

**NORTH YORKSHIRE COUNTY COUNCIL****SCRUTINY OF HEALTH COMMITTEE****Minor Injuries Services in Hambleton and Richmondshire****24 September 2010****Purpose of Report**

1. The purpose of this report is to provide a framework for the Committee to agree a response to NHS North Yorkshire and York (NHS NY&Y) on the results of its engagement on proposals to introduce new arrangements for the minor injuries services in the Hambleton and Richmondshire areas.

**Introduction**

2. Members will recall that on 8 July 2010 representatives from NHS NY&Y briefed the Committee on proposals to transfer minor injuries services provided at the Lambert Hospital in Thirsk, the Friary Hospital in Richmond and St Monica's Hospital in Easingwold to local GP practices during the day and to A&E departments at the Friarage and York Hospitals during the overnight and weekend periods. For ease of reference the report considered by the Committee on 8 July 2010 is shown in Enclosure 1.
3. Members will also recall that at the meeting in July NHS NY&Y gave a commitment that this committee would receive a further report following a 12 week public and stakeholder engagement during July, August and September.

**Background Information**

4. During the engagement process the following information was received by your Scrutiny Support Officer:
 

Letter to County Councillor Jim Clark - Resolutions from meeting of Richmondshire District Council Meeting on 20 July 2010.	Enclosure 2
Letter to Jayne Brown, Chief Executive NHS NY& from Burton Cum Walden Parish Council.	Enclosure 3
Response from Hawes and High Abbotside Parish Council to the closure proposals of the Minor Injuries Service at The Friary Hospital in Richmond.	Enclosure 4
Summary of key questions and points raised at drop-in sessions.	Enclosure 5

**Results of Engagement**

5. Amada Brown, Hambleton & Richmondshire Locality Director, NHS NY&Y will be attending the meeting to summarise the results of the engagement process

and to seek Members' views on the proposals that will be considered by the Board of NHS NY&Y when it meets on 26 October 2010.

**Recommendation**

7. That the Committee reaches a view on the new arrangements for minor injuries services in the Hambleton and Richmondshire area and notifies NHS NY&Y accordingly.

Hugh Williamson  
Head of Scrutiny and Corporate Performance  
County Hall Northallerton

BH/13 September 2010

**Background Documents: None**

**NORTH YORKSHIRE COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**8<sup>th</sup> 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.

	<b>2008/9</b>	<b>2009/10</b>
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
<b>Total</b>	<b>8371</b>	<b>7110</b>

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:

<b>2009/10</b>		<b>St Monica`s</b>	<b>Friary</b>	<b>Lambert</b>	<b>Total</b>
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
<b>Total</b>		<b>35</b>	<b>67</b>	<b>42</b>	<b>144</b>

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:

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

#### **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	

Our Ref: MD/DC18 (20 July 2010)

11 August 2010

County Councillor J Clark  
Chairman of Scrutiny Health  
Committee  
North Yorkshire County Council  
County Hall  
Northallerton  
DL7 8AD

Please ask for Michael Dowson Tel: 01748 829100 Extension 7088 Email: <a href="mailto:michael.dowson@richmondshire.gov.uk">michael.dowson@richmondshire.gov.uk</a> Fax: 01748 826186
---

Dear Councillor Clark,

### **Minor Injury Services**

I am writing to advise you of the outcome of Richmondshire District Council's Council Meeting held 20 July 2010 relating to the public engagement concerning proposals to change the provision of minor injury services at the three community hospitals in Hambleton and Richmondshire.

The matter was raised at the District Council by Councillor John Blackie who had submitted a written Notice of Motion. Members also had before them your consultation letter dated 15 July 2010 and a report considered by the North Yorkshire County Council Health Scrutiny Committee on the 8 July 2010. Members following substantial debate consider that:-

- The consultation has been taken over a main holiday period and would result in a poor response.
- Arrangements should enable ease of access and travel, saving time and money for patients.
- There should be an extension of facilities and healthcare services at The Friary Community Hospital benefiting everyone in Richmondshire and helping reduce travel.
- The need to improve the quality of the facilities and healthcare services in the community including at Community Hospitals.
- The need for additional training and support for nursing staff

working at The Friary Community Hospital to up-skill them to the appropriate standards required to deal with Minor Injuries.

