

NORTH YORKSHIRE COUNTY COUNCIL**HEALTH SCRUTINY COMMITTEE****8th July 2010****Minor Injury Services in Hambleton and Richmondshire****1. Purpose of the Report**

To provide information on the findings and next steps for the implementation of the recommendations of the Hambleton and Richmondshire Strategic Review with regard to minor injury services provided in community settings.

To set out how the PCT proposes to further engage with key stakeholders and the public on taking forward these proposals.

To invite comments from NYCC OSC on the proposed approach to public engagement, as set out in appendix 1 to this report.

To invite the OSC to formally comment on the proposals on conclusion of the public engagement, prior to a final decision being made by the PCT Board.

2. Background**a) Hambleton and Richmondshire Strategic Review –
Unscheduled Care**

During 2008, the Hambleton and Richmondshire Strategic Review (Unscheduled Care work stream) reviewed the challenges of providing timely, accessible and sustainable unscheduled care services across the locality.

Among the recommendations of the strategic review (February 2009) is that clinical practice in each of the Minor Injury Units serving the locality is safe and subject to rigorous clinical governance. Where this is not the case then the service should be stopped as soon as possible.

This covers both “in hours” and “out of hours” service provision.

b) Community Based Minor Injury Services

Minor Injury services provided in community settings provide nursing assessment, treatment and follow up of the following:

- lacerations capable of closure by simple techniques
- minor dislocations of fingers

- foreign bodies
- recent and non invasive eye injury
- Small minor burns or scalds not involving the hands, feet, face, neck, genital areas
- minor trauma to hands, limbs or feet

If an x-ray or other diagnostic tests are required patients are asked to attend the nearest A&E department and if a prescription is required patients are asked to attend their GP.

Clinical practice varies between the community hospitals, in one example approximately a third of patients seen are transferred to A&E where the patient is reassessed. At other sites the proportion is not as high.

More significant minor injuries which require medical assessment, diagnostic testing and observation (for example, head injuries, significant breaks, sprains, burns and lacerations) are more appropriately treated in Accident and Emergency Units.

In Hambleton and Richmondshire community based minor injury services are provided as follows:

- St Monica's in Easingwold – Minor Injury – 8 am – 8pm 7 days a week
- The Friary in Richmond – Minor Injury – 8 am – 6pm, Monday to Friday, weekends 8 am - 4.30 pm
- The Lambert in Thirsk – Minor Injury – 8am – 6 pm, 7 days a week. Closed overnight temporarily
- Harewood Medical Centre – Minor Injury - 8am – 6 pm, Monday to Friday
- 17 GP practices – Minor Injury – 8 am – 6pm, Monday to Friday

NHS North Yorkshire and York currently commissions GP practices to provide minor injury services on a see and treat basis. Practices are required to see any patient, it not being necessary for the patient to be registered with the practice and a prior appointment is not always required. The service is available between 8 a.m. and 6 p.m. Monday to Friday.

In providing minor injuries, GP practices see the same range of conditions as the services currently provided by the community hospitals (as a minimum) and are also able to offer a more comprehensive service. They can give advice, treat the patient, prescribe and arrange referral of patients to more specialist services if urgently required.

All 17 GP practices in Hambleton and Richmondshire, provide the service. The GP and nursing staff who provide the service are required to have experience of minor injury treatment, being

required to keep their clinical skills up to date in treating minor injuries and, in some instances, undertaking minor surgery.

Patients also choose to receive treatment for minor injuries directly via the Accident and Emergency Department at the Friarage, Northallerton and other Accident and Emergency Departments within the vicinity.

In most cases the patient makes the decision about where to go for treatment, depending upon their individual circumstances. It is not always clear for patients where best to attend for treatment or the range of options available. This is acknowledged nationally and proposals are being explored to develop a single help line to assist patients to make the right choice.

c) Patient Activity

Over a 12 month period there are approximately 23,500 attendances (new and follow up) of patients registered with a GP in Hambleton & Richmondshire accessing minor injury provision across Hambleton and Richmondshire.

The majority of these patients (89%) attend the Friarage which offers the full range of minor injury treatment services.

Approximately 16,000 attendances at the Friarage are for more complex minor injury cases, but the hospital also treated 4463 minor injury cases which could also be treated in a community setting. The activity for these cases is included in the table below.

The balance of minor injury activity, approximately 2500 attendances per annum, are the patients who are seen in community hospitals and GP practices.

The following table shows the number of attendances for new and follow up patients for minor injury activity i.e. patients with the type of condition described in b) above.

	2008/9	2009/10
The Friarage,	5477	4463
St Monica`s	444	281
The Friary	569	537
The Lambert	549	362
Harewood Medical Centre,	998	931
17 GP practices	534	536
Total	8371	7110

On average St Monica`s and the Friary Minor Injury Service treat 1-2 minor injury attendances a day, at each site during peak weeks. There are approximately five peak weeks of activity in any year.

