North Yorkshire County Council

Scrutiny of Health Committee

7 September 2012

Mid Yorkshire Hospitals NHS Trust – Clinical Services Strategy

1. PURPOSE OF THE REPORT:

1.1 To update Members on the work that is continuing to develop a new Clinical Services Strategy for the Mid Yorkshire Hospitals NHS Trust. The report provides an update on work that has taken place since the Trust was last represented at the committee on 27 January 2012.

2. BACKGROUND

2.1 Following the completion of a reconfiguration of specialist services at Mid Yorkshire Hospitals NHS Trust, the National Clinical Advisory Team recommended in June 2010 that further proposals should emerge regarding the reconfiguration of emergency services at Pontefract and consolidation of acute surgery, paediatrics and consultant led maternity services. This position was reinforced by an SHA commissioned review in autumn 2011

2.2 Work commenced during 2011 and lead to the publication of five emerging options for change in October 2011. Extensive work was carried out with stakeholders between October and December 2011 to develop options for consultation. This included in-depth work with patients in services where changes were potentially being considered as well as activities to gain feedback from the wider public and other key stakeholders. These included:

- Focus groups
- Questionnaires and patient interviews (475 responses)
- Meetings with LINks, MPs and local councillors
- Media coverage to explain the process and generate feedback via website, email and dedicated telephone line.

The key findings were summarised in a report which was shared with stakeholders. These included:

- People prefer not to travel for more than 30 minutes but if they do, they want services to run on time and systems to work smoothly
- Current quality of services expected to be maintained or improved
- If specialist services are relocated then expected be on a like for like basis.
- People are accustomed to provision in certain locations or patterns and therefore need to be convincible of need for change of potential improvements to be gained by change.

One outcome was the decision not to move spinal injuries from Pinderfields and the need for plans to include transformation beyond just the hospitals.

2.3 In February 2012 The Mid Yorkshire Hospitals NHS Trust reported that it was predicting an end of year financial deficit of £19.7 million. This included a £7m shortfall on the savings target of £31m for 2011/12 (£24m of savings were achieved, which compares favourably with other hospitals). The settlement of a large employment tribunal resulted in a further £4.4 and more doctors and nurses had been required to staff the new hospitals in Pontefract and Pinderfields than originally planned, costing an extra £6m. An additional £2.3m was also spent on meeting access targets for A&E, inpatients and cancer.

2.4 When the full extent of the financial challenge at The Mid Yorkshire Hospitals NHS Trust became clear it was necessary to revisit the initial options. The historic and current financial challenges facing Mid Yorkshire Hospitals cannot be resolved by reducing costs alone. The Clinical Services Strategy therefore needs to deliver services that are both clinically and financially sustainable. This work is taking place alongside a programme to deliver cost savings and increase productivity

3 CLINICAL SERVICES STRATEGY

3.1 The principles of the new Clinical Services Strategy are as follows:

- This is a new strategy which is looking forward. It will reflect the current needs of our population and may be a departure from commitments made in the past.
- Patient safety, quality of care, clinical outcomes and patient experience remain the paramount considerations. Options must also facilitate the delivery of performance and financial sustainability.
- Timeliness of treatment is our first priority and services provided will be viewed as an organisation wide resource.
- The strategy will provide health care in the most appropriate setting, focussing on alternatives to hospital admission.
- The current distribution of services may change.
- Specialist centres should be developed to meet the needs of the Mid Yorkshire population.
- Unplanned transfers between the Trust's sites should be minimised.
- The configuration of options should require minimal capital spend.
- Options must make the best use of estate and capacity.
- Partnerships with other providers will be developed where this is advantageous to maintain standards or support patient choice.

3.2 A stakeholder conference on 22 June was attended by more than 100 people from the Hospital Trust, PCT Cluster, Wakefield District and North Kirklees Clinical Commissioning Groups, GPs, LINks and other patient engagement groups attended. Members of the Joint Wakefield and Kirklees Overview and Scrutiny Committee were present to observe but not contribute to the process. They discussed and agreed the ranking and weighting of non financial benefit

criteria to be used. These were ranked as follows with Clinical outcome/patient experience the most important criterion.

- Clinical outcome/patient experience
- Efficiency & productivity
- Promotes care closer to home
- Staff recruitment and retention
- Safe travel times
- Use of buildings

3.3 Two new options were published in July 2012 and are currently being discussed with stakeholders and the public. The detail of the two options compared to the current configuration of services is shown in Appendix A.

3.4 Option One – This option is the minimum level of change required in order to make services clinically safe and sustainable. It involves a change in the designation of Pontefract A&E to a Type 3 department and a consolidation of services at Pinderfields including consultant led maternity services, inpatient services for children and acute surgery. It also includes more care being delivered closer to home where appropriate.

