

Have your say

Public consultation

The consultation closes on 5th January 2024

We are consulting with you on changes to some services which are provided at Grimsby and Scunthorpe Hospitals



Contents

| | |
|--|----|
| 1. Delivering better hospital care..... | 3 |
| 2. Current local challenges..... | 4 |
| 3. Who we care for..... | 6 |
| 4. Which services might change..... | 8 |
| 5. What is being proposed – a better model of care..... | 10 |
| 6. How the proposed model of care would improve services..... | 12 |
| 7. How we assessed which hospital should deliver these services..... | 14 |
| 8. Impact on travel time for patients, visitors and staff..... | 16 |
| 9. Patient stories..... | 18 |
| 10. How we developed our proposal..... | 20 |
| 11. Understanding the impact of our proposal..... | 22 |
| 12. How to share your views..... | 24 |
| 13. Next steps..... | 26 |

You can read more detailed information about the proposal and how they were developed in the **Pre-Consultation Business Case (PCBC)** and supporting documentation.

All documents are available to download from the website or can be provided on request.

A summary document is also available on the website or on request.

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1

Delivering better hospital care

Our ambition for health services in Humber and North Yorkshire

Our highly-skilled staff work hard to improve health and social care services for people who live and work across the Humber and North Yorkshire area. We do this to make sure that everyone who needs it gets the care that they need at the right time, in the right place, from the right staff with the right skills.

Sometimes, this may mean delivering care more locally; for example, opening new diagnostic centres in town centres and introducing more outreach services, like telephone follow-up appointments and children's Hospital at Home, where we care for and monitor poorly children in their own homes.

For other, more complex services, it may mean concentrating these in fewer locations so we can make sure the service that is being provided is the best it can be.

In this consultation, we would like to hear what you think about our proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

This is a suggested proposal – you will help us make the final decision. We need your help to ensure what we are suggesting is the best way forward.

We thank you for taking the time to consider this proposal and provide your feedback, views and ideas.

We are consulting with you on changes to some services which are provided at Grimsby and Scunthorpe Hospitals



2 Current local challenges

Doing nothing is not an option. Our aim to provide services so people get the very best care, in the best place, when they need it.

Our doctors, nurses and hospital staff work hard to provide the best care possible but face many, increasing challenges. Our current health and care system is not always meeting everyone's needs and is not set up to do so in the future.

Having the right workforce, in the right place, to meet the demand

- Nearly a third of our staff are eligible to retire within the next 5 to 10 years.
- National shortages mean we still struggle to recruit enough skilled staff for our speciality services.
- Potential recruits tell us that roles are not attractive because of the low numbers of patients, limited opportunity for research, education and training.
- Gaps in rotas put pressure on existing teams and increase our reliance on expensive locums and agency staff. This can make it harder to provide continuity of care for patients.
- Our clinical teams are spread too thinly. We are maintaining multiple rotas and our highly skilled staff are not being given the opportunity to maximise their skills.

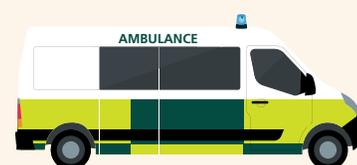
Very few emergency operations take place overnight (around 1 patient per night across both hospitals), yet both hospitals must ensure surgical staff are available 24/7.



Ensuring the future quality and safety of some hospital services

- Our emergency departments (A&E) experience significant demand and we do not deliver national standards on waiting times or ambulance handovers.
- We sometimes fail to meet national clinical standards because our staff are spread too thinly across hospital sites.
- Senior clinicians are not always available every day, 24/7, and our patients spend longer in hospital for the same care and treatment compared to other parts of the country.

Only two thirds of patients were seen and treated within 4 hours in our Emergency Departments (A&E) and more than 18 people a day waited for over 12 hours.



Providing the right care for our growing ageing population

- The number of older people in our area is rising, which can mean more complex health needs and increasing demand for some services.

In 20 years' time nearly one third of the local population will be aged 65 and over (compared to around a fifth today).

Meeting the needs of our population

- Some of our communities have much poorer health and need hospital care more often or have issues accessing healthcare services.

Healthy life expectancy is significantly lower than national average at just 56 years for women in North Lincolnshire and 55 years for men in North East Lincolnshire.

Investing in our buildings

- Some of our hospital buildings are old and do not meet modern clinical standards.
- There is limited access to the investment needed to improve or replace them. A number of our theatres and ward areas have had to be closed.
- This affects our ability to treat patients effectively, and our ability to recruit and retain staff.

