

MJW/JI/41/R001

EMBARGOED UNTIL 11AM TUESDAY FEBRUARY 21, 2006

HEALTH SERVICE CHANGES TO PROVIDE TOP CLASS FACILITIES IN BLACK COUNTRY

Changes to health service provision across the Black Country will provide "top class" facilities.

A major public consultation into the proposed changes begins today (February 21) and will last 12 weeks.

The proposed changes will affect services at Russells Hall Hospital in Dudley, Manor Hospital in Walsall, and New Cross Hospital in Wolverhampton.

Health officials today announced the consultation into the Black Country Review, undertaken on behalf of the four PCTs' joint committee whose recommendations are included in a comprehensive public consultation document also released today.

Proposals include:

- ? **Creating specialist cancer centres** at New Cross Hospital, Wolverhampton, ensuring the highest levels of expert care for cancer surgery, with follow-up provided in hospitals close to where patients live.

- ? **Provision of expert services for heart attack patients throughout the Black Country** at the recently-opened specialist heart and lung centre in Wolverhampton. In combination with the West Midlands Ambulance Services NHS Trust, services at this top-class centre will ensure those suffering acute coronary problems receive the best level of expert care during the critical initial period.

- ? **A single paediatric and neonatal service across Walsall and Wolverhampton.** Complex conditions will continue to be treated at Wolverhampton. Children's services in Walsall and Wolverhampton will come under single management to secure provision of service on both sites. The current service at Russells Hall Hospital will continue.

Dr Sandy Bradbrook, project director of the Black Country Review Implementation Board, said: "Health services in the Black Country must change to meet the needs of the people of Dudley, Walsall and Wolverhampton.

"Services need to be centred around patient needs. The Review has identified how we deliver that, with input from clinical experts."

Dr Bradbrook added: "In future health services in the Black Country will be delivered as close to people's homes as possible.

“Local access will remain for emergency and acute care, but with specialised services available in at least one location in the Black Country. Overall, those living in the Black Country will no longer need to travel outside the area for specialist health care.

“Care will be provided where it is most clinically effective and convenient for patients.”

Alongside these plans, the Primary Care Trusts in the Black Country are investing in primary care services of around £200 million over the next eight years, meaning fewer patients will have to travel to hospital for their treatment.

Public consultation meetings are taking place on the following dates:

Dudley - March 14 at 6pm Stourbridge Centre, Corbett Hospital, Vicarage Road, Stourbridge, West Midlands DY8 4JB

Walsall - March 15 at 6pm The Crossing at St Pauls, Darwell Street, Walsall WS1 1DA

Wolverhampton - March 17 at 6pm Wolverhampton Civic Centre, St Peter's Square, Wolverhampton, West Midlands WV1 1SH

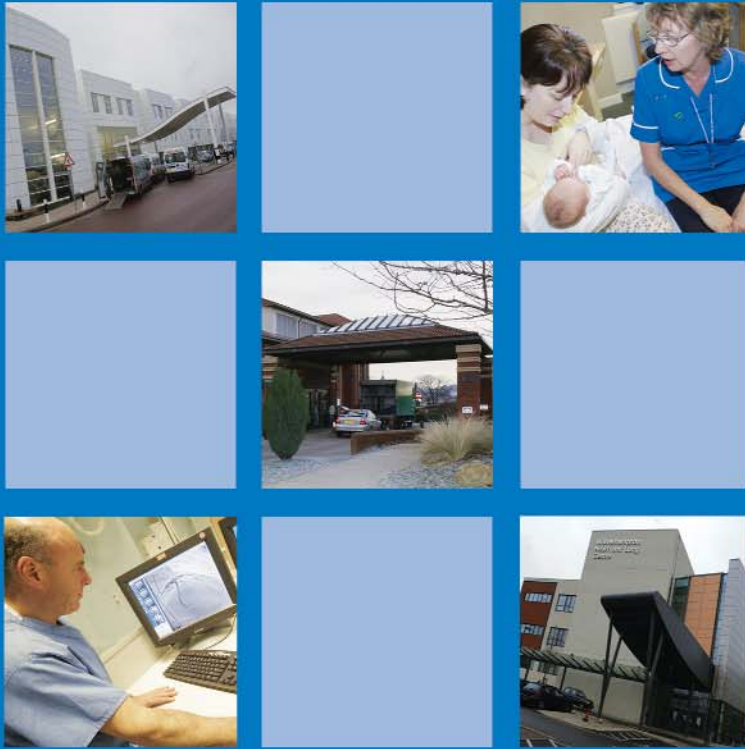
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Press contact: David Clarke, Clarke Associates - Telephone: 0121 702 2525 - Mobile: 07808 735255

or Katie Currall, Clarke Associates - Telephone: 0121 702 2525 - Mobile: 07976 413059

Interviews are available on Tuesday, February 21 with Professor Brian Edwards, Chairman of the Black Country Review Implementation Board.

Requests for interviews should be made through David Clarke or Katie Currall.



The Black Country Review

Public Consultation



This document outlines proposed changes to the provision of NHS services in the Black Country. The consultation commences on February 21st 2006 for a period of 12 weeks, ending on May 19th 2006. Please let us have your comments. We guarantee comments received on or before this date will be included in the consultation process.

You should send your responses to:
Black Country Review c/o Clarke Associates UK Ltd
Centre Court, 1301 Stratford Road
Birmingham B28 9AP

Or by emailing bcreview@clarke-associates.co.uk

Further copies of the document can be obtained by writing to the address above, by telephoning 0121 778 6492, by emailing bcreview@clarke-associates.co.uk or online at www.community-consultations.co.uk

We can make arrangements to help those for whom English is not the preferred language, or require this document in braille or large print. Please write to the address above or call 0121 778 6492.

এই তথ্য (Black Country) ব্র্যাক কাউন্টি-তে NHS -এর সেবার ক্ষেত্রে প্রস্তাবিত পরিবর্তন সম্পর্কে বর্ণনা করা হয়েছে। ২১শে ফেব্রুয়ারি ২০০৬ থেকে ১২ সপ্তাহের জন্য আলোচনা শুরু হবে এবং ১৯শে মে ২০০৬ তা শেষ হবে। অনুগ্রহ করে আপনার অভিমত জানান। এই তারিখে বা তার আগে পাঠানো মতামত সমূহ আমরা নিশ্চিত ভাবে আলোচনায় অর্ন্তভুক্ত করবো।

যারা ইংরেজী ছাড়া অন্য ভাষায় স্বচ্ছন্দ বোধ করেন অথবা যাদের এই তথ্য ব্রৌইল বা বড় হরফে দরকার আমরা তাদের সহায়তা প্রদানের ব্যবস্থা করব। অনুগ্রহ করে উপরের ঠিকানায় লিখুন অথবা 0121 702 2525 -এ ফোন করুন।

আ পত্রিকা, ৬লেড কন্ট্রীমাং এন.এ.এস. নী সেবাআমাং থনারা ডেইজারনী রূপরেখা আপে চ। আ মাটে বাটাঘাট মাটেনী বেডড ২৭ ডেইজারনী ২০০৬ থী (February 21st 2006) ৭৮ মে ২০০৬ (19th May 2006) সুধীবার অধবাডিয়া মাটে রাখবামাং আযথি. মডেইরানী ডরী অমনে তমারা অভিমপ্রাযো জ্ঞাযাযো. অমে পাত্রী আপিঅে ঞীঅে ডে আ তারীঅে অথবা তেনী পডেলা আবেলা অভিমপ্রাযো বাটাঘাটমাং সামেল ডরবামাং আযথি.

