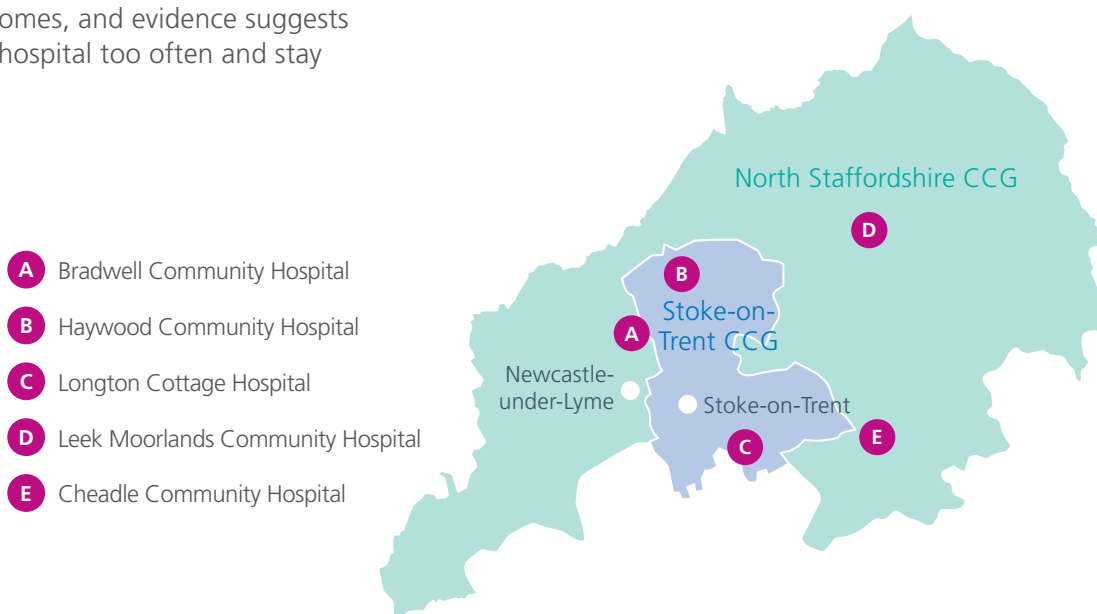
As we explained in the section 'What the future might look like', in our new approach, Northern Staffordshire would need approximately 132 beds. We need to be able to adjust the numbers up and down a little when needed.

You can read more about this in our document 'Spotlight on Modelling the Number of Rehabilitation Beds' published on our website: [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk).

### We want to know where you think these beds should be.

We have narrowed down a list of 63 options to six for this consultation. We agreed these options by looking at how many beds may be needed, how many sites they could be delivered from and which sites could be used. You can find out more in our Pre-Consultation Business Case on our website.

## Community hospitals in Northern Staffordshire



The options include a mix of existing community hospitals and care homes. Care homes could be used to provide short-term support. We would put quality measures in place to make sure that the care given meets our high standards. You will see that all options look to use Haywood Community Hospital, that is because it is a modern building that is fit-for-purpose.

### Community hospital rehabilitation beds: Option one

- All 132 community hospital beds at Haywood Community Hospital.

#### Advantages

- We would deliver all assessments and short-term care to people in beds at Haywood Community Hospital
- This is the most modern and fit-for-purpose community hospital in the area
- It is accessible by car and is on local bus routes
- There is plenty of parking
- For quality of care, this option ranked highest in our analysis.

#### Disadvantages

- We would need to expand the site to add an extra 65 beds for this option, which would cost around £1.02 million.

**Doing nothing is not an option because it would not solve the problems of unnecessary hospital admissions and prolonged inpatient stays.**

All six options offer care in more modern settings, should last into the future and are cost-effective. Most importantly, they would help patients get home sooner and recover quicker.

### Community hospital rehabilitation beds: Option two

77 community hospital beds at Haywood Community Hospital and 55 beds at Leek Moorlands Community Hospital.

Patients would receive assessments in the 55 beds at Leek Moorlands Community Hospital. Any short-term inpatient care would be delivered in the beds at Haywood Community Hospital.

#### Advantages

- Haywood Community Hospital is the most modern and fit-for-purpose community hospital in the area
- Both sites are accessible by car and are on local bus routes.

#### Disadvantages

- Leek Moorlands Community Hospital is an older building, so we would need to spend £3 million to make it safe and ready to reopen.

