

> What happens next?

Over the past 12 months, senior doctors, matrons and managers from each of our clinical services have been working together on Ambitions for the Future.

Their views will help to develop and shape any changes that are proposed for services. This kind of work is also taking place in many other parts of the country. Some hospitals have recently made changes to their services, while others are consulting on changes they want to make.

Timetable

Ambitions for the Future has four stages. We are now at stage three, which involves staff discussing suggestions for change with the Management Board (which supports

the Chief Executive in the operational management of the Trust), the Board of Directors (responsible for the day-to-day direction of the Trust's affairs), and the Governing Body.

The Trust's Board of Directors will agree the final Ambitions for the Future report and discuss consultation. And the boards of Bassetlaw and Doncaster PCTs will be asked to agree the proposed changes to services.

Any proposed changes will be put to the Overview & Scrutiny Committees of Doncaster

Metropolitan Borough Council, and Bassetlaw District Council and Nottinghamshire County Council for approval. The final options will go to public consultation.



Our hospitals have... Ambitions for the Future



Mary Mitchell is the Manager of Bassetlaw Hospital, where she has worked since 1992. She joined the NHS, after completing her studies, through an NHS-run management course.

Our hospital manager's view

all their pre-op and follow-up appointments locally. A lot of money has been put into the Hospital since we merged. We've a new state-of-the-art dermatology wing in our outpatients department. There's a renal dialysis unit being built. And we've started work on a new kitchen that will provide food for patients and staff. This is a £4m investment (pictured below).

There have been other changes, like PCTs and GPs now buying our services. Hospitals used to get their money for the year on 1 April; now we have to earn it by treating patients. This income isn't guaranteed as patients can choose where they want to go for treatment.

What changes have you seen in the years you've been in Bassetlaw?

The main change has to be the merger with Doncaster in 2001. Before this Bassetlaw was a local hospital. It provided community and mental health as well acute services, just concentrating on the local population. Then mental health went into a Nottinghamshire-wide healthcare trust and some of the community services were transferred to Bassetlaw PCT. Bassetlaw Hospital was too small to be viable on its own without those services, so we had to look for a partner.

Geographically, it might have made sense to go south, to Mansfield, but our local population tends to look towards Doncaster. So we joined with Doncaster Royal Infirmary and Montagu Hospital. It wasn't a take over. It was a marriage of convenience.

Personally, I feel a lot of good things have happened as a result of this merger, like more local specialist-run clinics. So even if people have to go to Doncaster for an operation, they often have

and I wanted to make sure there wasn't change for change's sake. Although I know a lot about Bassetlaw Hospital, I didn't get involved just to defend it. I hope I'm being very open-minded. People have to understand that we must have clinically safe services, which is why some changes are inevitable.

Would you say you represent other managers?

Yes, I think so. Most managers are positive about Ambitions for the Future and see it as an opportunity.

What do you think are the views of staff about all the changes that are coming from the Government lately?

Of course, some of them are worried, but a lot of them are switched on to it and quite excited. There are issues to do with making sure services are run safely, how we run out-of-hours services, education and training. It's not just about affordability. There could certainly be a lot of work to do as a result of Lord Darzi's report.

Lots of staff at the grass roots

don't understand the politics behind it. They're concerned about what happens here. That's because many staff are very local: they live across the road from the Hospital. There are three generations working here in some cases – Gran, Mum and Granddaughter. Their families, their friends, even themselves sometimes, are also patients. It's the Hospital they see and the Hospital and the services it provides they care about.

Do managers and staff appreciate what Ambitions for the Future is about?

Managers do. It varies with the rest of staff. We've been doing a lot of work to keep people informed. Some are more interested than others and are already asking some challenging questions. I think there'll be a lot more interest and questions when they know what's going to happen. So whatever we do, it has to be backed up with real reasons.

Do you think there is a strong managerial case for change?

Yes, I do. The NHS has got to be accountable for what it does,

the taxpayers' money we spend. We need the Hospital here for all the people who live in the area – and that means me as well - but that doesn't mean we should provide poor quality services. I wouldn't want Bassetlaw Hospital to provide a sub-standard service just so we can keep the doors open. Ambitions for the Future will be two-way traffic. Some services may end up here rather than in Doncaster.