ঞ্নে মাটে অংগেজ প্রথম ভাষা নথী তেআনী মডেই মাটে অথবা আ পত্রিকা ঞেইল লীপিমাং জৌঠনী ঙ্গে অথবা মোটী চপাচমাং জৌঠনী ঙ্গে তৌ তেআনে অমে ব্যবস্থা ডরী আপিযুং. মডেইরানী ডরীনে উপরনা সরনামে জ্ঞাযাযো অথবা 0121 702 2525 উপর ঙ্গে ডরৌ.

यह दस्तावेज़ ब्लैक कंट्री में NHS की सेवाओं की व्यवस्था में प्रस्तावित परिवर्तनों की रूपरेखा पेश करता है। 21 फरवरी 2006 को 12 सप्ताह की अवधि के लिए परामर्श आरंभ किया जाएगा, जिसकी समाप्ति 19 मई 2006 को होगी। कृपया हमें अपनी टिप्पणियाँ दें। हम इस बात की गारंटी देते हैं कि इस तिथि को या इससे पहले प्राप्त की गई टिप्पणियों को परामर्श की प्रक्रिया में शामिल किया जाएगा। हम उन लोगों की सहायता के लिए व्यवस्था कर सकते हैं जिनकी पसंद की भाषा अंग्रेज़ी नहीं है, अथवा जिन्हें यह दस्तावेज़ ब्रेल या बड़ी छपाई में चाहिए। कृपया ऊपर दिए गए पते पर लिखें या 0121 702 2525 पर फोन करें।

ਇਹ ਦਸਤਾਵੇਜ਼ ਬਲੈਕ ਕੰਟਰੀ ਵਿਖੇ ਐਨ.ਐਚ.ਐਸ (NHS) ਦੀਆਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪ੍ਰਸਤਾਵਿਤ ਤਬਦੀਲੀਆਂ ਬਾਰੇ ਰੂਪਰੇਖਾ ਦਿੰਦਾ ਹੈ। ਇਹ ਸਲਾਹ-ਪਰਾਮਰਸ਼ 21 ਫ਼ਰਵਰੀ 2006 ਨੂੰ 12 ਹਫ਼ਤਿਆਂ ਦੇ ਸਮੇਂਕਾਲ ਲਈ ਸ਼ੁਰੂ ਹੋ ਰਿਹਾ ਹੈ, ਜੋ 19 ਮਈ 2006 ਨੂੰ ਖਤਮ ਹੋਵੇਗਾ। ਕਿਰਪਾ ਕਰ ਕੇ ਸਾਨੂੰ ਆਪਣੀਆਂ ਟਿੱਪਣੀਆਂ ਬਾਰੇ ਦੱਸੋ। ਅਸੀਂ ਇਸ ਗਲ ਦੀ ਗਾਰੰਟੀ ਦਿੰਦੇ ਹਾਂ ਕਿ ਇਸ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਜਾਂ ਇਸ ਤਾਰੀਖ ਨੂੰ ਆਈਆਂ ਟਿੱਪਣੀਆਂ ਨੂੰ ਸਲਾਹ-ਪਰਾਮਰਸ਼ ਦੀ ਪ੍ਰਕ੍ਰਿਆ ਵਿਚ ਸ਼ਾਮਲ ਕੀਤਾ ਜਾਵੇਗਾ।

ਅਸੀਂ ਇੰਤਜ਼ਾਮ ਕਰ ਸਕਦੇ ਹਾਂ ਜਿਸ ਨਾਲ ਉਨ੍ਹਾਂ ਲੋਕਾਂ ਨੂੰ ਮਦਦ ਦਿੱਤੀ ਜਾ ਸਕੇ ਜਿਨ੍ਹਾਂ ਲਈ ਅੰਗ੍ਰੇਜ਼ੀ ਪ੍ਰਾਥਮਿਕਤਾ ਦੀ ਭਾਸ਼ਾ ਨਹੀਂ ਹੈ, ਜਾਂ ਜਿਨ੍ਹਾਂ ਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿਚ ਚਾਹੀਦਾ ਹੋਵੇ। ਕਿਰਪਾ ਕਰ ਕੇ ਉੱਤੇ ਦਿੱਤੇ ਗਏ ਪਤੇ ਤੇ ਲਿਖੋ ਜਾਂ ਇਸ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ 0121 702 2525.

یہ دستاویز بلیک کنٹری میں این ایچ ایس (NHS) کی سروسز کی فراہمی میں مجوزہ تبدیلیوں کو بیان کرتی ہے۔ ان کے بارے میں 12 ہفتے کی مشاورت 21 فروری 2006ء سے شروع ہو کر 19 مئی 2006ء کو ختم ہوگی۔ براہ مہربانی ہمیں اپنی رائے سے آگاہ کریں۔ ہم اس بات کی ضمانت دیتے ہیں کہ اس تاریخ سے پہلے یا اس تاریخ تک ملنے والی آراء کو مشاورتی عمل میں شامل کریں گے۔

ہم ان افراد کی مدد کرنے کے انتظامات کر سکتے ہیں جو انگریزی کو زیادہ ترجیح نہیں دیتے یا جن کو یہ دستاویز بریل یا بڑے حروف کی چھائی میں درکار ہے۔ براہ مہربانی اوپر دئیے ہوئے پتے پر خط لکھیں یا 0121 702 2525 پر فون کریں۔

Important changes to improve the way your local NHS is structured and managed are proposed following a major two year review of health services in the Black Country. This document outlines proposed changes to the acute sector and asks for your opinions. Your views are crucial in this process.

Clinical experts and leaders in the local NHS across the Black Country have been looking at ways to improve the local health service, making it truly centred around patient needs.

As part of this we have held a series of local workshops, attended by members of the public, to explore health issues, discuss health experiences and establish the needs of people living in the area.

As a result we have been able to focus on particular changes, details of which appear in this consultation document and which are summarised below. As the first step these changes affect mainly services provided from a hospital base. Other improvements in primary and community care will follow as the Black Country health services are re-shaped in line with the Government policy described in the White Paper "Our Health, our care, our say: a new direction for community services".

Specialist Cancer Centres

These will ensure that the highest levels of expert care are available for cancer surgery, and follow up care can be provided in hospitals local to where you live.