### Community hospital rehabilitation beds: Option three

77 community hospital beds at Haywood Community Hospital and 55 beds at Longton Cottage Hospital.

Patients would receive assessments in the 55 beds at Longton Cottage Hospital. Any short-term inpatient care would be delivered to patients in the beds at Haywood Community Hospital.

#### Advantages

- Haywood Community Hospital is the most modern and fit-for-purpose community hospital in the area
- Both sites are accessible by car and are on local bus routes.

#### Disadvantages

- Longton Cottage Hospital is one of the oldest community hospitals in our area, so we would need to do some building work before it could be reopened. However, the work required is not as extensive as Option two
- We would need to invest £600,000 to reopen Longton Cottage Hospital.

### Community hospital rehabilitation beds: Option four

77 community hospital beds at Haywood Community Hospital and 55 beds at Cheadle Community Hospital.

#### Advantages

- Care would be shared across two sites
- Haywood Community Hospital is the most modern and fit-for-purpose community hospital in the area
- Both sites are accessible by car and are on local bus routes, with plenty of parking.

#### Disadvantages

- Cheadle Community Hospital is an older building. It is the second most expensive to reopen, after Option two, because of the building work it needs
- It would cost £1.63 million to reopen the Cheadle site.

## Community hospital rehabilitation beds: Option five

77 community hospital beds at Haywood Community Hospital and 55 beds at Bradwell Community Hospital.

### Advantages

- Haywood Community Hospital is the most modern and fit-for-purpose community hospital in the area
- During our pre-consultation discussions, some people were worried that Bradwell Community Hospital would be harder to reach than other sites. However, our analysis shows the average travel time by car to the hospital is in line with the other options
- Both sites are accessible by car and are on local bus routes.

### Disadvantages

- Bradwell Community Hospital has space for the beds we need but as it is an older building, we would need to invest £1.5 million in building work to get it reopened.

## Community hospital rehabilitation beds: Option six

77 community hospital beds at Haywood Community Hospital and 55 NHS commissioned assessment beds where patients would stay for up to six weeks funded by the NHS in local care homes rated 'good' or 'outstanding'.

### Advantages

- This is the only option that includes care home beds
- It is the closest option for local people in terms of travel time and distance – by car and bus
- It is also the cheapest option – Haywood Community Hospital doesn't need any building work and has no recurring costs.

### Disadvantages

- We would need to pay around £4.3 million per year by 2022/23 for care home costs
- People have told us they are concerned about the quality of care at care homes. We have plans to make sure we can uphold high NHS standards if this option is chosen. Which you can read about in our document 'Spotlight on Modelling the Number of Rehabilitation Beds' published on our website.

## Preferred option: six

Our preferred option is Option six. We believe this option offers the best balance of cost, ease of access, its alignment with NHS strategy and the quality of services it promises. You can find out more about these options as well as our scoring system in the Pre-Consultation Business Case on our website: [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk).



## Consultant-led outpatients clinics (Tier 4 services)

Currently we run a number of consultant-led clinics for outpatients at Leek Moorlands Community Hospital and at the Royal Stoke University Hospital. These are called 'Tier 4 services' because they need a specialist consultant to deliver the service.

We are facing a number of challenges delivering these services in the way we do now. Patients are experiencing very long waiting times for outpatients appointments. Also, because services are split across two sites, clinics are not working to maximum capacity. This is particularly a problem at Leek Moorlands Community Hospital where very low numbers of patients attend some clinics.

### Our proposal

We propose that the following Tier 4 services that have low clinic numbers move from Leek Moorlands Community Hospital to the Royal Stoke University Hospital:

- Colon and rectal check ups
- Dermatology (skin problems such as eczema and psoriasis)
- Nephrology (kidney problems)
- Neurology (issues such as headache and migraines)
- Trauma and orthopaedic surgery (follow up appointments and for x-ray only)
- General surgery (minor surgery such as lumps and hernias).

*Please note these services are delivered as outpatients appointments at consultant-led clinics.*



# Glossary

**Care Quality Commission (CQC)** – the independent regulator of all health and social care services in England.

**Clinical Commissioning Groups (CCGs)** – GP-led groups responsible for planning and commissioning (buying) hospital and community health services in their local area. Commissioning involves deciding what services are needed for a wide variety of local people and making sure they are provided. There are 195 CCGs in England.

**The Consultation Institute** – a UK-based, not-for-profit organisation that offers expert advice and guidance on public consultation and engagement.

