

The South West Clinical Senate consideration of the following question:

Can the Clinical Senate assure South West CCGs that the clinical co-dependencies described by the South East Coast Senate are appropriate to support comprehensive, timely, high quality and safe acute hospital based services?

A response from the SW Clinical Senate's Citizens' Assembly

Key Points:

- The Patient and Public Perspective section in the SE Coast review of 'The Clinical Co-dependencies of Acute Hospital Services (pp17-19) answers the question well.
- There are similar issues here to those highlighted in the deliberations about the reconfiguration of acute surgical services.

Communication:

- The public needs to be convinced this is not just a 'rearranging the deckchairs' exercise.
- Patients need good information to make appropriate choices; patient safety/risk/probability to be explained.
- Consideration to be given to how patients are engaged/involved, listened to, receive information throughout the process – e.g. liaise with local groups, use various media to give and receive the right messages.
- When possible move patient information around the system rather than the patient.
- Assist patients to use computerised systems which access services.

Support Services:

- A focus on the delivery of initial services is appropriate but do not lose sight of where and how follow-up services are to be delivered.
- The voluntary sector, social care and mental health services need to be on board.
- Be clear who/which organisation is responsible in each Trust for implementing the changes.
- Transport is always a key issue, particularly in rural areas (different for patients living in cities).
- 24/7 services are supported, although cost will be an issue.

Other:

- Ensure NHS/nursing staff are fully informed about changes.
- When talking about patients also consider carers/guardians.
- Re costs: how feasible are these proposals?
- The terms such as 'bronze' and 'gold' standard may not have a relevance that is commonly understood.
- Planning for centres of excellence should not discount planning for the appropriate delivery of minor/routine treatment.