Outside of these peak week (ie the other 47 weeks of the year) there is an average of 1 attendance a day at these sites.

On average The Lambert treats an average of 3 patients a day at the site (including during the overnight period) during peak weeks of the year of which there are approximately four in a year, with an average of 1 attendance a day at other times.

June 2009 was a peak month for activity and the detail of when patients attend was examined in more detail, as follows:

2009/10		St Monica`s	Friary	Lambert	Total
Mon-Fri	8am-6pm	22	57	21	103
	6pm-10pm	NA	0	6	6
	10pm-8am	NA	0	2	2
Sat-Sun	8am-6pm	10	10	12	32
	6pm-10pm	NA	NA	1	1
	10pm-8am	NA	NA	0	0
Total		35	67	42	144

NB: NA means that the service is not provided.

The majority of activity, over 70%, takes place during the day when the GP surgeries are open and providing the same service.

There are very low levels of evening and night-time activity.

For some individual months throughout the year, there are no attendances at peak evening and night-time periods eg between 10 pm and midnight.

During the recent closure of the service at the Lambert there has been no significant change to attendances in Accident and Emergency at the Friarage or at York.

As such, this level of activity in the community hospitals is not sufficient to retain the skills of qualified staff. Under current guidance from the Royal College of Emergency Medicine a qualified minor injury nurse practitioner might see 2,500 new patients per year i.e. 50 new patients a week.

The minor injury activity in the community hospitals in Hambleton and Richmondshire is significantly less than activity delivered in the minor injury units in North Yorkshire, the comparative activity as follows:

2009/10	Whitby	Malton	Selby	Lambert	Easingwold	Friary
New	8422	8094	11619	123	234	Inc below
Total	10236	9470	16546	362	281	537

d) Workforce

Minor Injury services at St Monica's, The Friary and the Lambert are currently provided by ward nursing staff.

No staff are rostered to work specifically to provide minor injury services – staff come off the ward to treat minor injuries as and when they present at the hospitals.

This practice means that qualified staff leave patients on the ward to treat attendees requiring a minor injury assessment and/or treatment. This creates the potential for risk for staff and ward based patients when nursing staff are called to attend to minor injury patients.

The clinical needs of patients in community hospitals have increased over recent years and this trend is likely to continue as patients with increasingly complex needs receive care closer to home. It is testament to the skills and dedication of the nursing staff that they are able to respond to the needs of patients on the wards in this way.

e) Findings of the Review

The review considered clinical practice and patterns of activity and the following issues were identified:

- Ward staff work flexibly to treat minor injury patients and respond when patients present. This leaves in-patients with inadequate trained nursing cover during their absence.
- Very few staff have a recognised qualification in the treatment of minor injury or minor ailments. There is limited Minor injury training provided and no current training links with A&E.
- Very few staff are independent nurse prescribers and some patient group directives are used. This means only a limited range of medicines can be given.
- Nurses are not able to request or interpret X-rays.
- There is no formal clinical lead arrangements in place
- There is no integration with the GP out of hours services
- There is limited access to IT and there is no access to computerised patient records

- The patient numbers are low, average daily attendances are less than 2 per day so that staff are unable to sustain clinical practice

These arrangements create risks which have been identified by the provider and managed through their risk management plans. Over the last 12 months incidents have occurred which indicate that the risks have increased and can no longer be managed in a sustained way.

The risks prompted the temporary closure in October of the Minor Injury Services at the Lambert overnight. Public meetings were held to explain the circumstances, at which the PCT made a commitment to make a decision on the future provision of minor injury services at the Lambert.

Clinicians and stakeholders involved in The Hambleton & Richmondshire Strategic Review are keen that the recommendations of the Strategic Review with regard to minor injury services are implemented as soon as possible.

3. Proposed service Changes

The minor injury services provided at the community hospitals cannot continue for the reasons outlined in Section 2 of this report.

A revised model of service, outlined in this Section has been developed which commissions a locally based solution as an alternative to the current services.

The proposed solution which addresses the issues outlined above is sustainable and delivers some immediate benefits. Whilst there is much informal integration in the planned model, it is viewed as a first step towards achieving a fully and formally integrated unscheduled care model. This will embrace a wider range of urgent care health and social care provision, being part of the unscheduled care component of NHS North Yorkshire and York's Healthier Lives strategy.

It is proposed to transfer the minor injury services provided at The Lambert, The Friary and St Monica's Hospitals to the GP practices in Hambleton and Richmondshire who already provide this service Monday to Friday, 8 am to 6pm.

For Thirsk and Richmond, there are GP practices co-located on the community hospital sites.

The GP surgery located in Easingwold is within close proximity of St Monica's Hospital.