Expert Services for Heart Attack Patients at the Specialist Heart and Lung Centre in Wolverhampton

Services at this world-class centre will ensure that patients suffering heart attacks receive a very high level of expert care during the critical initial treatment period.

A Single Paediatric and Neonatal Service across Walsall and Wolverhampton

Complex paediatric and neonatal conditions will continue to be treated at Wolverhampton. Combining staff into one team will secure the provision of paediatric and neonatal services on both sites so as to serve both communities well into the future. Current paediatric and neonatal services provided at Russells Hall Hospital will continue.

On behalf of the Black Country Implementation Board and the Chairmen of the Trusts and Primary Care Trusts in the Black Country, I can give the public the assurance that we are unanimous that substantial new hospital developments are essential for Wolverhampton and Walsall.

We shall collectively use our best endeavours to succeed in these ambitions.



Brian Edwards

The proposals in this consultation document have been arrived at following a careful study by managers and clinicians in the local NHS and expert external advisors.

Your views, as users of these services, are vital to aid decision-making on the future of your local health services.

We invite you carefully to consider the proposals and give your views on the form inserted in this document. Other ways of contacting us are detailed on page 4 of this document.

**Professor Brian Edwards
Chairman, The Black Country Review
Implementation Board**

*On behalf of:
Dudley Beacon and Castle Primary
Care Trust
Dudley South Primary Care Trust
Walsall Teaching Primary Care Trust
Wolverhampton City Primary
Care Trust*

“Clinical experts and leaders in your local NHS across the Black Country have been looking at ways to improve your local health service, making it truly centred around patient needs. Your views are crucial in this process.”

Executive summary

Purpose of this document

Important changes in the way your local NHS is structured and managed are planned, following an extensive review. The purpose of this document is to:

- Give you an understanding of the changes proposed in Dudley, Walsall and Wolverhampton health services
- Give you an understanding of changes in the NHS nationally
- Enable you to give us your views on the proposed changes

The reasons for change

A review of health services in the Black Country has been taking place since 2003. This is called the Black Country Review. Its aim has been to consider how best to meet the long term health needs of people in Dudley, Walsall and Wolverhampton and provide a service centred around patient needs, against a background of local and national changes to the NHS.

The review concluded that unless significant changes were made to existing plans and the way services are currently organised, then they will be neither effective nor affordable in the long term. Additionally, the requirements of the European Working Time Directive and changes to medical contracts for doctors mean we need to plan now to address the changing nature of our future workforce.

Proposed changes

The proposed changes at this stage concern the hospital based services only, and affect the following NHS services:

- **Cancer Services** at Russells Hall Hospital in Dudley, The Manor Hospital in Walsall and New Cross Hospital in Wolverhampton

By concentrating some specialist cancer surgery in single centres, patients in the Black Country will receive a higher quality service, in line with national NHS guidelines

- **Cardiac services** at Russells Hall Hospital in Dudley, The Manor Hospital in Walsall and New Cross Hospital in Wolverhampton

Evidence shows strongly that patients suffering from a certain rare form of heart attack benefit from direct admission to a specialist centre. It improves the chances of survival and leads to a better quality of life. The new Heart and Lung Centre in Wolverhampton offers the opportunity for patients across the Black Country to receive this high level of specialist care, with aftercare delivered either at their local hospital or at home, with appropriate back-up.

- **Paediatrics and Neonatal services** at The Manor Hospital in Walsall and New Cross Hospital in Wolverhampton

Providing services for children is a vital part of the review. This is partly because of the changing patterns of illness which mean fewer children actually need to be in hospital. Better ways are constantly being found of caring for children with long-term conditions needing community-based care, but frequent short assessments and some admissions to hospital. Changes in this area will also address the training and availability of medical staff.

“...how best to meet the long term needs of people in Dudley, Walsall and Wolverhampton and provide a service centred around patient needs...”





“The review concluded that unless significant changes were made to existing plans and the way services are currently organised, then they will be neither effective nor affordable in the long term.”

In due course more care for children should be safely and effectively provided in primary and community care settings and these ideas will be developed in line with the Government's new White Paper “Our Health, our care, our say: a new direction for community services”.

The benefits of the proposed changes

The proposed changes across the three areas detailed above will raise the standard of services provided to local patients and ensure best practice in local health service provision.

How to contact us with your comments

We need your views on the proposed changes outlined in this consultation document.

The consultation on the proposed changes will start on February 21st 2006, for a period of twelve weeks.

Details of how to contact us can be found on page 4 and a response form is enclosed with this document or downloaded from www.community-consultations.co.uk.

A full copy of the Black Country Review can be obtained, as follows:

- Download from www.bbcha.nhs.uk/docs/publications/bc_review_final_report.pdf
- Phone: 0121 778 6492
- Write to: Black Country Review c/o Clarke Associates UK Ltd, Centre Court, 1301 Stratford Road, Birmingham B28 9AP

The Consultation Process: The story so far

This public consultation is part of a process that started in 2003. Since that time, we have consulted with members of the public and we have listened to the views of clinical staff and other specialists. During 2005, as part of this consultation process, two local workshops were held to explore health issues, health experiences and establish the needs of people living in the area.

Event One:	September 24, 2005	63 participants
Event Two:	October 15, 2005	76 participants

The first two engagement events were designed to help local people speak of their experiences of health care in the Black Country, understand what implications there are for the future design of health care services in the Black Country, and discuss the options being considered at that time for Dudley, Walsall and Wolverhampton.

At the second of these events, participants gave their views on the proposals, and clearly expressed their suggestions and concerns. The proposals contained in this document reflect those views.

At a third event, to be held in March 2006, participants are being asked to respond to specific questions relating to the proposals contained in this document.

How you can now have your say

Consultation on the proposed changes will start on 21st February 2006, and last for twelve weeks. As part of this, an independent organisation (Clarke Associates UK Ltd) has been commissioned to obtain, collate and accurately reflect the views expressed in the consultation. Their contact details are included below.

We would like to invite you to have your say in the following ways:

Attend our public meetings

You are very welcome to attend any of the following public meetings:

Dudley 14th March 6pm
Stourbridge Centre, Corbett Hospital,
Vicarage Road, Stourbridge, West
Midlands DY8 4JB

Walsall 15th March 6pm
The Crossing at St. Pauls, Darwell Street,
Walsall, WS1 1DA

Wolverhampton 17th March 6pm
Wolverhampton Civic Centre,
St. Peter's Square, Wolverhampton,
West Midlands WV1 1SH

Phone us

Please phone us 0121 778 6492

E-mail us

Our e-mail address for your views is
bcreview@clarke-associates.co.uk

Visit the website

Please visit the website at:
www.community-consultations.co.uk

Write to us

Please write to us with your views.
Our address is:
Black Country Review c/o
Clarke Associates UK Ltd, Centre
Court, 1301 Stratford Road,
Birmingham B28 9AP

All public responses will be taken into account as part of the decision-making process. The outcome of the public consultation will be published in June 2006. Copies can be obtained from Black Country Review c/o Clarke Associates UK Ltd, Centre Court, 1301 Stratford Road, Birmingham B28 9AP.

