

Case Study

Calderdale, North Kirklees and Greater Huddersfield CCGs – Future Model of Hospital Services

Background

In February 2014 Calderdale and Huddersfield Foundation Trust, South West Yorkshire Foundation Trust and Locala developed a Strategic Outline Case for the future provision of community and hospital services in Calderdale and Greater Huddersfield. In August 2015 the Senate was approached to consider the hospital model, specifically to

“Consider the hospital standards and the current baseline position, together with the potential future model of care for hospital services and provide an assessment of the extent to which they support the model’s potential to deliver the hospital standards and address the issues outlined in the Quality and Safety Case for Change”

The Problem

- Demographic challenges – a population increasing by 12 -17% by 2030
- Failure to meet national guidance in nursing and medical staffing
- Too many patients:
 - Staying longer in hospital than clinically necessary
 - Waiting over 5 weeks for diagnostics
 - Report that they do not have a good experience in accident and emergency departments

Our Advice

The Senate reviewed the body of evidence and supported the aspirations for the service. The Senate provided broad assurance that this service model has the potential to deliver a quality service and provided a number of practical suggestions to strengthen the service proposals.

Our Impact

Our independent clinical advice:

- Eased difficult local clinical discussions
- Provided an independent clinical voice to the Overview and Scrutiny committee
- Resulted in a strengthened service proposal
- Resulted in positive early media coverage for local commissioners helping to convey the message that currently local services were not sustainable

Testimonial

“The development of our clinical case for change and the development of our proposals for future arrangements for Hospital and Community Health Services, which needed to address the risks to clinical service delivery and sustainability, took us a considerable amount of time, thought and capacity. There is a risk, in developing thinking collaboratively between local commissioners and providers, that other important perspectives could be missed. Having, in the Clinical Senate, an independent and authoritative source of reference, has been important in terms of sense-checking thinking and challenging assumptions. Additionally, we believe that the involvement of the Senate provided additional and important assurance to others, such as the Joint Scrutiny panel, other stakeholders, and NHS England in its role as regulator of the CCG’s in relation to our readiness for consultation.”

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