



They want to cut acute
and emergency
hospital care and
treat people cheaply at
home instead

SAVE OUR A&Es!

YOU MAY HAVE HEARD ABOUT PROPOSED HOSPITAL CUTS IN HALIFAX & HUDDERSFIELD, THAT ARE OUT TO PUBLIC CONSULTATION. EVERYONE WHO WANTS TO *SAVE OUR A&Es* IN BOTH TOWNS - PLEASE RESPOND TO THE CONSULTATION SURVEY BY 21st JUNE AT THE LATEST! HERE IS SOME ADVICE.

You can fill in the online survey <https://www.elesurvey.co.uk/f/613800/6471/> or a printed version of the survey (call 01484 464212 for one.)

There is more detailed info here <https://goo.gl/mi4Wc2> . Please use your own words when you fill in the survey.

Question 1. We don't think that that the Clinical Commissioning Groups HAVE looked at all the alternatives. So suggest ticking "I don't understand how you got to your alternatives"

Question 2 We think they've missed the views of frontline NHS Staff, including most GPs and community health staff. And the views of the general public. We have no confidence in their so-called "pre-consultation engagement" with staff, patients and general public.

Question 3 - Suggested response: a) It's a bit late in the day to be asking this question. You only ask it to show that you are undertaking the consultation with an open mind i.e. before taking a decision. Because consultations are meant to be done on all available options, at a formative stage. b) Instead of following national plans, why didn't you work with Health and Wellbeing Boards to find effective ways of tackling the social, economic and environmental determinants of poor health? This wouldn't just improve people's health, it would save the NHS loads of money.

Question 4a Tick: "Other, please specify" and under that, write: "I do not agree with your proposed change "

Question 4b Tick: "None of these apply".

4c) Each town needs its own A&E, because reliable studies show that A&E closure increases death rates for inpatients in a nearby hospital that retains its A&E (ie Calderdale Royal Hospital in this case) and that increased travel distance to A&E (ie from Kirklees) is associated with increased patient death rates. Where is your risk assessment for this? Cutting hospital beds will mean high bed occupancy - which diminishes quality of care, increases stress for staff and increases waiting times. A&E closure will not solve national problems of shortage of A&E doctors.

Question 5a Same as 4a), **Question 5b** Same as 4b

5c) I can't see how the Huddersfield Urgent Care Centre will be safe for patients - GPs and Emergency Practice Nurses will have to rely for support on a video link to the Halifax Emergency Centre. How will NHS 111 be made fit for purpose so that it sends patients to the right place? Why not follow the advice of the Royal College of Emergency Medicine, to create A&E hubs for patients with urgent care needs, alongside both A&Es? This would reduce the pressures on our currently overcrowded A&Es and allow them both to stay open.

Question 6a Same as 4a), **Question 6b** Same as 4b

6c) A planned care hospital in Huddersfield would cause travel problems for Calderdale people. There won't be an Intensive Care Unit on site in case things go wrong in planned care surgery. The cuts to hospital beds means there will only be 1.62 beds per 1000 population - only Indonesia, India and Columbia have fewer hospital beds per 1000 population than this. High bed occupancy reduces the time available for cleaning between patients and increases the chances of infection. We can't see how this new hospital represents value for money when there is no info about the costs of repaying the £290m loan that CHFT needs to build the hospital.

Question 7a. Either tick "None of these apply" and go straight to Question 8, or tick "Other, please specify below" and write "Please see 7b)

7b) Suggested response: How are you going to resource maternity services in the community? If you're planning to rely on the recent National Maternity Review's call for £3, 000 "personal care budgets" for all pregnant women - I disagree with this. It would lead to fewer services, privately provided, undermining the NHS principle of universal comprehensive care.

Question 8a Same as 4a), **Question 8b** Same as 4b

8c) How are you going to provide more paediatric services in the community, when GPs and community services are already overstretched and under funded? There are problems with depending on NHS 111 to determine whether children should go to urgent or emergency care. How would you deal with Huddersfield families' problems travelling to Halifax for emergency and inpatient paediatric care?

Question 9a Same as 4a), **Question 9b** Same as 4b

9c) There's no evidence that Care Closer to Home will provide the required standard of care - nor any reliable evidence that it will reduce acute and emergency hospital admissions. How can these proposals work when GPs are underfunded and struggling? These proposals also depend on patients getting social care from the Councils, but these services are cash-strapped, means-tested and largely privatised. So the full range of community health services will no longer be available to everyone who needs them - only to those who can pay for them.

Question 10) - Tick Yes. If you want to add a comment: we need evidence-based, comprehensive, universal, equitable and value-for-money health care. These proposals offer none of these things and there's no certainty they will deliver safe, high quality patient care – or safe, fair working conditions for staff.

11) You can tell them your ideas for improving travel, transport & parking

12) - Tick "disagree". If you want to add a comment: The Consultation Document falsely claims that the proposals are high quality, safe, sustainable, affordable and would result in the best possible outcome and experience for patients. But the Clinical Senate can't tell if the proposals would deliver the required standard of care. And the proposals leave the hospitals Trust with a deficit of £9.5m/year in 2020, accumulating to a £49.5m deficit in 2025. This means our hospitals' future is insecure under these proposals.