A summary of responses will be published on the website above by the end of June 2006.

Introduction

The purpose of this document is to:

- Give you an understanding of the review of NHS services in the Black Country, which has made recommendations for future health services in Walsall, Wolverhampton and Dudley
- Give you details of proposed NHS service changes in the Black Country
- Give you an understanding of changes in the NHS nationally
- Enable you to give your views on the proposed service changes



Which hospitals are affected by these proposals?

The hospitals affected by the proposed changes are:

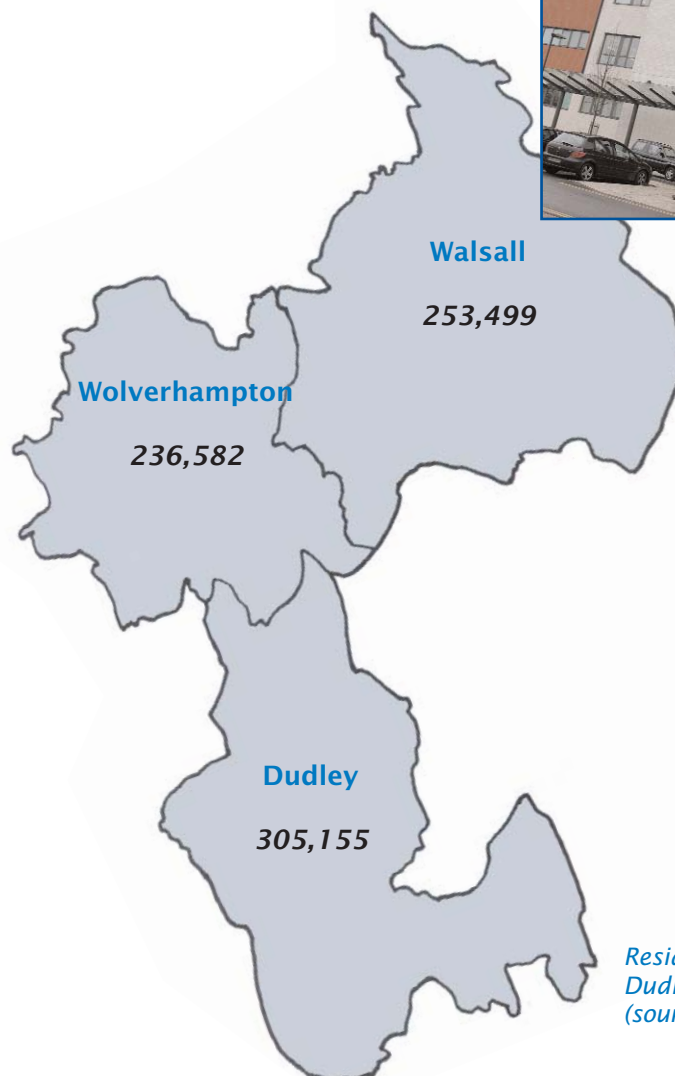
- Russells Hall Hospital in Dudley
- The Manor Hospital in Walsall
- New Cross Hospital in Wolverhampton



Are you affected by these proposals?

The changes proposed in this document will affect your health services if you:

- Are a patient registered with GP practices in Dudley, Walsall and Wolverhampton
- Live in the catchment area for hospitals in Dudley, Walsall and Wolverhampton, as detailed below.



Top: Russells Hall Hospital
Centre: The Manor Hospital
Bottom: New Cross Hospital

Resident population for hospitals in Dudley, Walsall and Wolverhampton (source: Census 2001)

Why we need to change - national

The NHS is changing.

There are major changes taking place in the health service in the UK, and these will have a significant impact on the way that care is planned and provided the Black Country.

Some of these changes are:

- **Patient Choice** - Hospitals no longer choose patients, patients choose hospitals. You are now able to choose - from four or five hospitals - which hospital you are referred to.
- **Payment by Results** - This is the financial mechanism that supports choice, with the payment following the patient, to the medical provider, with the provider paid for the care they provide. In simple terms, your hospital will only be paid for the patients it treats. If the numbers of patients that choose to be treated at the hospital goes up, so will the hospital's income. If the numbers go down, so will the hospital's income.
- **Practice Based Commissioning** - The resources used to arrange care for patients will be controlled by GPs or groups of GPs. This means that local services to meet local needs can be developed.
- **New Employment Contracts for NHS Staff** - Every member of staff will have new employment arrangements. This will affect some access to out-of-hours care and will affect the degree of cross-cover that is possible within hospitals.
- **Working Time Directive** - There are some key changes taking place in the way that health care professionals are trained and the way they will work in future. The European Working Time Directive puts restrictions on the maximum number of hours staff can work in a week, and this will mean that, in order to provide 24 hour medical cover, we may need to increase the number of doctors we employ and look at alternative ways of obtaining the skills we need.
- **Increasing Specialisation** - Developments in health care mean that the level of specialisation in health care staff is increasing. This helps us treat patients much more successfully than in the past, but it also means that the old approach of having consultants who see a large number of patients with a wide range of conditions is no longer appropriate. We have new specialist areas which need to be covered by appropriately trained staff on a 24 hour basis.

All this means that the changes to the NHS will be significant and far reaching - hospitals will be paid only for the patients they treat, and they will see only those patients who choose to go to them. Hospitals will compete with each other to provide care, and those which offer the highest standards of care, and the best patient experience will receive more funding. We need to make sure that the hospitals in the Black Country are the first choice for local people.

Meanwhile, Primary Care - the medical staff you would normally see at your GP's surgery - expects to take on some work previously undertaken in hospitals and, when linked to improved community and social care services, patients will have to spend less time in hospital. So some hospitals will not need to be as big or have as many beds as previously expected, because people will be cared for in, or nearer to, their homes.



“...the changes to the NHS will be significant and far reaching...”

Why we need to change - local

The review of health services in the Black Country looked at the long term way in which health services should be organised to best meet the needs of the people of Dudley, Walsall and Wolverhampton. Changes to health services in Sandwell and Heart of Birmingham are part of a separate consultation process.



“The review concluded that unless significant changes were made to the existing plans and the way services are currently organised then they will be neither affordable nor effective in the long term.”

The Black Country Review took into account a number of factors:

- There were two planned new hospital developments for Wolverhampton and Walsall at an approximate cost of £500m, and both developments needed to take account of the changing NHS.
- Previous reviews of services had identified issues which still hadn't been completely resolved.
- The Primary Care Trusts in the Black Country wanted to make sure that the balance between hospital-based services and community services was right.
- There were differences in the plans being prepared across the Black Country, and there was a need to ensure consistency.

The review concluded that unless significant changes were made to the existing plans and the way services are currently organised then they will be neither affordable nor effective in the long term.