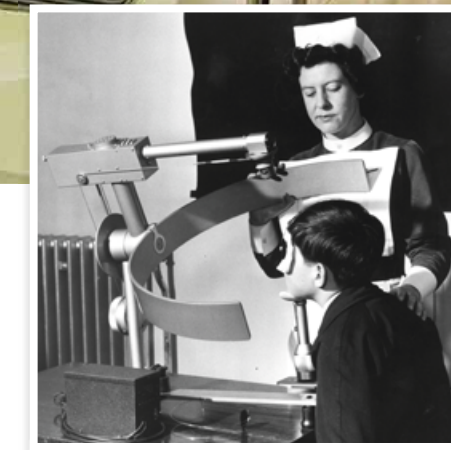
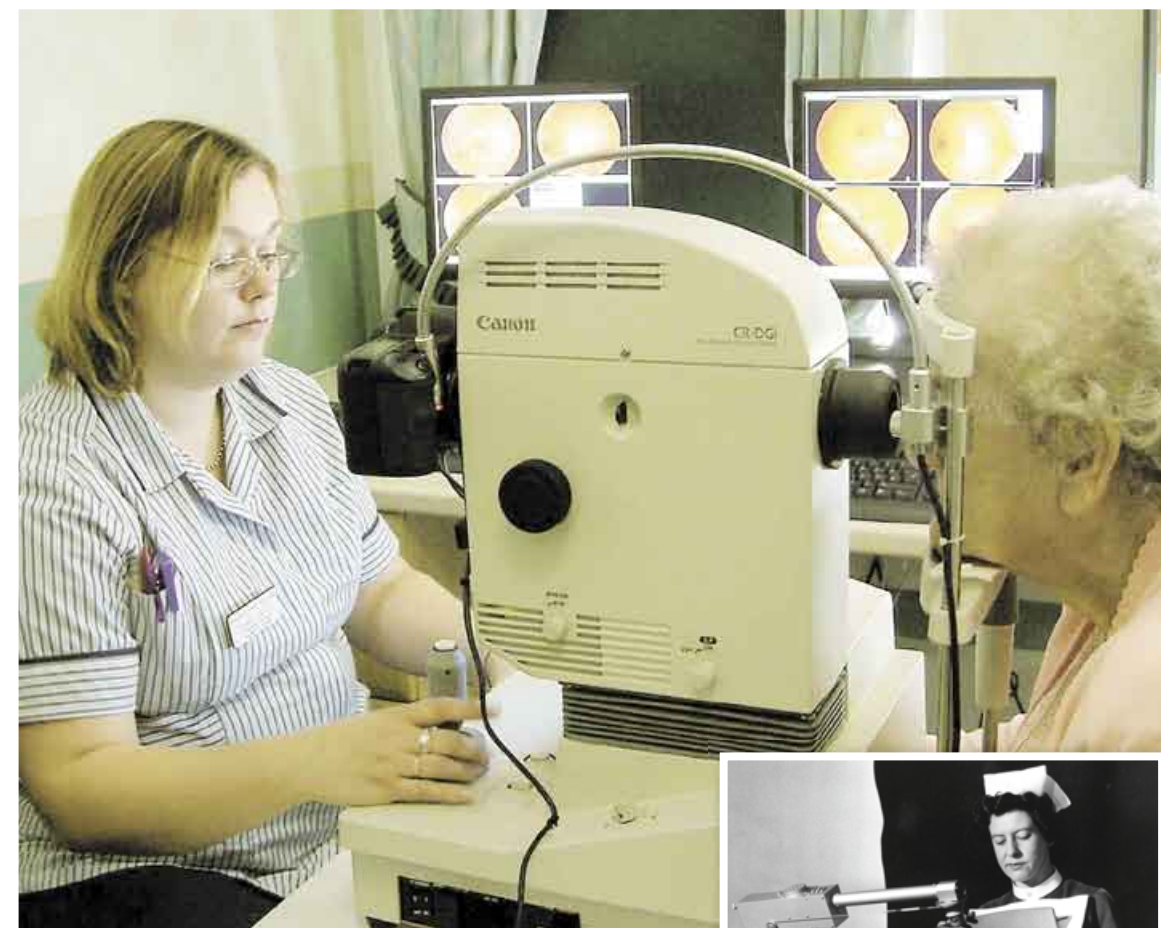
What do you think about the future of Bassetlaw Hospital?

