Outcome of the Hospital Services Programme

Background
The hospitals in South Yorkshire and Bassetlaw have been working together for two years, to look at how they might improve the quality of services by working better together. They have now published a report agreeing how they are going to make this a reality for patients.

The hospitals included in this are: Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, Sheffield Children's Hospital, and Sheffield Teaching Hospital.

Transformation
The hospitals have agreed that they will work together to transform services. This means that they will look at ways to improve care for patients, either in the same hospitals patients are treated in at the moment, or outside hospital, in people’s own homes or local health centres where this is better.

The main way they will do this is by working together in networks. The hospitals are setting up five ‘hosted networks’. Each of the five South Yorkshire and Bassetlaw Chief Executives will lead on one area: maternity, children’s services, urgent and emergency care, gastroenterology or stroke. The lead CEO will be responsible for helping hospitals to work together, to build their workforce, and to make sure that everyone delivers the same standard of care.

Sheffield Children’s Hospital and Doncaster & Bassetlaw Hospitals are also going to work together, to help develop better services for Doncaster and Bassetlaw children.

Reconfiguration
We have looked at whether we should reconfigure services. This means changing which hospitals provide which services, and moving some services to other sites where there are key staff, equipment, or better facilities.

The NHS organisations have decided to try to avoid reconfiguration wherever possible, because we know that patients often prefer to stay in their local hospital. However, if over time transformation isn’t effective this may need to be reviewed and in these circumstances we will engage with the public about this.

For services which are already challenged, sudden and unpredictable problems might mean that we have to make an urgent, temporary reconfiguration to keep patients safe and ensure good quality care.

Engaging with patients and the public going forward
Patients and the public will be involved in helping to develop the Hosted Networks, helping to decide what they should focus on and how they should work.

If any of the commissioning groups do think it is necessary to reconfigure their local services, they will talk to the public and carry out consultation, as required.