The Black Country Review also concluded that:

- The investment in new hospitals in Dudley would have to be balanced with investment in primary and community care services to ensure all services have the right resources to provide the right care.
- Investment would be needed for hospital facilities in Walsall and Wolverhampton that complement each other, and fit with the desire to deliver care as close to people's homes as possible.
- The investment at Dudley would need to be used flexibly so it can play its part in delivering care for the wider Black Country area.
- There was a need to ensure that patients can move easily from one service to another as required, and
- That specialist services for certain conditions such as cancer, cardiac and critical care are planned based on a population of around 1 million, meaning that all three NHS Trusts in the region would have to work more closely together.

Changes in services over the coming years should adhere to the following principles:

- Health services in the Black Country will, in future, be designed to make sure that care is delivered as close to people's homes as possible, and is organised around the needs of the people in each local area
- As much care as can be safely provided locally will be focussed on self-help and family care with community-based services. Local access will remain for emergency and acute care, but with specialised services available in at least one location in the Black Country
- Out-patient services and many diagnostic services can be provided in community and primary care settings - again, these may not all provide the same range of services, and may be in different locations in the Black Country. Care will be provided where it is effective and convenient for patients

It means that, for Dudley, Wolverhampton and Walsall, all three existing main hospitals will continue to provide acute, emergency and inpatient services, but they are unlikely to provide exactly the same range of service.



Changes since the Black Country Review

A number of changes have occurred since the publication of the Black Country Review:

- Russells Hall Hospital in Dudley has just completed a major redevelopment.
- The outline business case for the redevelopment of the Manor Hospital, Walsall has been agreed with the Birmingham and The Black Country Strategic Health Authority.
- Detailed plans are being prepared for the future of New Cross Hospital, Wolverhampton.

These three changes, both planned and complete, represent major investment in NHS hospital services.

Alongside these plans, the Primary Care Trusts in the Black Country are investing

in primary care services to make sure that the buildings where care is provided are modern and meet the standards needed to provide care in the future. Across the Black Country, more than £200 million of investment in primary care is planned for the next eight years. All this will help to deliver care closer to home, and in the future fewer patients will have to travel to hospital for their treatment.

This is a significant programme of investment in health care, and it is unlikely we will see this scale of investment in NHS care for many years to come. We must, therefore, make sure that we are making the best use of all our resources - our staff, our hospitals and our facilities - so that health care for all the people of the Black Country is effective for the foreseeable future.

Which services will remain unchanged?

General Hospital Services

Russells Hall Hospital in Dudley, The Manor Hospital in Walsall and New Cross Hospital in Wolverhampton will continue to provide comprehensive district general hospital services, including:

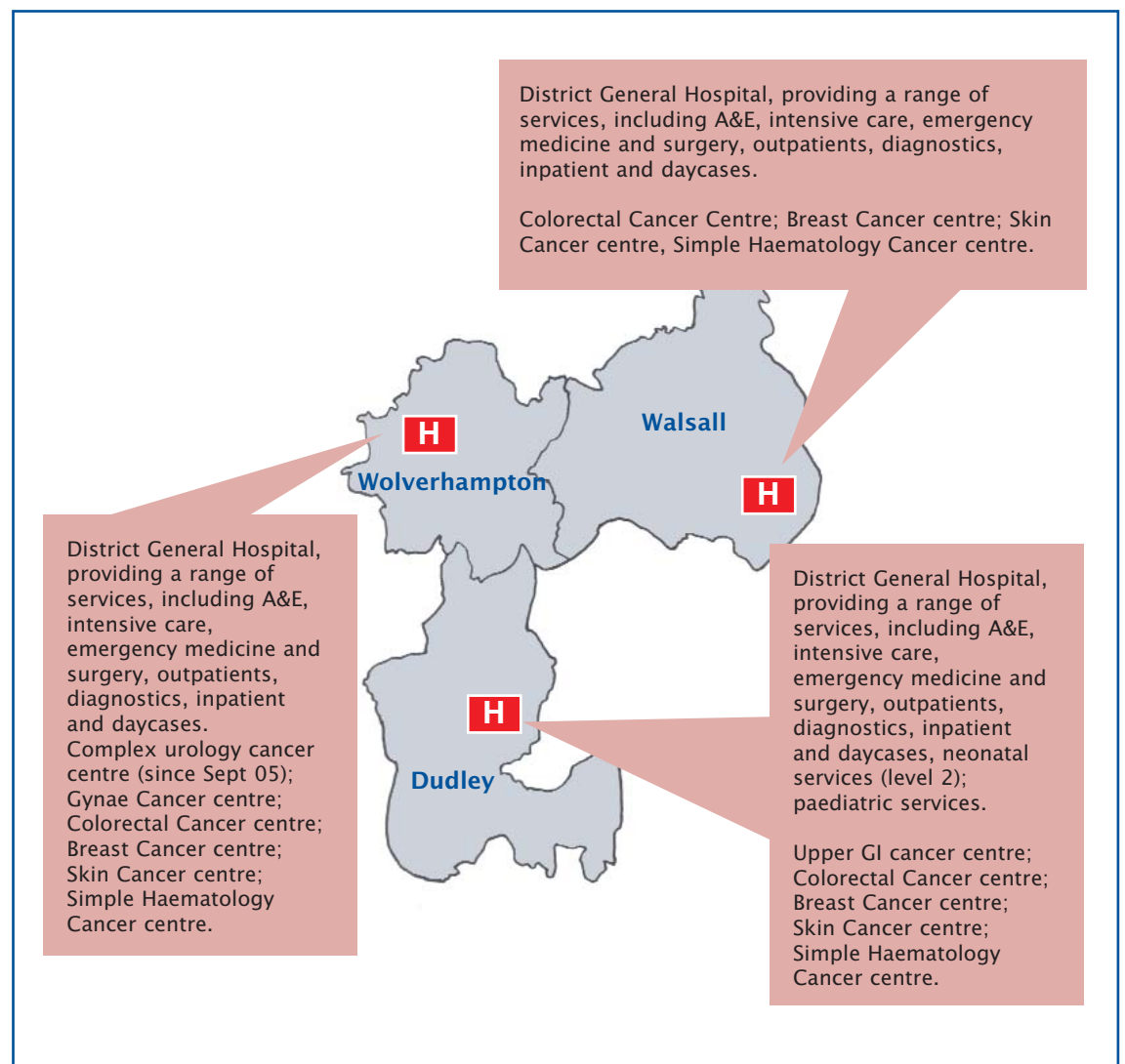
- Accident and emergency services
- Intensive Care Units
- Emergency medical treatment
- Emergency surgery
- Outpatient and diagnostic services
- Inpatient and day case services
- Maternity services
- Breast screening

Cancer Services

Recent cancer service changes that have been implemented as part of the NHS Cancer Plan and Improving Outcomes Guidance (see page 12) will remain.