I'm confident there's a future for Bassetlaw Hospital. It's relatively new. It has excellent services and facilities and a good record for cleanliness. We have a good reputation.

Patients who come here feel they're looked after. We have our own transport system – running an hourly shuttle bus between Bassetlaw and Doncaster, for patients and staff – and having hospital taxis that can take people if they need to go to Doncaster in between the buses. They help when patients are discharged, too. It was an imaginative response to the changes then and we'll need more of the same in the future.



For further information, contact Ian Greenwood, Ambitions for the Future project lead on 01302 647020.



What are our plans?

This year marked the 60th 'birthday' of the NHS.

60 years on, the National Health Service (NHS) is changing, and changing fast. These changes are leading to new ways that the NHS provides services – and who provides them.

More and more, family doctors and primary care trusts can choose to buy services for their local residents from new healthcare providers, including the private sector.

This means that your local hospitals are facing many challenges.

We want to make sure that staff at our hospitals in Bassetlaw and Doncaster give the best possible care to our patients.

That is why we launched Ambitions for the Future. This project is looking at how our services at five hospitals can meet the challenges of the next 10 years and beyond. Like its name suggests, it is an ambitious programme of work, which aims to improve health

services for our patients.

Doctors, nurses and other healthcare staff will come up with any changes that we make as a result of Ambitions for the Future. Ambitions for the Future project lead, Ian Greenwood, explains: "Staff want to make sure we can deliver the highest quality care for patients, both now and in the future. They believe that if we leave services as they are, they will fail and we will not be able to meet the needs of our patients."

What's changed in 60 years?

Today's NHS works in a completely different way from when it was created back in 1948 – it has to.

Sixty years ago, infectious diseases, like scarlet fever and tuberculosis, were more common. When people were ill, they often spent a long time in hospital.

Medical equipment has changed beyond recognition as computer and manufacturing technologies have advanced. We need to make sure that we can keep up with advances in medicine and technology, and can afford the equipment to provide the best possible care.

Now, we can carry out some operations by just making a tiny cut – keyhole surgery – and letting the patient go home in a day or so. 60 years ago, surgeons would

have carried out a major operation and the patient would have been in hospital for weeks.

Today we are live longer. But some people live with a long-term (chronic) condition, such as diabetes, asthma or stroke. Once, much of the care these patients received was in hospital; now most is in the community, provided by GPs and nurses. Many never need to go back to hospital after their first illness.

Medical advances mean many more seriously-ill patients can now be helped, but only by staff with very specialised skills and equipment. It makes sense for these patients to be treated by expert staff, even if they have to travel slightly further, rather than by staff without these skills or the most up-to-date equipment.



Why are we doing this review?



'Our NHS, Our Future'

The National Health Service was 60 years old in July. In July last year, the Department of Health announced that it would carry out a review of the NHS to mark this anniversary. This review is called Our NHS, Our Future. It is led by Prof Sir Ara Darzi (above), who is a surgeon as well as being a health minister. He has been talking to patients, people who work in the NHS, and members of the public to get their views. His final reports – a series of them – were published this summer.

In his first report, he recognises the progress that has been made in the NHS, highlighting priorities for the future, and sets out a vision for the next 10 years. This looks at how the NHS can become fairer, more personal, more effective and safer.

Local reviews

Local reviews, following the same themes as Our NHS, Our Future, were set up by strategic health authorities (SHAs) and primary care trusts. Where these organisations fit into the NHS is explained in the box above.

Doctors, nurses and other healthcare staff from the SHAs have been examining what can be done to make the best possible care a reality. They looked at eight different themes. They are:

- Maternity and newborn
- Children's health



What they do

Strategic health authorities (SHAs)

SHAs are responsible for developing overall plans for local health services. Our hospitals come under two SHAs: East Midlands, and Yorkshire and the Humber.

Primary care trusts (PCTs)

PCTs are responsible for shaping, planning, buying, and, in some areas, providing health services for the residents in their area. They may buy services from hospitals like ours. They also employ their own community health staff, such as district nurses and health visitors. GPs and dentists are independent contractors, but PCTs make sure there are enough of them to care for local people. Our hospitals come under two PCTs: Bassetlaw and Doncaster.