**West Midlands Clinical Senate** – a non-statutory advisory body covering the West Midlands. It offers independent, strategic advice and guidance to health commissioners and other stakeholders to help them make the best decisions for the people they represent.

## Care

**Community care** – the care people receive close to home or in the home, typically from health visitors, district nurses or physiotherapists.

**Integrated care** – care that puts the patient's needs at the centre of everything that is done for them. It is coordinated care that encourages medical professionals to work together to identify the best options for the patient. The aim is to avoid care being disjointed, confused, duplicated or delayed.

**Primary care** – the advice, care and treatment people receive from their GP.

## Services

**Home First** – a service that supports people's healthcare needs at home. It helps people avoid unnecessary hospital stays and to leave hospital sooner. The aim is to help people be as healthy and independent as possible.

**Social care services** – practical help offered to people who have an illness, disability, are old or on a low income. Support ranges from community activities to help at home.

## NHS plans

**Emergency Care Improvement Programme** – a clinically-led programme that offers intensive practical help and support to 40 urgent and emergency care systems across England. The aim is safer, faster and better care for patients.

**Five Year Forward View** – a document that sets out a clear direction for the NHS until 2020, showing why change is needed and what it will look like.

**General Practice Forward View** – a document that outlines the challenges facing general practitioners and the general practice service in Britain, and plans to tackle them. It commits to an extra £2.4 billion a year to support these services by 2020/21.

**NHS Estates Fund** – a multi-million pound investment in general practice facilities and technology across England between 2015/16 and 2019/20. It is part of the General Practice Forward View's commitment to more modernised buildings and better use of technology to improve general practices services for patients.

**Sustainability and Transformation Plan** – multi-year NHS health plans built around the needs of local people in a specific place.

# Consultation questionnaire

## Introduction and data protection statement

Your views and opinions on the future of local health services in Northern Staffordshire consultation have been requested by North Staffordshire and Stoke-on-Trent CCGs.

These organisations commission and provide health care services in the Northern Staffordshire. Together, they are looking at improvements to service provision for the local population.

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) have been commissioned to collect, handle, process and report on the responses gathered in the consultation. MLCSU uses an online survey tool called Elesurvey which is owned by Elephant Kiosks Ltd, a private company who specialise in online surveys. Any information you provide via this survey will be handled in accordance with the MLCSU Privacy Notice (Appendix 1).

For details of the personal data that is being collected please see the MLCSU Privacy Notice on page 50. The information collected will be available to MLCSU and the two CCGs listed above in an anonymous format. You do not have to provide this information to take part in the survey.

Any reports published using the data collected will not contain any personally identifiable information and only show anonymised, aggregated responses to the consultation survey. Reports could also be placed within the public domain, for example, on NHS public facing websites or printed and distributed.

Your involvement is voluntary, and you are free to exit the survey at any time. However, for the purposes of research please see the MLCSU Privacy Notice on page 50.

The rights provided to you under the General Data Protection Regulation (GDPR) are varied for the purpose of research and that in some circumstances rights may be restricted. If it is considered necessary to refuse to comply with any of your individual rights, you will be informed of the decision within one month and you also have the right to complain about our decision to the Information Commissioner. It should also be noted that we can only implement your rights during the period upon which we hold personal identifiable information about you. Once the information has been irreversibly anonymised and becomes part of the research data set it will not be possible to access your personal information.

You can also refuse to answer questions in the survey, should you wish. All information collected via the survey will be held in accordance with the MLCSU Privacy Notice on page 50.

Any queries about your involvement with this survey can be emailed to:  
[consultation.northstaffsstoke@nhs.net](mailto:consultation.northstaffsstoke@nhs.net)

☐ **Please tick here to confirm you have read and accept the terms outlined within the data protection statement as above.**

This survey is in four sections:

- **Section one** – your feedback on the proposal around integrated care hubs and their locations
- **Section two** – your feedback on the proposal around community hospital rehabilitation beds and provision of specialist services
- **Section three** – how you access services
- **Section four** – any other comments you would like to make
- **Section five** – who's taking part in our survey (demographic profiling)

**Q1.** Have you read the consultation document?

☐ Yes ☐ No

## Section one – Integrated care hubs

**Q2.** We are proposing creating four specialist integrated care hubs in Staffordshire Moorlands, Newcastle-under-Lyme, North of Stoke-on-Trent and South of Stoke-on-Trent so patients can get the care they need closer to home.