These include:

- Provision of colorectal services at each of the three hospitals
- Provision of breast cancer services at each of the three hospitals
- Provision of skin cancer services at each of the three hospitals
- Provision of simple haematology cancer services at each of the three hospitals
- Provision of non-surgical lung cancer services at each of the three hospitals
- Upper GI (gastrointestinal) complex surgery Cancer Centre at Russells Hall Hospital in Dudley
- Complex urology cancer surgical services to be provided at a specialist centre in Wolverhampton
- Complex gynaecology surgical cancer services to be provided at Wolverhampton

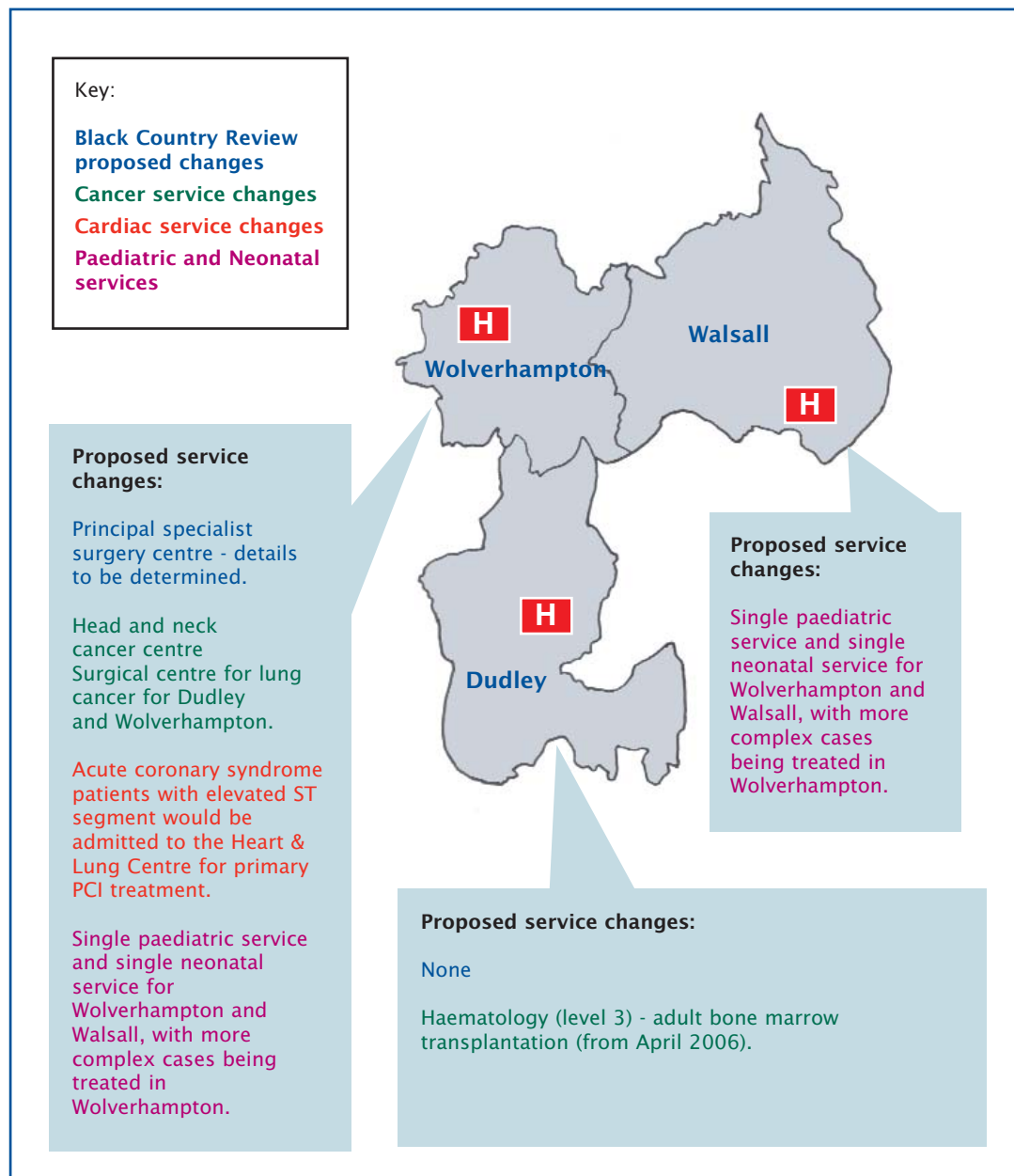


Hospital Services that will not change as part of this consultation

Which service changes are proposed?

Specific service changes planned in the Black Country are in the following specialities:

- Cancer Services
- Cardiac Services
- Paediatric and Neonatal Services



Specific service changes planned for the Black Country

The background to the proposed changes

Cancer Plan and 'Improving Outcomes Guidance'

National guidelines say that each cancer network has to seek to serve a minimum population of around 1 million* for some specialised cancer surgery. In order to reach this population figure the Black Country cancer network covers the Wyre Forest area as well taking in all of Dudley, Wolverhampton and Walsall.

For some rarer cancers, by concentrating cancer surgery in single centres, the Black Country will be able to assure patients of a quality service in line with the National Cancer Plan.



Cardiac Services

The new Heart and Lung centre in Wolverhampton offers the opportunity for patients with a specific type of heart attack across the Black Country to receive a high level of specialist care and the latest treatments.

The changes considered by the review will streamline services for a number of critically ill patients, although it is clear that the majority of patients will still receive services from their local hospital and community teams.



The review has, therefore, helped to bring front line hospital specialists and ambulance personnel together, to plan improvements in the quality of care to a particular high-risk group of cardiac patients.

Paediatric and Neonatal Services

Children's services are changing too. We are finding better ways of managing children with long-term conditions closer to their homes. These children needing community-based care may require frequent short assessments and these will continue to be locally-based. Benefits will flow for the most sick children, or those requiring a longer hospital admission, by concentrating skilled staff and equipment.

* Source: The NHS Cancer Plan September 2000 and The NHS Cancer Plan and the new NHS, 2004. Copies of the reports are available to download from www.dh.gov.uk.

The proposed changes in detail: cancer services

To comply with the national cancer treatment guidelines the establishment of the following specialist cancer services are proposed :

- Head and Neck Cancer Specialist Surgical Centre at New Cross Hospital in Wolverhampton. Dudley and Wolverhampton have had a combined service for a long time, and the proposed change will extend this service to the whole of the Black Country.
- Lung Cancer Specialist Surgical Centre at New Cross Hospital in Wolverhampton. At the moment patients needing lung surgery have to travel to Birmingham.
- Currently there is a review of breast screening services but it is proposed that breast screening will continue in all three hospitals.

4,083 people each year, living in the Black Country, find out that they have cancer (CIU data 2002). The estimated number of new patients that will need to travel to the specialist site each year are detailed below in.