3.5 Option 2 – This is a more radical option that delivers both clinical and financial viability. It involves separating acute and complex care from planned procedures and diagnostics where possible. All complex and emergency services would be at Pinderfields along with consultant led maternity services. The designation of both Pontefract and Dewsbury A&E department would change to Type 3. The majority of planned surgery and treatments along with outpatients, diagnostics and rehabilitation would be done at both Pontefract and Dewsbury hospitals. More care delivered closer to home would also be required.

3.6 An Option Appraisal Workshop on 10 July was attended by 44 people including a good representation from all the clinical specialties plus Clinical Commissioning Groups and PCT representatives, member of LINks and patient and public representatives. There was an emerging view of consensus support for Option 2 which scored 30% higher without the weighting of the benefit criteria and over 50% higher with weighting. The option appraisal process consists of a combination of the quality scoring, financial appraisal and risk analysis.

3.7 The clinical case for change is supported by a number of reports including the Royal College of Emergency Medicine's 'The Way Ahead 2008-2012 – Strategy and Guidance for Emergency Medicine in the United Kingdom and the Republic of Ireland' and The Royal College of Surgeons 'Emergency Surgery – Standards for Unscheduled Surgical Care- February 2011'.

4 IN YEAR CHANGES

4.1 Opportunities to make some service changes in advance of the main Clinical Services Strategy were identified during the summer and a shortened period

of public engagement on these was agreed with the Joint Health OSC for Kirklees and Wakefield. These proposed changes would aim to resolve current pressures that are affecting patient experience and help to create capacity in the right places to respond to winter pressures in the hospitals. These can be delivered without compromising the future pattern of services.

4.2 The proposed 'in year' changes would see the development of a specialist ophthalmology and orthopaedic elective treatment centres at Pontefract and the relocation of the Macular Degeneration service from Clayton Hospital, which is due to close, into Pinderfields. Planned ophthalmology and orthopaedic procedures would continue at Dewsbury.

4.3 The proposals would also see the relocation of the (sub-regional) neurological rehabilitation services to Dewsbury with outpatient clinics being provided at both Dewsbury and Pinderfields.

4.4 The 'in year' proposals enable the Trust to address some of the challenges and feedback received in relation to previous emerging options from the public and GPs – particularly the need to make much better and more effective use of Pontefract Hospital. The proposals would also free up beds in Wakefield for acute (hospital) medical care for Wakefield and Pontefract residents – significantly reducing the need for transfers to Dewsbury in the future.

4.5 The engagement period for the 'in year' changes closed on 16 August and the findings of this will be considered during September.

5 PONTEFRACT A&E

5.1 Members may recall that a decision was taken back in November 2011 as a result of difficulties in recruiting certain middle grade doctors with emergency medicine experience, to put in place a temporary overnight closure of the A&E department at Pontefract.

5.2 As the result of a successful tendering exercise the overnight service will recommence on 3 September using GPs and advanced nurse practitioners specialising in emergency care.

5.3 Transfer of patients requiring a higher level of care than is available at Pontefract will be managed through protocols (as is the case now)

5.4 There have been no adverse clinical incidents since the overnight closure and numbers attending overnight have been low.

6 CLINICAL SERVICES STRATEGY TIMELINE

6.1 The timetable for the work on the Clinical Services Strategy going forward is as follows:

Outline Business Case completed	October 2012
Outline Business Case to Mid Yorkshire Trust Board and the PCT Cluster Board	October 2012
Department of Health's gateway review including Service Change Assurance Process	October/November 2012
Preparation of consultation documents	November/December 2012
Formal consultation	January 2013 to March 2013
Consultation analysis and feedback	April 2013
Clinical Services Strategy and Final Business Case to Mid Yorkshire Trust Board and Clinical Commissioning Group Boards	April/May 2013

6.2 The Department of Health's gateway review will consider whether or not the proposals were safe and sustainable. Reconfiguration proposals must meet four tests before they can proceed:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base; and
- Consistency with current and prospective patient choice.

6.3 The National Clinical Advisory Team will have to agree with any proposals prior to formal public consultation which is scheduled for January 2013.

7. RECOMMENDATION

7.1 Members are asked to consider and note the report.

Ruth Unwin, Director of Development, Mid Yorkshire Hospitals NHS Trust.
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Appendix 1 - Clinical Services Strategy options and services

Please note – the list below is an overview by broad category. It is not an exhaustive list of every specialty.