Our buildings need significant investment just to keep them functioning (backlog maintenance issues would cost in excess of £100 million across Grimsby and Scunthorpe hospitals to address).



Using our financial resources in the most efficient way

- We need to make sure that we spend our limited finances in the most sensible way and on the most appropriate services for those who need them most.

Last year (2022/23) we spent over £37 million on temporary (agency and locum) staffing to cover gaps in rotas to ensure services continue to be delivered safely.

You can read more information about why services need to change in the **Case for Change** and the **Pre-Consultation Business Case (PCBC, section 2)**.

These documents are available to download from the website or can be provided on request.

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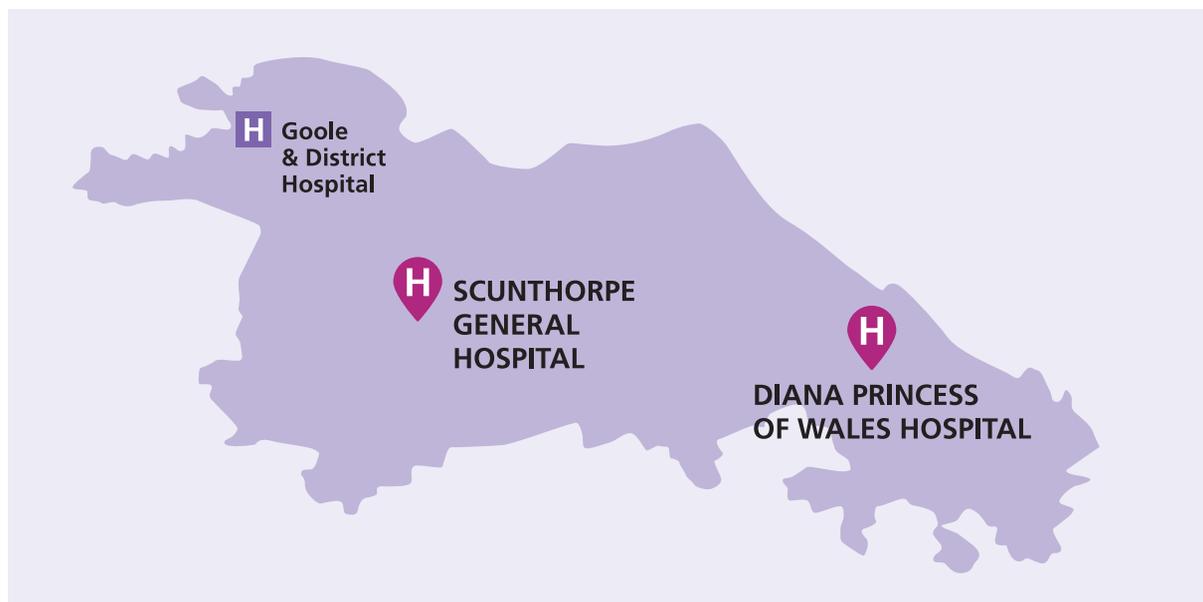
3 Who we care for

Our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby) work alongside other hospitals in the Humber area - including Goole and District Hospital, Castle Hill Hospital and Hull Royal Infirmary.

Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust provide a range of speciality hospital services for a large region, serving patients living across Northern Lincolnshire, East Yorkshire, Hull, parts of North Yorkshire and communities in East Lindsey and West Lindsey.

The Humber area is home to just under one million people and patients also travel from further afield to access some of our hospital services.

| Service Area <i>Total number of patients per year (2019/20)</i> | Scunthorpe General Hospital | Diana Princess of Wales Hospital, Grimsby |
|--|-----------------------------|---|
| Emergency Department (A&E) attendances | 73,181 (per year) | 75,323 (per year) |
| Paediatric assessment Unit Attendances | 4,302 (per year) | 5,357 (per year) |
| Emergency admissions (all adults) | 19,194 (per year) | 18,528 (per year) |
| Paediatric admissions (children) | 898 (per year) | 951 (per year) |



Deprivation and health inequalities

- Northern Lincolnshire and the East Lindsey coastline has some of the most deprived communities in England.
- Deprivation, particularly low income, is strongly linked to poor health outcomes.
- Many of our most deprived communities also live furthest from our hospitals.



Public Health risk factors

- Smoking, alcohol-related health condition and childhood obesity are all higher than the national average in England.
- A greater proportion of the Humber population have one or more long-term health conditions, such as diabetes and heart disease.