For more information on this approach please refer to pages 22 - 25 of the consultation document. To what extent do you agree or disagree with this approach?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3.** Please explain why you agree or disagree with our proposal on integrated care hubs?

**Q4.** How can any issues or concerns you have raised be overcome?

There are a number of options for the future provision of integrated and expanded community services in Staffordshire Moorlands, Newcastle-under-Lyme, North of Stoke-on-Trent and South of Stoke-on-Trent. Each option proposes the location of a hub in each area. **Our preferred option for each integrated care hub location is marked in bold.**

Please indicate the extent to which you agree or disagree with the proposed hub locations in each locality below.

**Q5. South of Stoke-on-Trent (Longton)**

Option	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<b>1A Hub services delivered from a new purpose-built site in Longton</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1B</b> Hub services delivered from Meir Primary Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6. Please explain why you agree or disagree with our proposals for South of Stoke-on-Trent?**

**Q7. How can any issues or concerns you have raised be overcome?**

**Q8. Staffordshire Moorlands (Leek, Cheadle)**

Option		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<b>2A (refurbish)</b>	Hub services delivered from the existing but refurbished Leek Moorlands Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2B (rebuild)</b>	<b>Hub services delivered from a rebuilt facility at the existing Leek Moorlands Community Hospital site</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2C</b>	Hub services delivered from a new site in Kniveden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2D</b>	Hub services delivered from existing Cheadle Community Hospital site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9. Please explain why you agree or disagree with our proposals for Staffordshire Moorlands?****Q10. How can any issues or concerns you have raised be overcome?**

**Q11. Newcastle-under-Lyme (Bradwell)**

Option	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<b>3A</b> Hub services delivered from existing Bradwell Community Hospital site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3B</b> Hub services delivered from Milehouse Primary Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12. Please explain why you agree or disagree with our proposals for Newcastle-under-Lyme?****Q13. How can any issues or concerns you have raised be overcome?**



**Q14.** North of Stoke-on-Trent (Haywood)

Option	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<b>4A</b> Hub services delivered from Haywood Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15.** Please explain why you agree or disagree with our proposals North of Stoke-on-Trent?
**Q16.** How can any issues or concerns you have raised be overcome?

**Q17.** Please outline any alternative ideas you have about the location of the hubs in each area.

South of Stoke-on-Trent:

Staffordshire Moorlands:

Newcastle-under-Lyme:

North of Stoke-on-Trent:

## Section two – Community hospital rehabilitation beds and consultant-led outpatients clinics

**Q18.** Currently community services are available at five hospitals across Northern Staffordshire. The state of these hospitals vary. There is also concern that too many people are having rehabilitation care from hospital beds when they could have stayed at home or had their treatment in the community.

Therefore, we are proposing a new approach which offers these out of hospital services in the community. However, we know there will be times when people will need to be assessed or treated in a community hospital or care home bed. Our approach therefore involves the provision of approximately 132 community hospital rehabilitation beds across a number of sites.

For more information on this approach please refer to pages 27 - 29 of the consultation document.

To what extent do you agree or disagree with this approach?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19.** Please explain why you agree or disagree with our proposals for community rehabilitation beds?

**Q20.** How can any issues or concerns you have raised be overcome?

**Q21.** Do you have any comments you would like to make about the proposed change in bed numbers and associated modelling? Please see page 26.

**Q22.** We have outlined six options for the future provision of community rehabilitation hospital beds in Northern Staffordshire. To what extent do you agree or disagree with each of the options. **Our preferred option is marked in bold.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<b>Option one</b>						
Provide all beds at Haywood Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option two</b>						
Provide beds at Haywood Community Hospital and Leek Moorlands Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option three</b>						
Provide beds at Haywood Community Hospital and Longton Cottage Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option four</b>						
Provide beds at Haywood Community Hospital and Cheadle Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option five</b>						
Provide beds at Haywood Community Hospital and Bradwell Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option six</b>						
<b>Provide beds at Haywood Community Hospital and the remainder at NHS commissioned beds in local care homes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q23.** Please explain why you agree or disagree with our proposals for community rehabilitation hospital beds?

**Q24.** How can any issues or concerns you have raised be overcome?

**Q25.** Please outline any alternative ideas you have about the provision of community rehabilitation beds.

**Q26.** Option six proposes that 55 beds would be provided in local care homes. During the pre-consultation process, some people were worried about the quality of care at these homes. We would only commission from NHS care homes with strict quality checks and rated 'good' or 'outstanding' by the Care Quality Commission. We would also introduce extra quality checks. We have written a document to explain this (you can find this Spotlight document on our website).