These proposals would mean that Minor Injury services would no longer be provided at the Community Hospitals, either during the day or at weekends or on an evening when GP Practices are closed.

The minor injury service at the Lambert which is currently temporarily closed would not re-open overnight.

a) The Proposals in Detail

It is proposed to transfer minor injury services provided by the community hospitals to local GP practices during the day and to Accident and Emergency Departments at the Friarage and York Hospitals NHS Trust from a date to be agreed.

- **Overnight and weekend services**

It is proposed that minor injury services are provided through the Accident and Emergency Departments at the Friarage and at York Hospitals NHS Trust. These services are existing services Accident and Emergency services which are now integrated with primary care.

Patients can walk into the department and will be directed to the appropriate clinician, either in the Accident and Emergency Department or a GP in the primary care centre.

Patients who sustain a minor injury may contact the GP Out of Hours service prior to attending Accident and Emergency. In this case the seriousness of the patient's injury will be assessed by a clinician, advice given and the patient will be directed to the nearest appropriate service. The options depending on the injury may include:

- Attending Accident and Emergency
- Attending the primary care centre where GP out of hours services are provided. GPs will offer advice and treatment to patients at the out of hours centres in Catterick Garrison and at the Friarage.
- Seeing their GP at the next available appointment
- Self care which may include seeing a pharmacist, for example where a patient has a minor injury such as a small superficial burn, or has a minor ailment which can be resolved with advice and over the counter medicinal products.

The aim is that the service will increasingly be integrated with other emergency and urgent care services so that GPs have access to a broader range of services to respond to the needs of the patient.

The proposal can be summarised in terms of proposed location, opening times and scope of service as follows:

Current	Proposal
The Friarage – Accident and Emergency Services - 24 hours, 365 days	No change to location, opening times or scope of service..
St Monica’s in Easingwold – Minor Injury – 8 am – 8pm, 7 days a week	Minor Injury day time, weekday services would transfer with no significant change of location to nearby GP practice. Weekend and Out of Hours services would transfer to York District Hospital, 13 miles away
The Friary in Richmond – Minor Injury – 8 am – 6pm, 5 days a week, weekends 8 am - 4.30 pm	Minor Injury day time, weekday services would transfer with no significant change of location to GP practice in same building and nearby GP practices. Weekend services would transfer to the Friarage approx 18 miles away. The GP Out of Hours Service based at Catterick will provide advice to patients and offer treatment if appropriate.
The Lambert in Thirsk – Minor Injury – 8am – 6 pm, 7 days a week NB Closed overnight on a temporary basis	Minor Injury Service would transfer with no significant change of location of day time service which would be provided at adjacent GP practices. Weekend and overnight service would transfer to The Friarage at Northallerton, approximately 10 miles away and incorporated into Out of Hours & Accident and Emergency.
Harewood Medical Centre – Minor Injury - 8am – 6 pm	No change
GP practices – Minor Injury – 8 am – 6pm	No change to provision, additional attendances are expected following transfer of Minor injury services from community hospitals
Out of Hours GP services are based at The Friarage and in the Duchess of Kent Hospital, Catterick Garrison	No change to location and times of service No change to the call handling process

b) Outcomes

The following summarises the potential benefits and outcomes to be delivered by meeting the needs of local communities more effectively:

- Less risk for patients and staff – staff can focus on the care being offered to the patient they are with in a safe environment
- Access to services for residents that are potentially closer to home and within a familiar environment (ie GP Practice).

- Consistent standards of care, in and out of hours
- Potential to improve continuity of care delivered in a familiar setting during the day with better experience for children and vulnerable adults
- Enhanced partnership working across agencies resulting in more secure and responsive services for patients and more effective use of resources.
- Effective working across the service levels tiers (primary care, secondary care and other local agencies).
- Public can describe how to access services and report less anxiety about how to access unscheduled care, potential fewer long journeys undertaken to access services
- Closer collaboration across clinical services where it delivers benefits for staff confidence, training, development and retention.
- Potential to improve co-ordination and develop further integration with anticipatory services overnight.
- Reduction in duplicated clinical intervention.

4. Public Engagement

Consideration needs to be given to the best way to further engage the public and stakeholders about the proposed changes to minor injury services provided at community hospitals. The following issues are relevant.

- The proposed change in service is driven by clinical factors.
- Patient activity through the minor injury services provided in the community hospitals is very low, limiting the options to provide services in a sustainable and safe way.
- The minor injury services at the community hospitals have continued for some time in their present form with risks being managed by managers and staff. These risks have increased with potential for adverse impact on patient care. The impact of this ranges from a satisfactory outcome for a few patients at the expense of another patient's care, to more serious incidents with an adverse outcome for patients and their families. The clinical governance arrangements for all patients can be improved.
- The public and other services find the current duplication of provision for minor injuries confusing, creating the potential for patients to use a service that does not best meet their needs. The opportunity is thus created for unacceptable variation in patient care. For example, some patients receive care that offers a satisfactory outcome, for others there is the inconvenience of having been assessed once and transferred to A&E services for more comprehensive assessment and treatment and rare examples

of emergency services taking a patient to the community hospitals inappropriately. All patients should receive the right care, in the right place.