Current service provision

Dewsbury

- Emergency Department (Type 1*)
- Critical Care
- Elective surgery
- Day case surgery
- Medical Wards
- Rehabilitation (including stroke)
- Children's inpatients (excluding surgery) Consultant Led and Midwife Led Maternity Unit
- Special Care Baby Unit
- Outpatients
- Diagnostic Centre

Pontefract

- Emergency Department (Type 1*)
- Clinical Decision Unit
- Day case surgery
- Short stay surgery
- Rehabilitation (including stroke)
- Midwife Led Maternity Unit
- Outpatients
- Diagnostic Centre

Pinderfields

- Emergency Department (Type 1*)
- Critical Care
- Trauma Centre
- Acute Care facility - all specialties
- Elective surgery
- Day case surgery
- Elective Medicine
- Haematology and Medical Oncology
- Specialist Centres - Spinal Injuries, Burns, Plastics
- Children's inpatients
- Consultant Led Maternity Unit
- Neonatal Unit (intensive care, high dependency care and special care)
- Outpatients
- Diagnostic Centre

Proposed options for Clinical Services Strategy

Option one

Dewsbury

- Emergency Department with children's assessment unit (Type 1*)
- Critical Care
- Elective Surgery (apart from General and Colorectal Surgery)
- Day case surgery
- Medical Wards
- Rehabilitation (including stroke)
- Neuro Rehabilitation Unit**
- Midwife Led Maternity Unit
- Outpatients
- Diagnostic Centre

Pontefract

- Urgent Care Centre, providing urgent care services for minor injuries and minor illness (Type 3 facility*)
- Day case surgery
- Short stay surgery
- Medical ward - Clinical Decision Unit and Medical Investigation Unit facility Rehabilitation (including stroke)
- Midwife Led Maternity Unit
- Outpatients
- Diagnostic Centre
- Emergency Department (Type 1*)
- Critical Care
- Trauma Centre
- Acute Care facility - all specialties
- Elective surgery
- Day case surgery
- Elective Medicine
- Haematology and Medical Oncology
- Specialist Centres - Spinal Injuries, Burns
- Children's inpatients
- Consultant Led Maternity Unit
- Neonatal Unit (intensive care, high dependency care and special care)
- Outpatients
- Diagnostic Centre

Pinderfields

- Emergency Department
- (Type 1*)
- Critical Care
- Trauma Centre
- Acute Care facility - all specialties
- Elective surgery
- Day case surgery
- Elective Medicine
- Haematology and Medical Oncology
- Specialist Centres - Spinal Injuries, Burns, Plastics
- Children's inpatients
- Consultant Led Maternity Unit
- Neonatal Unit (intensive care, high dependency care and special care)
- Outpatients
- Diagnostic Centre

Option two

Dewsbury

- Urgent Care Centre, providing urgent care services for minor injuries and minor illness (Type 3 facility*)
- Elective surgery (not requiring Critical Care)**
- Day case surgery
- Medical wards – Clinical Decision Unit, Medical Investigation Unit, Step up
- Rehabilitation (including stroke)
- Neuro Rehabilitation Unit**
- Midwife Led Maternity Unit
- Outpatients
- Diagnostic Centre

Pontefract

- Urgent Care Centre, providing urgent care services for minor injuries and minor illness (Type 3 facility*)
- Day case surgery
- Short stay surgery**
- Medical ward - Clinical Decision Unit and Medical Investigation Unit facility
- Rehabilitation (including stroke)
- Midwife Led Maternity Unit
- Outpatients
- Diagnostic Centre
- Emergency Department (Type 1*)
- Critical Care
- Trauma Centre
- Acute Care facility - all specialties
- Complex surgery
- Day case surgery
- Complex elective medicine
- Haematology, Medical Oncology
- Children's inpatients
- Consultant Led Maternity Unit
- Neonatal Unit (intensive care, high dependency care and special care)
- Specialist Centres - Spinal Injuries, Burns
- Outpatients
- Diagnostic Centre

Pinderfields

- Emergency Department
- (Type 1*)
- Critical Care
- Trauma Centre
- Acute Care facility - all specialties
- Complex surgery
- Day case surgery
- Complex elective medicine
- Haematology, Medical Oncology
- Children's inpatients
- Consultant Led Maternity Unit
- Neonatal Unit (intensive care, high dependency care and special care)
- Specialist Centres - Spinal Injuries, Burns
- Outpatients
- Diagnostic Centre

***What do we mean by Type 1 and Type 3?**

• Type 1: a consultant-led 24 hour service with full resuscitation facilities.
• Type 2: a consultant -led single specialty accident and emergency service (e.g. ophthalmology, dental).
• Type 3: other types of urgent care centre, such as minor injuries units or walk-in centres. A type 3 department may be doctor-led or nurse-led. It may be co-located with a major A&E or sited in the community. The range of diagnostic facilities (e.g. x-ray, blood testing, fracture clinics) may vary.

****Changes to services being proposed ahead of long-term options**