- Recognition that Richmondshire covers a very large geographical area with significant differences – from urban areas to sparsely populated rural areas.

The proposal to replace the service at The Friary Community Hospital by providing the same service at GP Surgeries do not provide for a like-for-like replacement Minor Injuries Service. For 112 days a year, ie weekends and Bank Holidays, there is no Minor Injuries Service at GP surgeries as they are closed. This represents a cut of 30% on the availability of the Minor Injuries Service in Richmondshire.

Under the proposals, members of local communities in the west of Richmondshire will have to travel a further 17 miles each way at weekends and bank holidays to access the Minor Injuries Service at The Friarage Hospital in Northallerton, instead of calling at The Friary Hospital in Richmond. These patients may have already travelled up to 20 miles to reach Richmond.

Following the debate all Members of the Richmondshire District Council resolved to unanimously support the motion submitted by Councillor Blackie as follows:-

Richmondshire District Council considers the Friary Community Hospital in Richmond an excellent local health care provision and a first class community resource with committed, dedicated and very capable nursing and other staff.

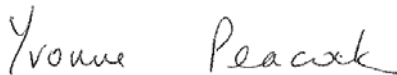
It calls upon the NHS North Yorkshire and York:-

- 1 To make a firm commitment to maintain and improve current health care services at The Friary and introduce new services that the residents in the Richmondshire District Council area may enjoy health care delivered reasonably close to or within their local communities.
- 2 To recognise that its proposal to close the minor injury service at The Friary does not offer a local and convenient replacement service at weekends and Bank Holidays but instead proposes to locate it eighteen miles away, in an ordinary busy accident and emergency department with a potential for long waiting times for presenting patients using the service to be attended to.
- 3 To recognise that patients using the minor injury services at The Friary from the western part of Richmondshire District Council area may have already have travelled twenty miles or more to reach Richmond.
- 4 To reconsider its proposal to close the Minor Injury Service at The Friary and instead invest in training the nursing staff at the hospital to the clinical skills level it considers is required.

- 5 To confirm that the NHS NYY out of hours service will continue in its present form to be based at Catterick Garrison, or nearby, for the foreseeable future, operating at all times and on all days and nights when GP's surgeries are closed.

A copy of this letter has also been sent to Jayne Brown, Chief Executive North Yorkshire and York Primary Care Trust.

Yours sincerely



**Yvonne Peacock**

Chairman  
Richmondshire District Council



**Peter Simpson**

Chief Executive  
Richmondshire District Council

cc. Amanda Brown, NYY PCT  
Bryon Hunter, Scrutiny Support Officer on Health, NYCC  
Councillor John Blackie



**BURTON-CUM-WALDEN**

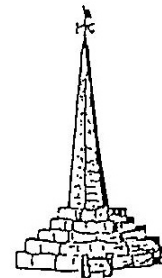
**PARISH COUNCIL**

[www.westburton-yorkshire.co.uk](http://www.westburton-yorkshire.co.uk)

Long Farthings, West Burton, Leyburn, North Yorkshire, DL8 4JX

Telephone: 01969 663551

e-mail: [sueryding@hotmail.co.uk](mailto:sueryding@hotmail.co.uk)



9 September 2010

Ms Amanda Brown  
NHS North Yorkshire and York  
Station Road Business Park  
Station Road  
Thirsk  
North Yorkshire  
YO7 1PZ

Dear Ms Brown,

**Re: Minor Injury Service**

Thank you for your letter of 15 July 2010 concerning the proposed closure of the minor injury service at three locations including the Friary Hospital, Richmond. This matter was discussed by the Parish Council at a recent meeting.