- Staying healthy
- Long-term conditions
- Acute care (urgent and emergency)
- Planned care
- Mental health
- End-of-life care.

Members of the public, patients and staff were also invited to give their views about the current state of the NHS and suggest how services can be improved.

Each SHA in the country then published its own vision for local healthcare. Lord Darzi looked at their findings and based his final Our NHS, Our Future report on these SHA reports as well as the results of the national working groups.

Why doctors think we should change

A number of national reports, written by leading doctors, have been published. They give guidance on how clinical services should be provided and our hospitals must make sure that all services comply with these guidelines.



Why change?

There are a number of reasons why we need a review of our services for the future.

Changes to doctors' working hours

We need to make sure we can deliver high-quality services and safe care to patients 24 hours a day, seven days a week.

Some staff will be working shorter hours from 2009. New legislation from Europe, the European Working Time Directive (EWTD), has cut the number of hours people can work in a week. This affects certain staff in the NHS, who have traditionally worked longer hours: junior doctors, radiographers and pathology staff. The EWTD says that junior doctors must not work more than 56 hours a week, and that number will be cut to 48 hours in 2009.

Quite rightly, this is to make sure that doctors are not too tired to treat patients safely day or night. But it gives our hospitals a headache – working less hours, how can we staff the hospitals round the clock? We could recruit more staff if they were available. This would increase our salary bill significantly.

Hospitals that cannot meet EWTD will find it difficult to recruit staff, as they will be less attractive places to work.

We also have some consultants in our hospitals that work on their own. This means that when they

are sick or on study leave there is no one to run those services. Ambitions for the Future is looking at new ways of working to make sure health staff can deliver services with the highest possible standards of care for patients 24/7.

Developing centres of excellence

More and more consultants are specialising in particular areas of surgery or medicine. This means higher quality treatment for patients and better results, as well as developments in medical knowledge. But it also means there are far fewer doctors to treat general illnesses.

Not every hospital in the country can offer every service. There are not enough specialists available. Even if there were, they would not see enough patients to keep up their skills. Which would you prefer: a doctor who treats a particular condition 10 times a week or once a month?

So, we need to develop centres of excellence – hospitals that offer very specialised care and become leaders in their field. This means concentrating some specialist teams in larger hospitals. As well as doctors, these teams might include nurses with specialist training and technicians with

advanced skills. These centres will also have very expensive, highly technical equipment to provide the right diagnosis and treatment. Smaller hospitals cannot offer this kind of service, but we must make sure that this standard of care is available to everybody. So patients will be able to see the specialists in outpatient clinics at their local hospital, although they may have to go to the larger centre, where the full medical team is available, for treatment. Some very complicated emergency services may also be in larger centres, like Sheffield and Nottingham, for the same reasons. If this happens, the ambulance services will be on hand, or other transport arrangements made, to make sure patients are not put at risk by having to travel for their treatment.

This sounds as though there might be a lot of changes, but it does not mean smaller hospitals will be closed. Strong links will be developed with the specialist centres. Local hospitals will still provide outpatient services and routine emergency and planned care. Some areas will expand too, so that services, like renal dialysis, will be available on the doorstep.

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Making better use of our resources

Ambitions for the Future is not about saving money or making cuts. Right now there is record investment in the NHS, but taxpayers' money is still tight because what patients need and the demand for care is always on the increase. The aim is to use this money more wisely – not to prop up services that were designed to meet the health needs of decades ago. We need to make services fit for the future as well as meeting the health needs of patients today.

Complying with professional guidance

NHS hospitals, like ours, have to meet various targets set down by the Department of Health.

These are designed to improve patients' access to services and the quality of those services. At the same time, every area of medicine has a professional organisation – a Royal College or regulatory body – that sets standards on how our doctors should work and the care they provide. We also get advice, guidance and examples of best practice from organisations such as the NHS Modernisation Agency and the National Institute for Health & Clinical Excellence. These often recommend that we make changes to services so

that we can improve the care we give. Ambitions for the Future will make sure that, when any new services are designed, all this advice is taken into account. That way we can provide the most up-to-date services and the best care possible.