Specialist cancer surgery site	Estimated number of new patients per annum affected by the proposed changes
Head & Neck	106 (approx 32 of these will be the new patients from Walsall)
Lung	7

*Data Sources:
Head & Neck figures from Walsall hospitals
Lung figures from West Midlands CIU data 2000-2003*

Number of cancer patients affected by proposed changes

What difference will this make to cancer services?

Patients needing complex head and neck, or lung surgery will be diagnosed at their local hospital and will then undergo specialist surgery at Wolverhampton. Follow up care will be provided at their local hospital.

These changes will ensure a high level of expertise and specialisation, meaning we can provide the full range of cancer services in the Black Country. They are designed to raise standards and reduce complications for patients requiring serious rare cancer surgery.

*A question we would like you to consider:
What is needed to make this work better for you?*

The proposed changes in detail: cardiac services

Nearly half of all emergency medical attendances are for heart problems - many minor. In general, cardiac services will remain unchanged for the 10,000 or so emergency admissions to the Black Country Trusts (source: Hospital Episode Statistics). Services will continue to be provided at each of the three hospitals - Russells Hall Hospital in Dudley, The Manor Hospital in Walsall and New Cross Hospital in Wolverhampton.

However, 500-600 patients a year, with acute coronary problems, would be moved to the world-class specialist Heart and Lung Centre at Wolverhampton. Funded directly by the NHS, this is a modern, three-floor state-of-the-art facility with three cardiac surgery theatres, three cardiology diagnostic labs, 175 beds and around 550 staff.

Under the proposed arrangements, these 500 or so patients will be assessed - using a heart measuring machine (called an ECG machine) - by the Ambulance service. If the measure is high, they would be taken straight to the new Heart and Lung Centre in Wolverhampton (New Cross). All other patients will be treated as they are now.

What difference will this make to cardiac services?

The changes will give ambulance paramedics the opportunity to use their diagnostic skills and capacity, and would lead to appropriately diagnosed patients being taken directly to the Heart and Lung Centre for immediate treatment on a 24-hour, seven day basis. It would also entail those attending A&E at other hospitals to be transferred immediately if necessary. Patients would be referred back to their local cardiology service for post-treatment management, recuperation, rehabilitation and education as close to the patient's home as possible.



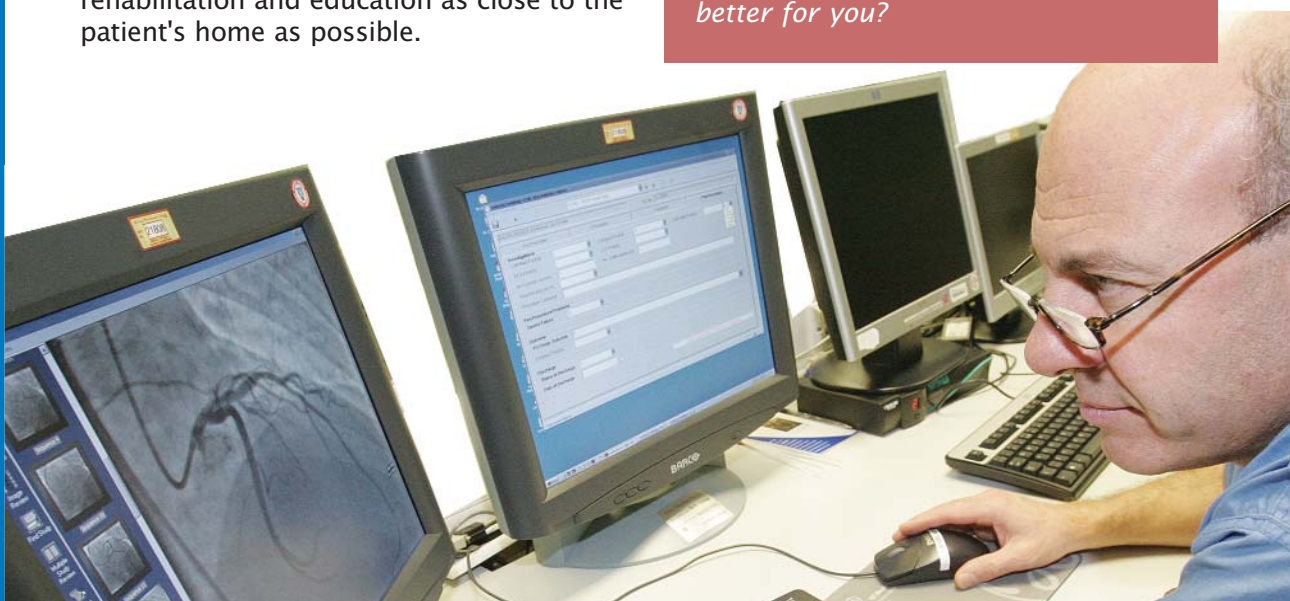
The Heart and Lung Centre at New Cross Hospital

This service would need a permanent rota for consultant cardiologists and specialist laboratory staff. The impact on bed management and the number of ambulances required would need to be evaluated. The proposal would require input from cardiologists based both in the Heart and Lung Centre and other cardiac units across the Black Country.

The detail and level of post-treatment care may vary and, depending on the level of care necessary, would determine the speed with which patients could be referred back to local services.

Developing specialist routes involving the Heart and Lung Centre will ensure the rapid access necessary for cardiac patients and care of the highest quality. In addition, there will be a maintenance of high quality cardiac services in each of the local hospitals in Dudley, Walsall and Wolverhampton. Rapid diagnosis and specialist treatment will reduce deaths from cardiac diseases and reduce the need for more serious intervention at a later stage.

*A question we would like you to consider:
What is needed to make this work better for you?*



The proposed changes in detail: paediatric and neonatal services

It is proposed that the paediatric and neonatal services for people in Walsall and Wolverhampton should be managed as one unit, serving both communities. At the same time there should be the co-ordinated development of services for children in primary and community care, providing a seamless link with hospital-based services.

- **At Dudley:** Current paediatric and neonatal services at Russells Hall Hospital will continue providing there is extra investment in key staff.

The single paediatric service would cover the whole of Walsall and Wolverhampton through an integrated clinical community that provides:

- **At Walsall:** A consultant-led service, with a Paediatric Assessment Unit providing emergency primary and secondary assessment for sick children. The unit ideally would be open 24 hours a day and be led by consultants during the day and clinicians with a special expertise in children out of hours. There would be an additional facility for overnight stay under the care of senior nurses or advanced nurse practitioners with consultant support and supervision. The number of beds has yet to be determined, but would be contained within one ward. Day case surgery services would continue as at present.
- **At Wolverhampton:** A consultant based service with a range of paediatric specialists available to an inpatient unit capable of caring for the most sick



children from both communities. This inpatient unit would keep its present Paediatric Assessment Unit and day case surgery. It would also undertake all the paediatric general surgery cases. Dudley will continue to provide inpatient general paediatric surgery for children aged five to 16, with the surgery being undertaken by general surgeons. Where cases are complex, they will be transferred to the proposed Wolverhampton centre.