Barriers and inequity

- Rates of car ownership are lower than average in the Humber area.
- Rates of homelessness are high, particularly in North East Lincolnshire.
- Digital exclusion is also an issue for many of our communities, particularly those in the most deprived areas.



Like in other parts of the country, our population is getting older, which can mean more complex healthcare needs. There are also large parts of our population who face extra barriers and challenges because of issues like deprivation. People living in these areas have poorer health outcomes than in other parts of the country. In developing our proposal, we have considered the barriers faced by many within our population, particularly those most in need of care and support.

You can read more about our population in the **Pre-Consultation Business Case (PCBC, section 1.4)**.

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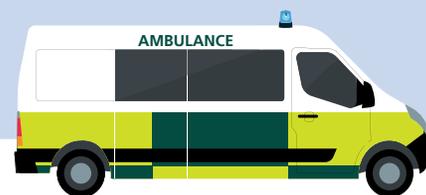
4 Which services might change

We would like to hear what you think about our proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

| Service | What is it? | Things to consider |
|---|--|---|
| Trauma Unit | Trauma Units are based within some Emergency Departments and provide care to patients with injuries who need to be stabilised quickly. They work as part of a network linked to a Major Trauma Centre where people with the most serious injuries are treated. | Trauma patients almost always arrive by ambulance, although some are transported by air ambulance and, once stabilised, may need to be transferred to another department or by ambulance to the regional Major Trauma Centre. |
| Emergency surgery (overnight) and inpatient care | Situations that require patients to be admitted to hospital straight away, usually through the Emergency Department, for monitoring, tests and possible emergency surgery. | If emergency surgery is needed it usually takes place within 24-36 hours and, in some serious or life-threatening cases, may happen immediately including overnight. |
| Some medical specialties (inpatient) | Specialists in specific conditions and parts of the body can provide a higher level of clinical input in areas such as cardiology (heart), gastroenterology (stomach) and respiratory (lung) conditions. | 7-day per week medical care from specialists can improve the quality of patients' experiences, reducing the time they need to stay in hospital and supporting them to go home more quickly. |
| Paediatric overnight (inpatient) care | For children and young people who need to be admitted for more than 24-hours or need more specialist care. | We have been testing a 'Hospital at Home' model of care for some paediatric patients to reduce the length of time that children and young people have to stay in hospital and reduce the number of admissions overall. |

Major Trauma Centres and Trauma Units

- **Major Trauma Centres** are hospitals that provide care for people with severe injuries.
- **Trauma Units** are based in hospitals and provide care for less serious injuries.
- Most people with major trauma are taken straight to a major trauma centre for treatment, rather than a trauma unit, even if the major trauma centre is further away.
- Sometimes the ambulance team cannot give the life-saving treatment the person needs at the scene of the incident. If this happens, and if the nearest trauma unit is closer than the major trauma centre, the ambulance team takes the person to the trauma unit for quick emergency treatment. The person is then moved to a major trauma centre as soon as it is safe to do so.



What about other services?

No changes are proposed to planned care services, including diagnostic tests and outpatient services. Outpatient appointments would continue to be delivered at Scunthorpe, Grimsby and Goole Hospitals and would not be affected by the proposed changes. **No changes are proposed to the services provided at Goole and District Hospital.**

Stroke services would not be impacted by these proposed changes and the Hyper Acute Stroke Unit (HASU) would continue to be provided at Scunthorpe Hospital. Children from the North and North East Lincolnshire areas requiring very specialist care would continue to be cared for in Sheffield.

We are not consulting on specific changes to primary and community healthcare services (e.g. GPs and district nurses). We are, however, working with these colleagues to look at how we could improve services in the community to support the proposed changes to some hospital-based services.

Maternity and neonatal services (care for newborn babies) are not part of this consultation. We will be looking at how these could be improved in the future across a wider area and will involve relevant stakeholders.

5 What is being proposed – a better model of care

The services we are considering changing are primarily for patients who need more complex emergency diagnosis, treatment and care after receiving an assessment through one of our Emergency Departments. The proposal also covers paediatric (children's) inpatient services, where a child would need to be admitted to hospital for a period over 24 hours.

This is to improve services for those with the most urgent and complex needs, keeping them safe and of high quality in the long term.