To what extent are the steps we would take reduce any concerns you may have about this option?

- ☐ I would still have concerns
- ☐ My concerns would be alleviated a little
- ☐ This would somewhat alleviate my concerns
- ☐ I would support this option if these checks were put in place

**Q27.** Please outline your concerns below.

**Q28.** As part of the proposals for change in the Staffordshire Moorlands, it is proposed that some consultant-led outpatients clinics currently provided from Leek Moorlands Community Hospital with small numbers of people using the services and long waiting times be moved to Royal Stoke University Hospital. This would mean that specialists could better meet patient needs and clinic space could be freed up to provide community-based services.

For more information on this proposal please refer to page 30 of the consultation document.

To what extent do you agree or disagree with the proposed changes to move the following services?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Colon and rectal check ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology (kidney problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma and orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q29.** Please explain why you agree or disagree with our proposal for some of our consultant-led outpatients clinics?

**Q30.** How can any issues or concerns you have raised be overcome?

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## Section three – Accessing services

**Q31.** How would you normally travel to your local NHS hospital?

- |  |   |
|--|---|
| <input type="checkbox"/> Own car           | <input type="checkbox"/> Taken by a relative  |
| <input type="checkbox"/> On foot           | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Public transport  |   |
| <input type="checkbox"/> Taken by a friend |   |

**Q32.** Do you have any concerns about being able to travel to or access any services and what would need to happen to make this less of a concern?

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## Section four – Any other comments

**Q33.** Do you have any other views you wish to share with us on the ideas described in this consultation document?



## Section five – Demographic profiling

We would like to understand more about you so that we can be sure we have received responses from a range of different people in our diverse community and so that we can better understand the background to your responses (for example, where you live in relation to your nearest hospital).

You are under no obligation to complete this section, however your answers will help us to understand who has responded to the questionnaire and support continual improvement of our consultations.

### Q34. Please provide us with your postcode.

Providing your full postcode does not mean we will be able to identify you individually. It will help us to make sure that we have gathered enough views from people in each area as we will review this throughout the consultation period.

Enter your postcode here:

					-			
--	--	--	--	--	---	--	--	--

### Q35. Are you responding:

- ☐ As a member of the public
- ☐ On behalf of an NHS organisation
- ☐ On behalf of another public sector organisation
- ☐ On behalf of another organisation
- ☐ On behalf of a patient representative organisation
- ☐ On behalf of a voluntary organisation

### Q36. If you are replying on behalf of an organisation, please state the name of the organisation below:

--

**Q37. What is your ethnic group?****White**

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Polish
- ☐ Other European (please state)

- ☐ Any other white background (please state)

**Mixed / multiple ethnic groups**

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / Multiple ethnic background (please state)

**Asian or Asian British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other (please state)

**Chinese or other Asian groups**

- ☐ Chinese
- ☐ Any other Asian background (please state)

**Black / African / Caribbean / Black British**

- ☐ African
- ☐ Caribbean
- ☐ Black British
- ☐ Any other Black / African / Caribbean background (please state)

**Gypsy and Traveller**

- ☐ Irish Traveller
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Other (please state)

**Other ethnic group**

- ☐ Arab
- ☐ Any other ethnic group (please state)

- ☐ Prefer not to say

**Q38. What is your age category?**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 50-59             |
| <input type="checkbox"/> 16-19    | <input type="checkbox"/> 60-69             |
| <input type="checkbox"/> 20-29    | <input type="checkbox"/> 70-79             |
| <input type="checkbox"/> 30-39    | <input type="checkbox"/> 80 and over       |
| <input type="checkbox"/> 40-49    | <input type="checkbox"/> Prefer not to say |

**Q39. What is your sex?**

- |  |  |
|--|--|
| <input type="checkbox"/> Male              | <input type="checkbox"/> Other (please state)                            |
| <input type="checkbox"/> Female            | <div style="border: 1px solid black; height: 30px; width: 380px;"></div> |
| <input type="checkbox"/> Intersex          |  |
| <input type="checkbox"/> Prefer not to say |  |

**Q40. What is your gender identity?**

Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Q41. What is your sexual orientation?**