- The PCT has a duty to engage with the public about changes which affect how services operate.

The PCT has developed an outline public engagement plan which is attached as Appendix 1. The plan has been developed with the intention of undertaking a comprehensive public engagement between July and September, recognising that local people will wish to understand and comment on the proposals, with local clinicians keen to see a prompt resolution to the issues which are causing their concern.

The OSC will wish to ensure that the public are informed about:

- why these proposed changes to local services are required
- what the proposed changes are
- when the proposed changes will take place

It is proposed to hold 3 public meetings, one each in Thirsk, Richmond and Easingwold.

The events will enable managers and local clinicians involved in the review to explain the proposed changes and to answer questions from the public. The opportunity will also be taken to ask the public how best to ensure that they know when and how to access urgent care services.

Wider stakeholders will also be informed and invited to comment on the proposals.

A report on the proposals and the public engagement and stakeholder views will be made available to the Overview and Scrutiny Committee prior to the PCT Board.

Following the Board meeting, if appropriate given the outcome of public engagement, a communication plan will be implemented with the aim of improving public awareness about how to access minor injury services following the proposed changes.

5. Summary

The Overview and Scrutiny Committee is asked to:

- Note the background information on the provision, findings and recommendations of the Strategic Review as they relate to minor injury services in community settings.
- Consider and comment on the proposed public engagement process

- Agree to receive a report on the outcome of the public engagement process at an Overview and Scrutiny Committee meeting to be held in September.

Public Engagement Plan -Transfer of Minor Injury Services

Appendix 1

Meetings arranged by PCT to which public will be invited				
Date	Event	Process	Key people to attend	
	Thirsk – Town Hall - to be arranged	Presentation followed by Q&A	Amanda Brown, Adrian Jones, Grahame Dickinson, Lee Squire, Janet Probert	
	Richmond – Swale House - to be arranged	Presentation followed by Q&A	Amanda Brown, Adrian Jones, Grahame Dickinson, Lee Squire, Janet Probert	
	Easingwold – Galtes Centre – to be arranged	Presentation followed by Q&A	Amanda Brown, Adrian Jones, John Letham, Lee Squire, Janet Probert	
Town Council/Parish Council Meetings				
	Colburn Town Council	Seek an invitation to attend, to explain the change in provision	Amanda Brown, Grahame D	
	Reeth Parish Council	Seek an invitation to attend	Amanda Brown, Grahame D	
	Catterick Parish Council	Seek an invitation to attend	Amanda Brown, Grahame D	
	Hawes & High Abbotside	Seek an invitation to attend	Amanda Brown, Adrian Jones	
	Richmondshire Town Council	Seek an invitation to attend	Amanda Brown, Grahame D	
	Easingwold Town Council	Seek an invitation to attend	Amanda Brown, Elaine Rooney	
	Thirsk Town Council	Seek an invitation to attend	Amanda Brown, Elaine Rooney	
	Richmondshire District Council Hambleton District Council	Seek an invitation to attend	Amanda Brown, Janet Probert or nominee	



Letters to stakeholders				
	William Haigh MP	Letter with information and offer of meeting	Chair/CEO letter meeting supported by A Brown	
	Ann McIntosh MP	Letter with information and offer of meeting	Chair/CEO letter meeting supported by A Brown	
	Julian Sturdy MP	Letter with information and offer of meeting	Chair/CEO letter meeting supported by A Brown	
	MOD - Catterick	Letter with information inviting comment	A Brown	
	Local GPs, Local Medical Committee & PBC	Letter with information inviting comment	Adrian Jones, A Brown, G Dickinson	
	Community Staff	Briefing	Janet Probert or Nominee	
	RAF – Thirsk/Bedale	Letter with information inviting comment	A Brown	
	H&R Strategic Review	Update	A Jones	
	CVS Organisations	Letter with information inviting comment	A Brown	
	NYCC – Adult and Children Services	Letter with information inviting comment	A Brown	
	Surrounding NHS Trusts	Letter with information inviting comment	A Brown	
	SHA	Letter with information inviting comment	A Brown	
	North Yorkshire LINKs + LINKs groups for Richmondshire and Hambleton	Letter with information inviting comment	A Brown	
	NYY Overview and Scrutiny (Health) Committee	Briefings and Papers	A Brown	
	YAS	Letter with information inviting comment, meeting offered	A Brown	

Media			
	Local Media	Briefing pack, proactive media briefing, regular press releases, interviews, PCT web site	PCT Communications Team