

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

12 June 2015

Developments at Scarborough Hospital

Purpose of Report

1. The purpose of this report is to provide an opportunity for the Scrutiny of Health Committee to be updated and to offer comment on developments taking place at Scarborough Hospital.

Introduction

2. Simon Cox, Chief Officer, Scarborough and Ryedale Clinical Commissioning Group and representatives from the York Teaching Hospital NHS Foundation Trust will be attending the meeting to give a verbal presentation on developments taking place at Scarborough Hospital and to respond to Members' questions.
3. Recent developments in relation to Hyper-Acute Stroke Services, Neurology Services and the Urology Diagnostic Service are covered in APPENDICES 1, 2 and 3 respectively.

Recommendations

4. That Members offer comment on the developments taking place in Scarborough Hospital.

Bryon Hunter
Scrutiny Team Leader

County Hall
Northallerton

02 June 2015

Temporary changes to hyper-acute stroke services at Scarborough Hospital

This briefing has been prepared to inform you of temporary changes to the treatment and care of acute stroke patients in the Scarborough and Bridlington area. The following organisations are involved in implementing these changes:

- York Teaching Hospital NHS Foundation Trust (the provider of stroke services)
- NHS East Riding of Yorkshire CCG
- NHS Scarborough and Ryedale CCG

What is changing?

Patients who suffer a stroke in the Scarborough and Bridlington area will now receive hyper acute stroke care (typically the first 72 hours of care) at York Hospital rather than Scarborough Hospital.

This means that all patients who suffer a stroke in the Scarborough and Bridlington area will be transported by ambulance to York Hospital to receive specialist acute care. Patients who are within an appropriate distance of Scarborough Hospital will first be taken there for assessment and, if stroke is confirmed, given clot busting drugs (thrombolysis) before being transferred to York. Patients within an appropriate distance of York Hospital will be taken there directly for thrombolysis and subsequent treatment.

Why is this change necessary?

The need to introduce this measure has arisen from challenges with recruiting replacements for stroke consultants currently working at the hospital who are due to retire in June. Despite a number of attempts to find replacements since 2013, only one consultant has recently been recruited. This means that a hyper-acute stroke service cannot be provided due to the need for seven day per week consultant cover.

It would not be clinically safe to provide acute care to stroke patients without this level of consultant cover.

When will the change take effect and how long will it remain in place?

Stroke patients will start to be diverted to York Hospital from early July. This arrangement will remain in place until we have successfully recruited the required number of stroke consultants to provide a safe service.

In the meantime, we will continue with our recruitment campaign.

How long will patients remain at York Hospital?

Hyper-acute stroke care is typically needed for around 72 hours after a stroke has been confirmed.

Once medically stable, patients will be transferred back to Scarborough Hospital to receive the appropriate level of rehabilitation.

What will happen to patients who have a stroke mimic?

A stroke mimic is when a patient is suspected of having a stroke but following assessment, is proven otherwise. Patients who are initially assessed at Scarborough Hospital and are discovered to have had a stroke mimic, will not be transferred to York Hospital.

How will these changes be monitored to ensure patients receive the care they need?

We will continually monitor the impact of these changes to ensure stroke patients receive the best possible care and treatment.

Who can we ask if we have further questions?

If you have further questions regarding these changes, please contact:

alextrwhitt@nhs.net

Stakeholder update: neurology services

The purpose of this briefing is to provide you with information regarding short to medium term changes to the neurology outpatient service for York Teaching Hospital NHS Foundation Trust. The approach has been agreed between York Teaching Hospital NHS Foundation Trust, the current provider of this service, and NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, who are the commissioners.

What is changing?

The neurology outpatient service will be delivered from York Hospital, with a single point of access for all referrals coming in.

This affects patients from the following CCG areas:

NHS Scarborough and Ryedale CCG
NHS East Riding of Yorkshire CCG

This is a short to medium-term measure which is necessary to continue to deliver a service across the Trust's patch.

For inpatients, the neurologists would provide telephone advice to Scarborough doctors. They are able to access scans and blood results electronically and, based on the number of referrals and type of referrals seen, they are clear this would be a safe and workable solution. A rota will be introduced to enable the consultants to provide one full day session at Scarborough for inpatients every Thursday.

Why is this change necessary?

Referrals to Scarborough and York Neurology services have risen by around 10 percent every year for more than a decade. The increasing frequency of certain conditions (Parkinson's disease, spinal and other degenerative disorders and dementia) in the ageing population is having a significant impact on the demand for the service.