The Council felt that the proposal to close the minor injury service at the Friary Hospital, Richmond, failed to take into account the special circumstances that arise from its location as the nearest point of contact for the large rural area encompassing Upper Swaledale. The Council understands that medical facilities in this area are not extensive with only one GP practice, and if this facility is not available to deal with minor injuries for any reason, the result would be an excessively time consuming and expensive trip to the Friarage Hospital, Northallerton. We noted from your briefing document that over a thousand people had been treated by the Richmond Service in 2008/9 and 2009/10. This is a significant figure which the Council feels shows the need for such a facility. We also noted that the figures for the 'peak month' of June 2009 showed that the Friary treated by far the largest number of people compared to the other two minor injury units. This figure again reinforces the need for special consideration of Richmond's location.

The Council sincerely hopes that the PCT will reconsider this proposal and retain this much needed facility.

Yours sincerely,

Mrs Sue Ryding  
Clerk to the Parish Council

Copy to:  
Councillor John Blackie

## **Minor Injuries Service, Friary Hospital, Richmond**

Hawes & High Abbotside Parish Council discussed the proposals made by the North Yorkshire and York Primary Care Trust (NYY PCT) to close the Minor Injuries Service at The Friary Hospital in Richmond at its meetings in August and September 2010.

It strongly OBJECTS to the proposals and calls upon the NYY PCT to maintain and improve the Minor Injuries Service offered at The Friary Hospital. The grounds for its objections are as follows.

1) Whilst most of its Parishioners with a minor injury sustained at a time when the Central Dales GP Practice in Hawes is closed would make their way to the A+E Department at The Friarage Hospital in Northallerton (37 miles away) or The Royal Lancaster Infirmary in Lancaster (37 miles away) it recognises that the Minor Injuries Service at The Friary Hospital in Richmond is much more accessible to the residents of / visitors to the adjoining Upper Dales of Swaledale and Arkengarthdale, and continuing the Service would avoid them having to make journeys of these great distances.

There is a huge network of related and extended families in existence between Upper Wensleydale and Swaledale / Arkengarthdale. The network extends back over 5 generations or more.

A resident in Keld, Upper Swaledale with a minor injury currently has to drive 22 miles to Richmond, but under the NYY PCT proposals would have to drive 41 miles to the Friarage Hospital in Northallerton or 37 miles to the Darlington Memorial Hospital when GP surgeries are closed.

The journeys to Northallerton or Darlington would take well over 1 hour, and then the patient may have to wait up to 4 hours to be seen in either A+E Department. These distances and times may well put the patient off seeking the urgent or necessary treatment they need altogether.

It would take 35 minutes to drive from Keld to Richmond and the patient would be seen relatively quickly at the excellent Minor Injuries Service at The Friary.

2) The NYY PCT maintain that the Minor Injuries Services are not being closed on grounds of cost. Given the very limited scope of the treatments or advice offered by the Minor Injuries Service it considers the safety grounds on which the Service is to be closed to be entirely bogus.

It has been sent a copy of the submission by Dr Jones and Dr McPherson from the Stillington GP Practice (sent in support of keeping open the Minor Injuries Service at St. Monicas Hospital in Easingwold) and agrees entirely with the analysis and conclusions provided by the 2 Doctors.

The Parish Council concludes that the NYY PCT is an ultra-risk averse organisation ever ready to allow this unwelcome attribute to get in the way of its duties to provide urgent healthcare services to its residents in rural and deeply rural communities.

It also appears happy to pass on whatever risk there might be to patients in providing a Minor Injuries Service to GP surgeries, who as Dr Jones and Dr McPherson point out, have even less experience and numbers attending for minor injuries than the 3 Community Hospitals in Richmond, Thirsk and Easingwold.

3) The NYY PCT suggest that a replacement Minor Injuries Service is available in GP surgeries. However it does not provide a like for like replacement Service in terms of accessibility. There are 112 days (52 x weekends + 8 Bank Holidays) when the Minor Injuries Service at The Friary Hospital is open when GP surgeries are closed. This represents a 30% reduction in the accessibility of the Minor Injuries Service.

