

Response to the Hospital Reconfiguration (Right Care, Right Time, Right Place Consultation)

Calderdale Trades Council exists to bring together union branches and members at a local level to campaign on issues affecting working people in their workplaces and their communities.

The numbered points in our consultation response correlate with the questions in the Consultation questionnaire.

Our consultation response is as follows:

We do not agree with the proposed changes to hospital and community health services

1. From the information presented in the Consultation Document We do not believe that that the Clinical Commissioning Groups have looked at all the **alternatives**.
2. We believe that the organisations behind this consultation have failed to have any meaningful dialogue with NHS Trades Unions or the Trades Union Councils in Calderdale or Huddersfield. We do NOT believe that these proposals are supported by frontline NHS Staff, such as GPs, hospital and community health staff. They are NOT are supported by the general public - over 15,000 people have signed petitions calling for both A&Es to stay open. We have NO confidence in this consultation.
3. We believe it is disingenuous to hold a consultation on a single set of proposals, maintaining that in your view there are no viable alternatives and then to ask the question '**What other alternatives do you think we could have considered?**' Surely, a meaningful consultation process should offer a number of viable options.
4. **Emergency Care:** We are worried about risks to patients' lives and health outcomes from your proposed hospitals clinical model.

Part of the remit of Trades Union Councils' is to protect and defend institutions of social solidarity for the benefit of working people. We see these proposals as driven by the government's austerity agenda of making public spending cuts and privatising public services, which we are opposed to.

Each town needs its own A & E Department, because of:

- the risks of increased patient deaths that are associated with A&E closure.

- Evidence elsewhere of overcrowding and decline in the performance of remaining A & E departments when other nearby A & E departments have been closed.
- problems with Yorkshire Ambulance Service capacity.
- problems with traffic congestion.

5. We don't agree with the proposed changes for **Urgent Care** and are concerned that they may actually be dangerous.

While there may be some logic to differentiating between Urgent Care and Emergency Services, there needs to be a full blue light Accident and Emergency Centre located on the same site as any proposed Urgent Care Centre.

We are concerned that NHS 111 would be poorly equipped to deal with the responsibilities your proposals would impose on it.

We are worried at the lack of proposals as to how Urgent Care Centres will be staffed.

We are aware of evidence from elsewhere that losing A&E departments and replacing them with Urgent Care Centres has caused widespread confusion among GPs, consultants and patients who don't understand what UCCs can do and who they can treat. We believe that UCCs need to be co-located with A&E departments on the same site in order to avoid fatal consequences. We don't want to witness such consequences at Huddersfield UCC as a result of your proposals.

6. We don't support the proposed changes to **Planned Care**. We need planned care services in both hospitals.

The CCG's own Equality Impact Assessment states that your proposals could have a bad impact on planned care patients, but where are the plans for mitigating this?

Under the proposals, there would be no emergency services, such as an Intensive Care Unit, on site in Huddersfield in case things go wrong in, or after, planned care surgery.

Given the costs of the PFI at Calderdale Royal Hospital, we don't support PFI 2 funding for new hospital development in Huddersfield.

We don't agree with selling off the Huddersfield Royal Infirmary site - valuable NHS estate belongs to the PUBLIC.

7. **Maternity Services:** We cannot evaluate proposals for improved community-based services for pregnant women without any information about what resources would be available to effect such proposals.

We do not support proposals for “personal care budgets” for all pregnant women. Such proposals represent privatisation by the back door.

8. We are worried by the proposed change to **Paediatric Services**

Proposals for children’s care closer to home, via community children’s outpatient clinics, would be good if these are run as a properly resourced public service.

We are concerned that NHS 111 is not a reliable service for parents to have to depend on if their children need urgent or emergency care.

We believe that there are huge problems with Child and Adolescent Mental Health Services that should have been addressed in the Consultation.

We believe that Huddersfield parents and children will be disadvantaged by your proposals that all Under 5s in need of urgent or emergency treatment will have to go to Halifax for this.

If there are to be no paediatric surgeons based in Huddersfield, who will make the decision as to whether Huddersfield children aged over 5 need emergency admission or surgery?

9. We believe there would be benefit in improving **Community Health Services**. However, good Community Health services will not result from underfunded GPs’ services, huge Government cuts to Local Authority Adult Health and Social Care budgets, and NHS cuts.

We understand that GPs represented by the Local Medical Committees do not support these proposals but are nevertheless expected to make them work.

Putting Care Closer to Home contracts out to competitive tender creates the risk that private health companies will muscle in. Why does Calderdale CCG want the Vanguard Care Closer to Home scheme to be run by an Accountable Care Organisation? This sounds to us like a recipe for massive privatisation of NHS services in the area.

We fear that patient care would suffer from fragmentation of services and ‘cherry picking’ leading to inferior or even non-existent services, for “less profitable” procedures.

We are outraged by the CCGs’ proposals to staff Care Closer to Home with new grades of unregistered, less qualified health workers and to foist “self care” on patients with paltry help from 3rd sector workers, carers and telemedicine.

10. Overall, we believe that Calderdale and Huddersfield residents and workers will be negatively affected by all the proposed changes.

These proposals undermine core NHS principles and are consistent with the dismantling of the NHS that is taking place across the country. In other areas, such “reconfigurations”

have been the vehicle for big NHS sell offs to profiteering companies, many of them tax dodgers. We do not want to see this happening in our area.

We believe these proposals are an attempt to avoid a projected £280m funding gap in Calderdale and Greater Huddersfield NHS by 2020. We are fundamentally opposed to the Government's plans for privatisation and reducing NHS expenditure.

11. Improving travel, transport and parking: keeping both District General Hospitals intact and providing better community outpatients' clinics would reduce people's need to travel. What proposals do you have for improving travel, transport and parking arising from your consultations with West Yorkshire Combined Authority?

12. Overall, Calderdale Trades Council disagrees with your proposed changes. They are not based on evidence about what would improve patients' health and meet the populations' health needs. There are doubts as to whether the hospital services would meet the required standards of care. We are not confident that they will secure the future of health services for both areas for the next 20 years, as you claim. There has been no involvement of either the public or the NHS workforce in the consideration of your proposals at a formative stage rendering the Consultation meaningless.

21 June 2016