Neurology services have been successfully integrated across York and Scarborough Hospitals since 2012, and delivered on both sites. However, due to medical staffing constraints, in recent months at Scarborough the service has only operated for two days a week. This is having an impact on waiting times and, potentially, clinical outcomes due to delays in reviews and treatments.

Although the recruitment of consultant neurologists has been a long-standing issue both locally and nationally, the problem has been further compounded by recent developments whereby two consultants left their posts and one retired in April 2015, leaving three vacant consultant neurologist posts. The Trust advertised in September 2014 and January 2015 and had no suitable candidates to shortlist with the relevant, skills, knowledge and experience.

This is not about saving money or reducing services, as there is funding available for additional consultants, however the shortage nationally of consultants with the necessary specialist skills means that the current staff within the neurology department are being placed under significant pressure that is simply not sustainable.

Our priority is to ensure that patients who need to be seen by a highly skilled specialist can do so as quickly as possible, and the only way to do this within the current resources is to centralise the service to a single location.

When will it happen and how long will it be in place?

It is proposed that from the week commencing 6 July 2015 outpatient activity will move to York. The Trust will continue to seek to recruit to all vacant posts, with a view to returning to a locally-delivered service in Scarborough as soon as possible.

Why can't services be centralised at Scarborough Hospital rather than York?

This option was considered as part of the discussions regarding the service, however after careful consideration York Hospital was decided upon as the preferred location for several reasons.

There are already dedicated inpatient beds for neurology and an existing neurology outpatients department at York Hospital, which includes neurophysiology services, sleep services, and a gym for rehabilitation purposes. There are no dedicated neurology beds at Scarborough Hospital, and clinics are undertaken in the main outpatient department.

Creating the additional facilities at Scarborough Hospital would require the movement of other services to accommodate the beds required or capital investment to build a new facility. Furthermore, the number of patients accessing services at York (2195 a year) compared with those accessing services at Scarborough Hospital (665 per year) would mean that far greater numbers of patients overall would be travelling for appointments if the service was in Scarborough.

What are the next steps?

The Trust will continue to seek to recruit to all vacant posts and if successful would review the service again with a view to delivering a service locally in Scarborough as soon as possible.

Whilst continuing with recruitment efforts, the Trust is also exploring other ways to support the service including the use of middle-grades, Advanced Care Practitioners, and specialist nurses.

Who can I ask if I have further questions?

If you have any questions about this briefing please contact Lucy Brown, Head of Communications, York Teaching Hospital NHS Foundation Trust: lucy.brown@york.nhs.uk



Proposals for one-stop urology diagnostic service

The three Clinical Commissioning Groups (CCGs) covering Scarborough, Ryedale, York and East Riding of Yorkshire are working together with York Teaching Hospital NHS Foundation Trust to review the urology diagnostic service.

This service is currently provided by York Teaching Hospital NHS Foundation Trust from Scarborough, Bridlington, Malton, York, Whitby and Selby Hospitals with around 3,500 patients accessing it each year. To cope with increasing demand for urological diagnostics as a result of an ageing population and successful public health campaigns encouraging patients to get symptoms checked, we are proposing to change the way this service is provided. This will ensure the service is able to manage the increasing number of patients requiring urology diagnostic tests in the future, whilst also improving patient experience by providing a one-stop-shop.

We are writing to inform you of these proposed changes along with our approach for obtaining feedback from patients who have accessed the service in the past to ensure it is fit for purpose.

Typically, patients currently accessing the service will require up to three separate appointments at one of the hospitals mentioned above. This proposal will mean that from February 2016, all patients who are referred to the urology diagnostic service will have their appointment at Malton Hospital.

The main difference, however, is that the new service will be a one-stop-shop, meaning that the majority of patients will only require one appointment and will leave the clinic with a treatment plan.

This is considered to be the 'gold standard' model for urology diagnostics and creates an opportunity to improve patient experience.

Although we appreciate that our proposal may result in longer travel times for some patients, overall, we hope it will be a far more convenient and efficient service due to the reduction in the total number of appointments they need to attend.

Follow-up appointments, surgery etc would continue to take place at the other sites, as they do now.

In order to fully appreciate the impact these changes will have on patients, we are sending a survey to patients who have recently accessed the service to hear about their experiences and whether they agree that our proposal is fit for purpose.

We will use this feedback to help us make a decision about whether to continue with our proposal or change it in light of any issues that are raised.

We will write to you again after this survey is complete to inform you of the outcome and the actions we plan to take. We have included a copy of the survey in appendix 1 for your information.