The proposed services would be brought together at one hospital:

- **Trauma Unit** – for people with injuries requiring specialist care (typically brought by ambulance) and who might need an operation or observation by a trauma team.
- **Emergency surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialities (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

Bringing these services together in one hospital would provide access to dedicated services 24 hours a day, 7 days a week, with more specialised skills always being available. This would help us to address critical shortages in workforce by organising our teams more effectively and help more patients to be seen and treated more quickly and stay in hospital for less time.

The vast majority of patients would continue to be seen and treated in the same hospital they are now. Those who would need to be treated at a different hospital would arrive in an ambulance or be taken by free inter-hospital transport.

Urgent and emergency care for most patients would continue to be provided at **both** Diana Princess of Wales Hospital, Grimsby **and** Scunthorpe General Hospital including:

- 24/7 Emergency Department (A&E), assessment unit and short stay (up to 3 days)
- Emergency surgery (during the day)
- Overnight (inpatient) care for elderly and general medical patients (for stays longer than 3 days)
- Paediatric (children's) Assessment Unit (up to 24 hours).



24/7 Accident and Emergency would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital. We have recently invested £35 million to build new Emergency Departments and Assessment Units in both hospitals.

Proposed model of care at a glance

| Services to be brought together at one hospital | Services to remain at both hospitals |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24/7 Trauma Unit, for people with injuries requiring specialist care and who might need an operation or observation by a trauma team. | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24/7 Emergency Department (A&E). <input checked="" type="checkbox"/> 24/7 Urgent Care Service (in the A&E) for patients with minor injuries and illnesses. <input checked="" type="checkbox"/> 24/7 assessment units. <input checked="" type="checkbox"/> Short stay emergency care (up to 72 hours). |
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24/7 Emergency surgery and inpatient (overnight) care (more than 24 hours). | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Emergency surgery (during the day). |
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24/7 Speciality medical inpatient care (for longer stays more than 72 hours) including gastroenterology (stomach), cardiology (heart) and respiratory (lung) medicine. | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assessment and short-stay care with specialist 'in-reach' input. |
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24/7 Paediatric overnight (inpatient) care (for longer stays more than 24 hours). | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24/7 Paediatric (children's) Assessment Unit (up to 24 hours). |
| | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Overnight (inpatient) care for elderly and general medical patients (for stays longer than 3 days) <input checked="" type="checkbox"/> 24/7 maternity and neonatal care. <input checked="" type="checkbox"/> Outpatient appointments. |

No changes are proposed to the services provided at Goole and District Hospital.

6 How the proposed model of care would improve services

The proposed changes would help more patients to be seen and treated more quickly and stay in hospital for less time. It would also address critical shortages in workforce by organising our teams more effectively.

| Change | Benefit |
|---|--|
| <p>Urgent Care Services would be expanded and improved to assess and treat patients with minor illnesses or injuries.</p> | <p>✓ Nearly 200 people a day who attend our Emergency Departments (at Scunthorpe and Grimsby hospitals) would be seen and treated more quickly and pressure would be reduced on services for patients with the most serious or life-threatening needs.</p> |
| <p>Trauma services would be provided at one hospital, with Hull Royal Infirmary (HRI) remaining as the regional Major Trauma Centre (MTC). Patients would be taken by ambulance directly to one of these hospitals based on their clinical needs.</p> | <p>✓ Bringing trauma services together would provide access to more special skills 24/7 and allow for faster assessment and treatment, reducing the pressure on the Emergency Department and reducing the wait to be seen.</p> |
| <p>Inpatient gastroenterology (stomach), cardiology (heart) and respiratory (lung) services for patients who need:</p> <ul style="list-style-type: none"> • a higher level of speciality care, or • to stay in hospital for more than 72 hours <p>would be provided at one hospital.</p> | <p>✓ We would be able to provide dedicated 7-day per week care from specialists in gastroenterology, cardiology and respiratory medicine, improving the quality of patient experience, reducing length of stay and supporting patients to go home more quickly.</p> |

| Change | Benefit |
|--|---|
| <p>24/7 emergency surgery and acute surgical admissions (more than 24 hours) would be delivered at one hospital. Day case emergency surgery would be provided across all sites.</p> | <p><input checked="" type="checkbox"/> Bringing emergency surgery with 24/7 teams including surgeons, theatre teams, nursing staff together at one hospital will support the future sustainability of our workforce.</p> |
| <p>Inpatient services for children and young people who need to stay in hospital more than 24 hours would be provided at one hospital.</p> | <p><input checked="" type="checkbox"/> Bringing paediatric inpatient services together at one hospital would improve training opportunities and support the future sustainability of the workforce. This change would also be supported through the implementation of the Hospital at Home model of care for paediatric cases which has been seen to reduce the need for admission and support earlier discharge, reducing length of stay.</p> |

The proposed changes would also mean that some patients, staff, families and loved ones would have increased travel times (see pages 16-17 for more details). Almost all those who will have to travel to a different hospital than their closest will do so via ambulance or via free inter-hospital transport if they need to be admitted for a longer period of time or for more specialised care.