The single neonatal service would cover the whole of Walsall and Wolverhampton through an integrated clinical community that provides:

- **At Walsall:** Staff with the skills and availability needed to serve safely the range of maternal and newborn cases from the local Walsall population. Those cases requiring more complex treatment will be transferred by the obstetrician to the network facility at Wolverhampton, as now. To maintain this local service at Walsall will require, in the medium term, some innovative staffing solutions - starting the process now (using advanced neonatal nurse practitioners) - and to use the benefits of a single integrated department to improve the deployment of skills across both locations.
- **At Wolverhampton:** This unit will build up its skill base and staff numbers as a provider of the most complex neonatal services. It is expected that appropriate staff rotation will occur with the Walsall Neonatal Unit.



The proposed changes in detail: paediatric and neonatal services *continued*

- **Walsall and Wolverhampton:** The implication of these recommendations is that both maternity units will be able to function safely and work closely together to share expertise for the benefit of mothers and the newborn. There would need to be clear and formalised service level agreements with the commissioners (PCTs) that would define and secure the level of service to be provided at each site by the integrated paediatric and neonatal department. More work is needed to refine the operational and financial details.
- **Dudley:** Current paediatric and neonatal services provided at Russells Hall Hospital will continue with substantial investment. Dudley will continue to provide inpatient general paediatric surgery for children aged five to 16, with the surgery being undertaken by general surgeons. Where cases are complex, they will be transferred to the proposed Wolverhampton centre or to the Birmingham Children's Hospital NHS Trust.



“...both maternity units will be able to function safely and work closely together to share expertise for the benefit of mothers and the newborn...”

A proposal for the future

Finally, we would also like to float a more radical idea for the future; the notion of creating a unified Black Country Institute of Maternal and Child Health which could bring together the obstetric and paediatric staff in all disciplines, to work together both in service provision and in teaching and research. Such a structure may make it much easier for staff on each of the three individual sites to see themselves as members of a comprehensive service,

with obvious benefits both to mothers and children and to professionals.

A question we would like you to consider:

What do you think of the idea of establishing a Black Country Institute of Maternal and Child Health?

What difference will these changes make to paediatric and neonatal services?

A key aspect of these proposals involves new ways of ensuring access to the right skills and expertise. An attractive way forward is to develop the concept of the advanced neonatal nurse practitioner and the advanced nurse practitioner. However, this is not a cheap or straightforward concept as these people are in short supply. They have to be trained and developed, and supported in their career development, just as for junior doctors.

We also need to make sure that in our planning for hospital-based care we do not forget that there is now far more care of children to be carried out in community settings. The provision of excellent services will continue to depend upon making considerable investment in the care of conditions such as diabetes and epilepsy. It is also worth emphasising that child mental health problems will be a growing issue in the 21st century, yet very few services have good integration between paediatrics and child mental health services. Staff in the hospital and in the community are working together to improve these services for children and their families.

Regarding the neonatal service, each hospital site provides a significant maternity service and will require access to specialist care for the unwell newborn baby. It is likely that skills shortages will mean that each hospital will have to plan carefully to make sure sufficient staff are available. Precisely which mothers should be delivered at Wolverhampton or other major specialist centres, and which babies can safely be cared for, on either a short or longer term basis, from Walsall will be determined by local clinicians in consultation with patients concerned. However, through working together, shared experiences, and an approach built around a single integrated service, we think it will be possible to deliver the kind of excellent care that we know the consultants and patients at each hospital would wish for.

Formally bringing the paediatric and neonatal staff at Walsall and

Wolverhampton into a single team will secure the provision of paediatrics and neonatal services on both sites. In doing so it will also provide opportunities for joint recruitment, improved training and shared care.

The proposals will mean the vast majority of care will continue to be provided locally. Where access to specialist support is needed, the unified approach to the management of these services will mean the best levels of care can be delivered.

This proposal will mean the most needy children who require a longer stay in hospital will receive the best care at the inpatient unit. Around 500 children a year from Walsall are likely to benefit from this specialist care in Wolverhampton.

Reshaping these services in the manner described will take some time to ensure it is done safely and effectively. We plan to create the clinical and managerial structure that will take this forward during 2006 and which would involve consulting staff-side organisations as appropriate.

A question we would like you to consider:

What is needed to make this work better for you?



“...the hospital-based and primary care clinicians are working together to improve these services for children and their families...”

Here to help - jargon buster

JARGON	EXPLANATION
A&E	Accident and Emergency
Cardiac	Dealing with the heart
Catchment area	The population area covered
Colorectal	About or affecting the colon and rectum
Commissioning	The buying of hospital services
Coronary	Vessels, nerves, ligaments etc. The term usually means the arteries that supply the heart muscle
Diagnostic services	Organised services for the purpose of providing diagnosis, such as xrays, blood and tissue samples
GI	Gastrointestinal
GP	General Practitioner Doctor
Gynaecology	Services that detect and treat disorders affecting the female reproductive organs
Inpatient	People admitted to health and stay overnight for observation, car, diagnosis or treatment
IOG	Improving Outcomes Guidance - advice on improving effectiveness of treatment for cancer services
Myocardial Infarction	A term used to describe irreversible injury to heart muscle, caused by a heart attack
Neonatal	The first four weeks after a child's birth
NHS	National Health Service
Paediatrics	The branch of medicine that deals with diagnosis, treatment, and prevention of diseases in children, usually working from ambulances
Paramedics	A person trained and certified to provide emergency medical care
Primary care	Community based health services such as GPs and district nurses
PCT	Primary Care Trust - An organisation that buys services for the local population and provides community and primary care services
Tertiary	The most specialist care given in hospitals for rare conditions
Urology	A branch of medicine concerned with the diagnosis and treatment of diseases of the urinary tract and uro-genital system

Here to help - organisations involved

ORGANISATION	ADDRESS
Dudley Beacon and Castle Primary Care Trust	St Johns House, Union Street, Dudley, DY2 8PP Tel: 01384 366111
Dudley South Primary Care Trust	Ridge Hill, Brierley Hill Road, Stourbridge, DY8 5ST Tel: 01384 361361
Walsall Teaching Primary Care Trust	Jubilee House, Bloxwich Lane, Walsall, West Midlands, WS2 7JL Tel: 01922 618388
Wolverhampton City Primary Care Trust	Coniston House, Chapel Ash, Wolverhampton, West Midlands, WV3 0XE Tel: 01902 444888
Russells Hall Hospital	Pensnett Road, Dudley, West Midlands, DY1 2HQ Tel: 01384 456111
The Manor Hospital	Moat Road, Walsall, West Midlands, WS2 9PS Tel: 01922 721172
New Cross Hospital	Wolverhampton Road, Heath Town, Wolverhampton, West Midlands, WV10 0QP Tel: 01902 307999

Notes

This consultation process is consistent with Section 11 of the Health and Social Care Act 2001 and the Cabinet Office Code of Practice on Written Consultation