- |   |   |
|---|---|
| <input type="checkbox"/> Heterosexual or straight | <input type="checkbox"/> Other sexual orientation not listed (please state) |
| <input type="checkbox"/> Gay                      | <div style="border: 1px solid black; height: 30px; width: 450px;"></div>    |
| <input type="checkbox"/> Lesbian                  |   |
| <input type="checkbox"/> Bisexual                 | <input type="checkbox"/> I do not know / I am not sure                      |
| <input type="checkbox"/> Prefer not to say        |   |

**Q42. Marriage and civil partnership: What is your relationship status?**

- |  |   |
|--|---|
| <input type="checkbox"/> Married           | <input type="checkbox"/> Live with partner    |
| <input type="checkbox"/> Single            | <input type="checkbox"/> Separated            |
| <input type="checkbox"/> Divorced          | <input type="checkbox"/> Widowed              |
| <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Other (please state) |

**Pregnancy and Maternity: The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.**

**Q43. Are you pregnant at this time?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Q44. Have you recently given birth? (within the last 26 weeks)**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Equality: The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities.**

**Q45. Do you consider yourself to have a disability? Please tick all that apply.**

- ☐ Physical disability (please describe)

- ☐ Mental health need
- ☐ Long-term illness (please describe)

- ☐ Prefer not to say

- ☐ Sensory disability e.g. Deaf, hard of hearing, blind, visually impaired (please describe)

- ☐ Learning disability or difficulty
- ☐ Other (please describe)

**Q46.** Do you care for someone? Please tick all that apply.

- ☐ No
- ☐ Yes – Care for young person(s) aged under 24
- ☐ Yes – Care for adult(s) aged 25 to 49
- ☐ Yes – Care for older person(s) aged over 50
- ☐ Prefer not to say

**Q47.** Are you a military veteran?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Thank you for taking the time to complete this survey.**

**Once you have completed the survey, tear off and send to:**

**Freepost Plus RTAA-XTHA-LGGC**

Communications  
Heron House  
120 Grove Road  
Stoke-on-Trent  
ST4 4LX

There is no need to use a stamp.

**The deadline for responses is Sunday 17th March 2019.**

**If you have additional feedback you would like to share, you are also welcome to send to us via our Freepost address.**

# Appendix 1

## NHS Midlands and Lancashire Commissioning Support Unit Privacy Notice (24/10/2018)

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### Who are we?

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) is collecting personal data on behalf of NHS North Staffordshire CCG and NHS Stoke on Trent CCG.

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### For what purpose do we use your data?

The information we obtain from you are your views and opinions on the future of local health services in Northern Staffordshire.

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### What is the legal justification?

You freely provide us with your agreement. If you don't provide your agreement, we cannot contact you and offer support. The legal basis for processing your personal data is for processing that is in the public interest and ethnicity, gender identity and sexual orientation that is collected to satisfy legal obligations under the Disability Act 2010.

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### What information do we collect about you?

Full postcode, ethnicity, gender, sexual orientation, views and opinions and support provided.

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### To whom do we disclose your information?

The data is disclosed to CSU and CCG staff, and Elephant Kiosks Ltd only on a need to know basis.

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### How long do we keep your information?

The research survey records and the majority of your personal data are retained for a period of five years.

For further information please see the Records Management Code of Practice for Health and Social Care 2016.

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### How do we secure your information?

The NHS is committed to holding your data securely and uses information security best practice to transmit personal data. Data is held in accordance with the NHS Information Governance and Security requirements.

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### Contact details of the service

If you need to contact us, change information or choose to opt out please email [mlcsu.researchservices@nhs.net](mailto:mlcsu.researchservices@nhs.net)

MLCSU Data Protection Officer can be contacted at: [mlcsu.dpo@nhs.net](mailto:mlcsu.dpo@nhs.net)

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### Your rights

Please note that for the purposes of research where such individual rights would seriously impair research outcomes, such rights are limited, and these include the right to access your personal information; correct any inaccurate information; erase any personal information; restrict or object to our processing of your information; move your information (portability); to lodge a complaint with the Information Commissioner's Office Helpline 0303 123 1113 or [www.ico.org.uk](http://www.ico.org.uk)



If you need printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please call us on 01782 298002.

North Staffordshire Clinical Commissioning Group  
Stoke-on-Trent Clinical Commissioning Group

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 [www.healthservicesnorthstaffs.nhs.uk](http://www.healthservicesnorthstaffs.nhs.uk)

 Email us  
[consultation.northstaffsstoke@nhs.net](mailto:consultation.northstaffsstoke@nhs.net)