7 How we assessed which hospital should deliver these services

In developing the proposal, we engaged with more than 12,000 people and explored over 120 different ideas.

We carefully studied the likely impacts on patients, staff and visitors of bringing these specific services together at Scunthorpe General Hospital or Diana Princess of Wales Hospital, Grimsby.

By asking questions like:

How many people would have to go to a different hospital if services moved?

How close should these services be to communities that are most vulnerable to changes, like those living in the most deprived areas?

Which option would have the least impact on ambulance services?

Which option would mean the fewest patients having to move between hospitals during their stay?

We also had to consider important practical and financial issues:

How much would it cost and is it affordable?

How long would it take to make the changes and improve services, including how much building and renovation would be needed?



Which hospital are we now proposing should deliver these services?

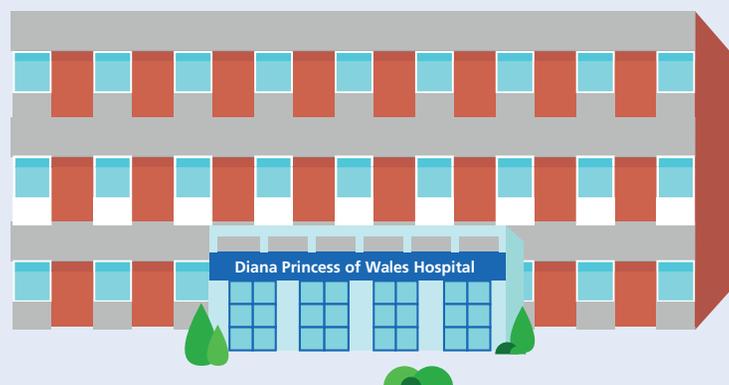
After completing the evaluation, we believe the only viable option is to bring these specific services together at Diana Princess of Wales Hospital, Grimsby because:

It will directly impact on fewer people

- It is closer to more patients who have poorer health outcomes, who would otherwise have to travel further and may not have access to transport.
- It would have the least impact on ambulance services.
- Overall, it would have a lower impact on journeys to and from hospital:
 - Fewer people would have to go to a different hospital site.
 - Fewer people would have longer journeys to and from hospital.
- Fewer patients would have to be transferred between sites if they needed to stay in hospital overnight.

It makes the best use of our financial resources

- It is the only option that is affordable – it would cost three times as much to make changes to the buildings at Scunthorpe General Hospital to bring services together there.
- Delivering the services at Diana Princess of Wales Hospital, Grimsby would allow us to make the changes within the money we have available and improve services far more quickly.



You can read more about how we evaluated the different potential options in the **Pre-Consultation Business Case (PCBC section 10.4)**.

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8 Impact on travel time for patients, visitors and staff

We commissioned travel analyses from independent experts. The modelling was based on patient data from 2019/20 (because data for 2020 and 2021 was not typical due to the COVID pandemic).

Modelling indicates that the proposal to bring these four specific services together at Diana Princess of Wales Hospital, Grimsby would impact a relatively limited proportion of service users. More than 90% of patients who currently attend Scunthorpe’s Emergency Department (A&E) would continue to receive all their care at Scunthorpe Hospital and would not be affected by the proposed changes. The number of patients affected is expected to be lower in the longer term as services adapt to new and improved ways of working.

Summary of impact

| Number of patients who would receive some or all of their care at a different hospital | Yearly total | Average per day |
|--|--------------|-----------------|
| Trauma | 611 | 1.7 |
| Emergency surgery (overnight) and inpatient stays | 2,444 | 6.7 |
| Some medical specialities (inpatient – longer stays) | 1,069 | 2.9 |
| Paediatric overnight (inpatient) care | 935 | 2.6 |
| TOTAL IMPACT | 5,059 | 13.9 |

The patients impacted by these changes would either arrive at hospital via emergency services in an ambulance (and be taken directly to the right hospital for them) or would be transferred by free inter-hospital transport after initial assessment and treatment in Scunthorpe’s Emergency Department (A&E).