4) Hawes & High Abbotside Parish Council considers the grounds given for the closure of the Minor Injuries Service in Richmond by the NYY PCT undermines the esteem, reputation and professionalism of the excellent nurses at The Friary. It is inconceivable that they are not skilled sufficiently to cope with the range of minor injuries presenting at the Hospital, and unthinkable that they would leave one of their patients needing their immediate care to attend to a minor injury.

The Friary Hospital in Richmond has provided wonderful healthcare to many residents in Hawes & High Abbotside over the years it has been open and the standard of nursing care available there is held in the highest regard by those from the Parish who have been in its charge.

5) The NYY PCT official programme of consultation listed a presentation at Hawes & High Abbotside Parish Council on the closure proposals. No presentation took place, and there was no communication sent by the NYY PCT to seek an invitation to make a presentation.

The Parish Council concluded that residents who could not attend the only event organised by the NYY PCT on its closure proposals - in Richmond 27 miles away from Hawes - but who would have attended a Parish Council meeting in Hawes have been sold short by the NYY PCT.

It is clear the weakness of the arguments to close the Minor Injuries Service at The Friary coupled with the discomfort of explaining to an audience why they are taking away a valued healthcare service from a remote rural area contributed to the decision to duck out of the planned and promised consultation with the Parish Council.

6) The Parish Council taking all the above grounds into account considers the NYY PCT has no comprehension of the healthcare needs of rural and deeply rural communities.

It hopes that GP commissioning groups with much greater knowledge, understanding and sympathy for these communities and who take over from the NYY PCT in 2012 will be able to make the necessary healthcare provision to ensure they stay sustainable and vibrant in the future.

Ian King  
Clerk  
Hawes & High Abbotside Parish Council

The Surgery, North Back Lane, Stillington, York, YO61 1LL  
Tel: 01347 810332 Fax: 01347 811190

21 July 2010

Amanda Brown  
Locality Director  
North Yorkshire and York PCT

Dear Ms Brown

### **Minor Injuries Services**

Re: your email dated 15<sup>th</sup> July 2010: I would like to make several comments.

The Strategic Review of Services you state was led by 'clinicians'. These clinicians were not the clinicians whose patients use St Monica's Hospital Minor Injuries Unit. Who were these clinicians?

You state 'clinicians and the PBC Groups (GP's)' now feel it is important to implement the recommendations of the Strategic Review. Is this true?

You say GP surgeries have the 'added benefit' of being able to refer on if necessary. So do the Minor Injuries Units!

No-one disagrees more significant minor injuries are more appropriately treated in A & E departments, and are already referred on by the Minor Injuries Units.

I disagree with your statement regarding the level of activity is not sufficient to retain the skills of qualified staff. The nurses involved, the local GPs, and the patients are all happy with the level of expertise our nurses at St Monica's have in the Minor Injuries Unit. GP's certainly do not see 50 new minor injuries per week, as you quote, so one could argue they are also not fit to look after minor injuries. Don't forget the minor injuries you list in your introduction are certainly MINOR injuries. Are you able to provide any examples of patients harmed by being treated in St Monica's Minor Injuries Unit? I have certainly not seen one in my 23 years as a local GP.

You are concerned that staff may leave sick patients on the ward to attend to a minor injury. This is absurd – the nursing staff, are well capable of prioritising. Minor injury patients often have to wait, or are redirected, for treatment if necessary.

You state that the public find the duplication of services for minor injuries confusing. What evidence do you have for this? The only confusion will be when patients arrive at their community hospital, only to be told their minor injury will not be treated because some office-based managers have decided it is no longer safe.

I object most strongly to the proposed closure of the Minor Injuries Unit at St Monica's Hospital.

Yours sincerely  
Dr Peter R Jones  
GP at Stillington

(Letter layout shortened by IK to fit 1 page)