

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

19 November 2010

Acute Stroke Services, Trauma and Orthopaedic Surgery Pathways in the South Tees Hospitals NHS Foundation Trust - Engagement Process

Purpose of Report

1. The purpose of this report is to update Members on the feedback which the South Tees Hospitals NHS Foundation Trust has received to date from patients and the public on the above developments.

Introduction

2. Members will recall that on 24 September 2010 the Committee considered proposals to change arrangements for Acute Stroke Services, Trauma and Orthopaedic Surgery Pathways in the South Tees Hospitals NHS Foundation Trust. These changes had been discussed with, and approved by, NHS North Yorkshire and York and the practice-based commissioning group for Hambleton & Richmondshire.
3. Under the proposals all stroke patients will be taken initially to the hyperacute service in the James Cook University Hospital (JCUH) in Middlesbrough. After three days or when medically stabilised patients will be taken to the Friarage Hospital, Northallerton (FHN) for continued care and rehabilitation.
4. In respect of trauma (patients who have suffered multiple or severe injuries), care would be centralised at JCUH. The FHN would become an orthopaedic treatment centre for elective procedures and the number of procedures at the FHN will actually increase.
5. Members were informed that both developments are consistent with national policy and there will be no significant impact on Accident and Emergency at FHN.
6. All trauma surgery will, in future, be performed at JCUH. For patients with serious or multiple injuries, they will be taken directly by ambulance to JCUH. For other patients there will be assessment at FHN and then transfer to JCUH if surgery is required. Patients will be returned to FHN for rehabilitation.
7. The Committee resolved to support both sets of proposals but invited Jill Moulton, Director of Planning, and South Tees Hospitals NHS Foundation Trust to report back to the Committee on the results of the engagement process. It should be noted that the process does not end until mid-December but, given that the proposed date for implementation of the trauma changes is January 2011 the Director is anxious to report back to the Committee at the earliest opportunity.

8. A report from the Director is attached is attached as APPENDIX 1.

Recommendation

9. That Members consider the comments the South Tees Hospitals NHS Foundation Trust has received to date as part of its engagement with patients and the public on these developments and offers comments.

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Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE MEETING – 19 NOVEMBER 2010

REDESIGN OF ACUTE STROKE CARE AND TRANSFORMING TRAUMA AND ORTHOPAEDIC SURGERY - PUBLIC ENGAGEMENT PROCESS

1 Purpose of the Report

The purpose of the report is to brief members of the Health Scrutiny Committee about the feedback received to date from the Public Engagement process, outlined at the Committee Meeting held on 24 September 2010.

2 Background

Two papers were presented to the Health Scrutiny Committee on 24 September 2010 detailing the proposals for the Redesign of Acute Stroke Care and Transforming Trauma and Orthopaedic Surgery (provided again at appendices 1 and 2) and clinical colleagues were present to answer clinical queries.

A public engagement process has since been undertaken as outlined in the attached papers, inviting comment from local authorities, Members of Parliament, the Local Medical Committee, Practice Based Commissioning groups, local organisations, Parish Councils and LINKs groups. There has also been media coverage of the changes via

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| - Northern Echo | - Darlington & Stockton Times |
| - Yorkshire Post | - Evening Gazette |
| - Radio Tees | |

The changes are detailed on the front page of the Trust website and have been covered in our newsletters, including those sent to the 4,000 members of the Foundation Trust.-

Representatives from the Trust attended a 'target' event held on 2 November 2010, hosted by the Hambleton & Richmondshire Practice Based Commissioning Group, which was attended by representatives of all GP practices where the proposals for stroke and trauma services were debated and strongly supported.

The Trust would like to acknowledge the invaluable help and support from Richmondshire District Council and Hambleton District Council and North Yorkshire LINK in the distribution of the consultation information.

The table below details the responses received to date. Where concerns have been raised the majority related to travel timescales and the need for early intervention particularly in the case of stroke patients and the Trust has provided written reassurance that in developing the proposals for stroke services the journey times for the residents of Hambleton and Richmondshire have been taken into account. Patients who are eligible for thrombolysis (clot busting drug) have been diverted to the James Cook University Hospital (JCUH) site since July 2009, with positive feedback from patients. Getting to hospital quickly is very important for the 10-15% of patients who will benefit from thrombolysis. The window for administering these drugs is 4.5 hours from the onset of the stroke so any extra journey time in getting to JUCH (estimated as being, on average, thirty minutes) is not detrimental.

The Trust will continue to respond to comments received in respect of these proposals and to offer explanation and reassurance about the background to and impact of the changes.

Proposed Service Changes for Stroke & Trauma - Log of comments resulting from engagement plan

DATE RECEIVED	FROM	METHOD OF CONTACT	TOPIC RAISED – STROKE SERVICES	TOPIC RAISED – TRAUMA SERVICES	TOPIC RAISED – NHS GENERAL	RESPONSE DATE
8.10.10	Private Individual	Tel Call	Concern re travel time and possible delay in administration of drugs	Military view of changes	NHS cutbacks in general & effect on rural services	15.10.10 and 22.10.10
12.10.10.	Private Individual	Email		Query provision of surgery to patients with raised BMI		21.10.10
12.10.10	Parish Council	Letter	Broadly supportive. Query re actions to improve detection of TIA and referral times.	Broadly supportive Concern over timescale for assessment & treatment of elderly patients with fracture.		18.10.10
13.10.10	Private Individual	Email	Concern re travel time and possible delay in administration of drugs			21.10.10
13.10.10	Private Individual	Email	Concern re travel time and possible delay in administration of drugs		General dissatisfaction with perceived lack of investment at FHN	22.10.10
19.10.10	Private Individual	E-mail	Concern re travel time and possible delay in administration of drugs			21.10.10
20.10.10	Private Individual	Letter	Praised services – personal experience of excellent system working as it should.	Welcomed proposal and drawing attention to work done by the Trauma Csar Keith Willets.		25.10.10
3.11.10	Town Council	Letter	Support for changes to service.	Support for changes to service		
3.11.10	Parish Council	Letter	Support for integrated TIA	Proposal for centralisation of expertise for major trauma & multi discipline treatment supported.	Concerns raised about the distance from isolated community and possible delays in treatment.	
5.11.10	Private Individual	Letter	Support for service change.	Concern at proposed changes.		
8.11.10	Private Individual	E-mail	Concern re travel time and possible delay in administration of drugs			

3 Next Action

Plans for implementation of the changes to the Trauma & Orthopaedic Surgery Pathway in January 2011 are continuing as set out in the paper presented to the September meeting of the Health Overview & Scrutiny Committee. The changes to Acute Stroke Pathway are planned to be implemented from 1 April 2011. The Trust is in active discussion with the ambulance services about implementation.

4 Summary

The members of the Health Overview & Scrutiny Committee are asked to note the comments received so far. If the Committee feel it appropriate we will, at the end of the engagement period, provide details of all comments received and responses given.

**Jill Moulton
Director of Planning
November 2010**