You can read more about how we modelled the travel impact of the different potential options in the **Pre-Consultation Business Case (PCBC section 10.18)**.
www.betterhospitalshumber.nhs.uk 

How we can mitigate impacts

Our proposal ensures 24/7 Emergency Departments (A&E) would be retained in both Grimsby and Scunthorpe. Patients who require trauma, emergency surgery and paediatric admissions over 24 hours, and cardiology, gastroenterology and respiratory care over 72 hours, may be treated at a different hospital.

The model of care seeks to keep transfers between hospitals to a minimum by:

- The ambulance service assessing if patients are likely to require speciality inpatient care and taking them to the appropriate hospital directly..
- Retaining same day emergency care and short stay pathways to maximise the number of patients treated at their local hospital (including emergency day surgery where appropriate).
- For children requiring paediatric assessment, judging whether the probable post-treatment length of stay is likely to be too short to warrant a transfer to the paediatric ward.
- The implementation of children's Hospital at Home to enable more children to be discharged more quickly and recover at home instead.

Where inter-hospital ambulance transfers are required, we are:

- Working closely with our ambulance providers and other transport providers to develop safe solutions for timely transfers.
- Developing options for family accommodation.
- Exploring how we could build on the existing shuttle bus service between hospitals for staff and families.

We heard during our engagement that some people are not able to travel to hospital to visit loved ones easily due to the cost or poor public transport links. We have established a Transport Group and developed an outline Transport Action Plan to examine how best to mitigate the impacts of travel.



How might our proposed changes affect you?

Trauma Unit

Jay lives in Brigg. Jay is cleaning the gutters on their garage and falls from the top of the ladder. Their neighbour calls for an ambulance because Jay is quite badly hurt. Jay is conscious and does not have a serious head injury, but the paramedic thinks they may have broken several bones. The paramedic does a thorough assessment of Jay's condition and follows triage protocols to take Jay to the nearest Trauma Unit, which under the proposed changes would be at Diana Princess of Wales Hospital in Grimsby.

The paramedic gives Jay fluids and pain relief en route. When they arrive at the hospital, Jay is taken directly to the Emergency Department to be treated by a dedicated team of trauma specialists who would be available 24/7 to provide the level of care Jay needs.

**Emergency surgery**

Geoff is 82 and lives near Scunthorpe. Geoff has fallen at home and broken his hip. According to national guidance, patients like Geoff should have their operation within 36 hours. This target is not always being met in all our hospitals and as a result some older, frail residents like Geoff are waiting longer than they should to have their operation.

Under the proposed changes, Geoff would not have to be transferred to Grimsby for his surgery, instead he could still have his operation during the day at Scunthorpe Hospital and stay overnight on the ward for frail or elderly patients both before and after the operation. Geoff would be looked after by ortho-geriatricians (specialist doctors who look after frail or elderly people with bone and joint problems) and therapists who would work with Geoff's family, social services and voluntary organisations to help get Geoff home from hospital as soon as possible.



Some medical specialties



Alexis arrives at Scunthorpe Hospital on a Friday afternoon having suffered a minor heart attack. She needs a procedure called angiography, followed by an intervention. National guidance says this should happen within 72 hours. The way services are organised today means that Alexis will wait on the ward until Monday morning to be seen by a Cardiologist, when a decision will be made for further investigations and a referral made to the cardiology lab. She will then have a few further days of waiting to have the procedure.

Under the proposed changes, Alexis would be diagnosed in the Emergency Department at Scunthorpe then transferred via a dedicated service to the Cardiology ward at Grimsby to be seen by a Cardiologist on site on the same day. She will have her procedure within the required timeframe because consultant-led care would be provided 7 days a week on that site. Alexis would be treated more quickly and then be able to go back home, hopefully within 24 hours of the procedure.

Paediatric overnight (inpatient) care

Ellie-Mae is 6 years old and has an asthma attack at home one afternoon, so her dad brings her to the Emergency Department (A&E) at Scunthorpe Hospital. The specialist team in the Paediatric Assessment Unit look after Ellie-Mae and give her nebulisers or other treatments to help bring her asthma under control.

In most cases, this would be sufficient for her to go home within a matter of hours. If her condition was so bad that she needed to stay in hospital for a few days, she would be taken by ambulance to Grimsby for further treatment. Depending on how quickly Ellie-Mae is improving it might be possible for her to go home and be looked after by her dad and the Hospital at Home nurses instead.



You can read more about children's Hospital at Home in the **Pre-Consultation Business Case (PCBC section 5.3)**.