If you have any questions or would like to share your views on this proposal, please do not hesitate to get in touch.

Appendix 1: Urology patient survey

Dear Sir/Madam

Re: Tell us about your experience of the urology service

We are writing to you because you were recently referred to the urology service provided by York Teaching Hospital NHS Foundation Trust.

We are currently considering making some changes to the diagnostic part of this service and we would welcome your views as to whether you feel they would benefit other people accessing the service in the future.

We would be very grateful if you could take five minutes to complete the enclosed survey and return it to us using the freepost address by no later than Friday 19 June 2015.

Your feedback will help us to ensure that the care and treatment we provide to patients in the future is the very best it can be.

Thank you for your time.

Section 1 – your experience of the service

1. Where did you access the urology service?

- Scarborough Hospital
- York Hospital
- Malton Hospital
- Selby Hospital
- Whitby Hospital
- Bridlington Hospital

2. How many appointments did you have with the urology service?

- One
- Two
- Three
- More than three

3. How did you travel to your appointments? Please tick all that apply.

- Walk
- By car (driver)
- By car (passenger)
- Taxi
- Patient transport
- Public transport
- Other (please state):

4. Approximately how long did it take you to travel to your appointments?

- Less than 10 minutes
- Between 10 minutes and 30 minutes
- Between 30 minutes and one hour
- More than one hour

5. Overall, how would you rate your experience of the service?

- Excellent
- Good
- Average
- Poor

Please explain your answer:

Section 2 – your views on the proposed new service

We are proposing to provide the diagnostic element of the urology service solely from Malton Hospital. This will replace the urology diagnostic services currently provided at the other hospitals listed in question 1. The main difference is that this will be a one-stop-shop, meaning that most patients will only need to attend one appointment. Follow-up appointments, surgery etc will continue to be provided at the other hospitals.

Please answer the following questions based on this proposal.

6. Would providing the urology diagnostic service at Malton Hospital have meant an increase in how long you had to travel to access the service?

- Yes
- No
- Not sure

7. If yes, approximately how much longer would it take you?

- Less than 10 minutes
- Between 10 minutes and 30 minutes
- Between 30 minutes and one hour
- More than one hour

8. Considering that most patients will only have to visit the new service once, do you think this will be an improvement compared to the current service?

- Yes
- No
- Not sure

Please explain your answer

9. If you had to attend your appointment at Malton Hospital, would this have caused you any problems getting there?

- Yes
- No
- Not sure

Please explain your answer

10. Based on your experience of the service, is there anything else we could do to improve it?

11. Any other comments on our proposal?

Section 3 – about you

12. Which of the following best describes where you live?

- Bridlington and surrounding area
- Scarborough and surrounding area
- York and surrounding area

Other (please state):

13. Which GP Practice are you registered with?

14. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

15. What is your sexuality?

- Heterosexual/straight
- Bi-sexual
- Gay/Lesbian
- Prefer not to say

16. What is your partnership status?

- Married

- Single
- Widowed or surviving civil partner
- Registered civil partnership
- Separated, divorced or civil partnership dissolved
- Cohabiting
- Prefer not to say
- Other (please state)

17. What do you consider to be your ethnic group?

- White (British)
- White (other)
- Mixed background
- Asian or Asian British
- Black or Black British
- Chinese
- Prefer not to say

18. What is your religion or belief?

- Christianity
- Buddhism
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say

19. Do you consider yourself to have a disability? If so, please indicate the type of disability or illness you have. You may tick more than one:

- No disability
- Physical impairment** such as difficulty moving your arms or mobility issues
- Wheelchair user
- Sensory impairment** such as being blind or having a visual impairment
- Sensory impairment** such as being deaf or having a hearing impairment
- Mental health condition** such as depression, dementia or schizophrenia
- Long-standing illness or health condition** such as cancer, HIV, diabetes, chronic heart disease or epilepsy Single
- Learning disability or difficulty** (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)
- Prefer not to say
- Other (please state)

Note - *The Equality Act 2010 considers a person to be disabled if they have a “mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. You do not need to be registered disabled.*

Please return your survey to following address by no later than Friday 19 June 2015:

RTJR-UYYB-BCUC, Yorkshire and Humber Commissioning Support, Health House, Great Gutter Lane, Willerby, HU10 6DT

This survey has been produced by Yorkshire and Humber Commissioning Support on behalf of:

- York Teaching Hospital NHS Foundation Trust
- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Scarborough and Ryedale Clinical Commissioning Group
- NHS Vale of York Clinical Commissioning Group