Giving patients more choice

Patients today have more and more say about which hospital they go to for treatment. The only way our hospitals earn income is treating patients. We want to make sure that our hospitals are the ones patients choose – if they don't, and patients go elsewhere for treatment, we will lose the income that comes from providing health services. That would eventually restrict the number of services we can offer. So, Ambitions for the Future is about developing new ways of providing local health services for patients from Bassetlaw, Doncaster, and the surrounding areas.

We want patients to have the best – a modern, 'joined up' health service that is fit for the 21st century and delivers the best possible care for patients. Ambitions for the Future will give us a blue print that will secure the future for our hospitals, patient services, and the staff who provide them.

Our doctor's view

What changes have you seen in the years you've been at Bassetlaw?

There have been a lot of changes in the NHS during the 20 years I've been at Bassetlaw Hospital. The most significant change has to be the merger with Doncaster – going from an independent hospital where we decided what we wanted to do and got on with it, to become part of a much larger organisation. Part of me still finds that kind of independence attractive, but I'm realistic enough to know that that just isn't possible in today's NHS.

Bassetlaw Hospital wouldn't have survived without that merger. For instance, we simply couldn't have afforded to implement the new consultant contract or make the necessary changes or develop our services in a way that would have allowed us to keep pace with the speed at which the NHS is moving now.

Why have you signed up to Ambitions for the Future?

One of the reasons is that I like to know what's going on! I always feel that if you really want to know what's happening, you've got to get involved. And I'd rather be involved in making those changes happen than having them imposed on me.

What contribution can you make to Ambitions for the Future?

I'm one of the senior doctors and I've been around a long time, which can be useful. I've also been a clinical director, which gives me a bit of an overview. There must be clinical input into Ambitions for the Future, and I hope I can provide that.

Do you represent medical staff as a whole?

No, I wouldn't say that. I'm just a clinical voice on the group.

What is the view of other consultants about all the changes to the NHS?

There isn't just one view. Some people are fed up with change. Others think it's all talk and nothing will happen in the end. A lot of people come in to work, do a good



Dr Richard Harris is a Consultant Anaesthetist at Bassetlaw Hospital, and part of the Ambitions for the Future team. Richard trained at King's College Hospital, London, and came to Bassetlaw in 1987. His interest in anaesthetics began when he was a junior doctor in Eastbourne.

And Ambitions for the Future, what do consultants think about it?

Some are very actively against it, while others are happy to go along with it. Then there are those who are utterly irritated by change, whatever form it takes and however sensible it is.

Then there's another problem. We don't actually know yet what the knock-on effect of Lord Darzi's review will be on any plans the Trust develops.

Do you think there is a strong clinical case for change?

If we can't convince people there's a clinical case for change, then change won't happen. If changes are pushed through, they won't work. There's certainly a major clinical push for change in some areas. We won't be able to recruit doctors to very small services, with few patients. And, with doctors at all levels working less hours and less on-call shifts these days, we won't be able to afford the number of doctors required to keep services going. In an average clinical service, we need at least five or six consultants just to run an effective rota. If each consultant sees just a handful of patients each week, that's not enough to keep their clinical skills up to scratch.

So these days, the level of investment required to keep some units or services open simply isn't there so they're just not sustainable in their current forms.

If changes benefit patients, then that's justification in itself. Whatever changes eventually take place, one thing we must do is to make sure transport between our hospital sites is improved.

What do you think about the future of Bassetlaw Hospital?

There's a real future for Bassetlaw Hospital. Yes, there will be changes and, yes, some people will be upset. But I don't feel some of the ideas being talked about are really big issues. My view is that we need to take on board national advice, for example, the report by Lord Darzi, High Quality Care for All.

job, then go home. None of the reforms we've had so far have changed that, so why should anything put forward now be different?

What they all do agree on is that services should only continue to be provided if they are safe and supported by appropriately skilled staff.

Do consultants, and other staff, appreciate the changes the Government's talking about?

There are a lot of different views. There are always people who don't care and others who are quite naïve – no idea what the implications might be. Then there are still one or two consultants who think that they rule the world! But a significant number are looking at the changes to see how we can fit in. We've all got to realise that the balance has shifted: it's hospitals that provide services but it's GPs and PCTs who buy them.