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10 How we developed our proposal

The process to develop the proposed changes took place over two years and involved extensive engagement with more than 12,000 people including: clinicians, staff, patients, the public and other stakeholders.

From an initial long list of 120 possible ideas, an extensive options appraisal process scrutinised each potential option. The following approaches, including making no changes, were discounted because they were not viable solutions to address the identified challenges.

| Options | Discounted because |
|--|--|
| <p>Do nothing (business as usual)</p> | <p>✗ Would not meet the necessary clinical and waiting time standards, address inequalities, or deliver the best outcomes for patients.</p> <p>The Clinical Senate (an independent panel of experts) said that the current model of care is not sustainable.</p> |
| <p>Options with all emergency/ unplanned services at one hospital and planned care only at the other</p> | <p>✗ Would cause major impacts on patient and staff travel, emergency ambulance services, and neighbouring healthcare providers.</p> |
| <p>Options that included bringing general medicine and care of elderly services together at one hospital only</p> | <p>✗ Significant impact on frail and elderly patients because of transfers between hospitals, and the potential impact on delayed discharges from hospital.</p> |
| <p>Building a new hospital in the middle, halfway between Grimsby and Scunthorpe</p> | <p>✗ Build cost and time would be too great.</p> <p>Significant impact on patient and staff travel, especially support staff who tend to live close to existing hospitals.</p> |



Why is the proposal to bring these specific services together at the same hospital? Why not have some at one hospital and some at the other?

For some specialities, there are reasons why certain services have to be co-located together at the same hospital. For example:

- Surgical specialities that need to treat patients in an emergency all need to be located in the same hospital because they need access to operating theatres, anaesthetics and theatre staffing teams 24/7.
- A Trauma Unit requires access to surgical teams 24/7 (although due to the small number of operations taking place overnight, these teams are currently not being used very effectively).
- Specialist medical services are dependent on certain other facilities and therefore need to be located together with other services.

You can read more about how we have listened and engaged with people to develop the proposal in the **Pre-Consultation Business Case (PCBC sections 10.6 - 10.15)** and engagement reports on our website.

www.betterhospitalshumber.nhs.uk



11 Understanding the impact of our proposal

It is vital that we understand how the changes we are proposing might affect the population we care for. To help us to do this we have completed an extensive and detailed Integrated Impact Assessment (IIA).

The IIA has helped us to identify groups and communities in our population who might be most impacted by the changes we are proposing. We want to hear from people in these groups to help us understand how the proposal could impact them and how any negative impacts could be reduced.

Age

Our population is getting older, as people live longer, while the birth rate is falling.

In North and North East Lincolnshire, the older population (65+) is higher in rural and coastal areas, which are often furthest away from our hospitals with poor transport links. Some of the services that we are proposing to change are used most by older people, like medical speciality inpatient services, so there may be a bigger impact on older people in rural areas.

Other changes, particularly to paediatric services, would affect children and young people and their families.



Race – including both ethnicity and nationality

While the local population is less ethnically diverse than England as a whole, some areas do have larger Black, Asian and minority ethnic populations. There is strong evidence that people from these communities face greater health inequalities.

The largest Asian/Asian British population in the Humber area is in North Lincolnshire, in the neighbourhoods closest to Scunthorpe General Hospital.

You can download the Integrated Impact Assessment for this public consultation on our website or get in touch to request a copy.

www.betterhospitalshumber.nhs.uk



Disability

At least 1 in every 6 people in our area has their day to day activities impacted by disability.

Some of our wider changes (e.g. remote telephone appointments) would improve the accessibility for many disabled people.

However, if the proposed services are brought together and delivered from one hospital instead of two, we know that disabled people may face additional challenges whilst accessing care and/or when being discharged. We heard through our engagement that many wheelchair users are negatively affected if their wheelchair is not transported with them in the ambulance.

They may also face longer journeys, and some disabilities may also make journeys more difficult when visiting friends and loved ones.

Carers – including parents and guardians

Up to 10% of our population cares for a family member or loved one. Carers need to be supported to look after their own health, which can often suffer due to their caring responsibilities.

Children and young people make up around 20% of the local population and their parents and guardians could also be impacted by the proposed changes, particularly to paediatric (children's) services.

The proposed changes could impact on carers if the person they care for needs to be taken to a different hospital for treatment. They may find it more difficult to visit and provide support. Parents and guardians with multiple children would be impacted by the additional travel time.

We have also considered other groups who might be particularly affected by these changes or who may find it most difficult to adapt to a new way of some services being delivered. This includes people living in rural areas, people who don't speak English as their first language, unpaid carers, sex workers, homeless people, and those who misuse alcohol and drugs.

Why is understanding the impacts of proposed changes important?

The Impact Assessment we have prepared helped us to evaluate the different possible options for change and develop the proposal we are consulting on now. It also helped us to plan our consultation, including identifying how and where we will seek views to help us further understand impacts on different groups and how to mitigate these.



12 How to share your views

Now that you have read about the proposed changes, please let us know what you think about them, and any other concerns or considerations you have.

Consultation questionnaire

You can do this by completing the paper questionnaire at the back of this document and returning it by FREEPOST (without paying for a stamp), or by visiting:

 www.betterhospitalshumber.nhs.uk



or scan this QR code



You can also use this link to find more detailed information that supports this consultation such as:

- Our Pre-Consultation Business Case (PCBC)
- Impact assessments
- Frequently asked questions and answers
- Summary documents

If you do not have internet access, you can contact us to request additional information or copies of this consultation document and the questionnaire by post. We can also provide information in a range of formats and languages on request.

To contact us, use the details below:

Postal address: FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

Telephone helpline: 03033 306666

Email: hnyicb.consultation@nhs.net

Come and talk to us

We are organising public meetings and other events, either online or face-to-face, where you can learn more and let us know what you think.

Drop-in and see us at one of our consultation exhibitions

Thursday 12th October 12 - 8pm

The Courtyard, Boothferry Road, Goole DN14 6AE

Monday 16th October 12 - 8pm

Grimsby Town Hall, Town Hall Square, Grimsby DN31 1HX

Friday 20th October 12 - 8pm

The Pods, Ashby Road, Scunthorpe DN16 1AA

You can drop in at any time throughout the day.

We will be on hand to answer any questions you have about the proposed changes and help you to give feedback and have your say.

Join our online deliberative event

Wednesday 6th December 6.30 - 8pm.

Visit our website for details on how to take part

We will also be visiting a range of community venues across the area. You can find out where we will be and how to take part on our website.

www.betterhospitalshumber.nhs.uk



13 Next steps

When the consultation closes

When the consultation closes on 5th January 2024, all the feedback received will be analysed by an independent research organisation, Opinion Research Services (ORS) www.ors.org.uk.

How will decisions be made?

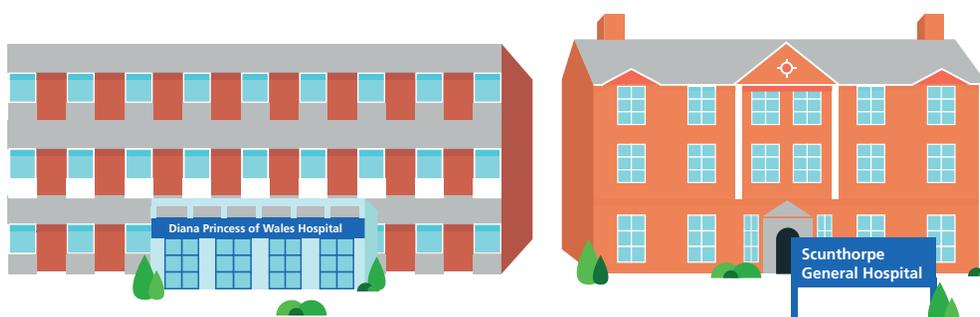
We will consider the views and evidence provided during this public consultation alongside other material information – such as changes to policy, regulations or clinical standards and any updated activity or workforce modelling – before making our decision on how these services should be delivered in the future.

You can keep up to date with progress on by visiting www.betterhospitalshumber.nhs.uk

What will happen to my information

NHS Humber and North Yorkshire Integrated Care Board (ICB) has commissioned Opinion Research Services (ORS) to help manage aspects of the consultation, including analysing and reporting feedback. ORS will produce a full report of the consultation in which the views of individual members of the public acting in a personal capacity will be anonymous. However, where feedback is from representatives of organisations or someone acting in an official capacity, it may be attributed.

Information will only be used to inform this consultation and any personal information that could identify you will be kept by ORS for no more than one year after any decisions have been finalised. For further information please see www.humberandnorthyorkshire.icb.nhs.uk/privacy-policy or www.ors.org.uk/privacy





Your health Your hospitals

Let's get better hospital care



Humber and
North Yorkshire
Integrated Care Board (ICB)

Share your voice



For more information visit
www.betterhospitalshumber.nhs.uk