A consultation on proposals for building a sustainable future for the Friarage Hospital

North Yorkshire County Council Scrutiny of Health Committee 13th September 2019



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Hambleton, Richmondshire and Whitby Clinical Commissioning Group

- Part 1 Background to the changes and the clinical models
- Part 2 The consultation and engagement strategy

The Friarage 2017 - 2019

In the summer of 2017 the provider of acute services in our area – South Tees Hospitals NHS Foundation Trust (STHFT) informed us of serious and on-going workforce sustainability concerns that were beginning to impact on service delivery at the Friarage Hospital, Northallerton in a number of clinical areas and specifically relating to:

- Anaesthetics;
- Critical care; and
- Accident and Emergency

Over the following two years we worked with the trust to develop a long term sustainable model for the Friarage Hospital however, events overtook us in March 2019 and, in order to maintain patient safety, the Trust was required to implement urgent temporary changes to critical care and interdependent services at the Friarage on grounds of risk to patient safety. These changes came into effect from 27 March 2019.

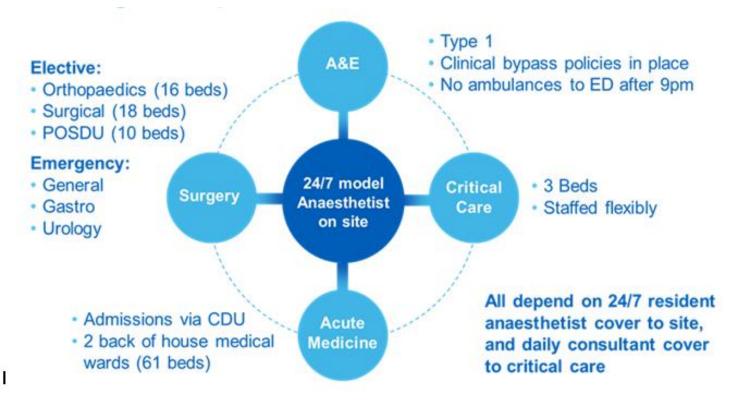
The majority of services at the Friarage remain unchanged, with around nine out of ten patients continuing to be seen there.

Responding to the challenges

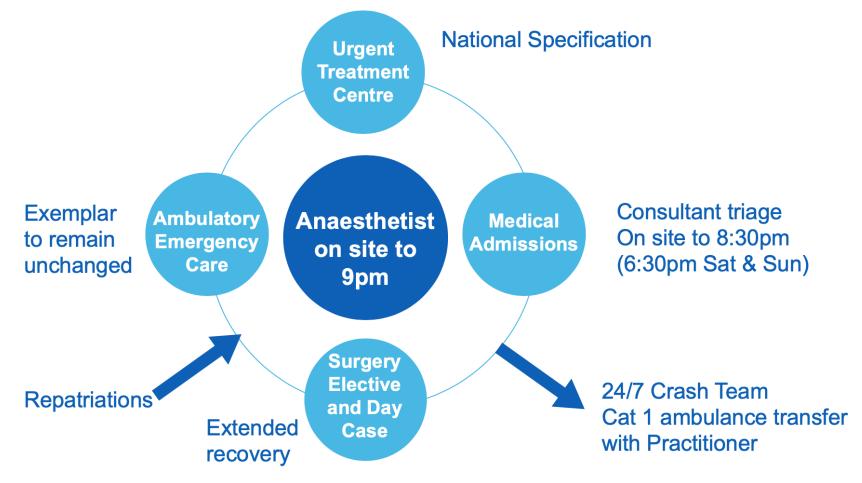
- The workforce challenge
- The population challenge
- The service configuration challenge

The proposals in the consultation address the challenges with a sustainable model to secure the healthy future for the Friarage Hospital

Pre-Urgent Temporary Change Service Model



Friarage Hospital Proposed Sustainable Model



Implementation of the temporary changes

- 27 March 2019, 08:00 Urgent Treatment Centre opened
- Consultant-delivered acute admission and repatriation pathways
- Complex elective surgery transferred to JCUH
- Critical care Level 2/3 flex beds in place
- Actively recruiting and training our workforce
- Communications plan

What does this mean for the population we serve? Modelled impact



90% of inpatients will still have their care delivered at the Friarage site

Activity comparison

- Change is in line with modelling, or reduced impact
- More admissions to Friarage than plan
- Also 21% increase in same day emergency care
- Friarage average midnight bed occupancy 85%

Exceptions:

- Repatriations lower than plan: new processes to be embedded; at times insufficient capacity
- Transfers to JCUH ED: self-presenters at UTC out of scope; at times ED used to avoid delayed transfer to specialty ward

Consultation Options

Developing the options

- The conclusions of clinical conversations and the evidence reviewed is that the most sustainable future for the Friarage results in there being a single option for the inpatient care:
 - A consultant-delivered acute medical take, daily, with Anaesthetic support on site, meeting needs of 75% of current patients admitted as an emergency (medical or surgical), and 90% of all inpatient admissions
 - Medical patients repatriated for care closer to home after their initial assessment and treatment at JCUH
 - Short stay elective surgery: Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, urology and gynaecology, supported with extended recovery in theatres to enable safer surgery for more complex patients
- This proposal fits with the CCG's strategic direction to provide care closer to home, with a particular focus on frailty and rehabilitation. The existence of the Friarage enables much of this to be provided within the geographical footprint of the CCG.
- The Urgent Treatment Centre model provides care for the large majority of patients previously treated by the Friarage A&E department, in a safe and sustainable way

Options for urgent care

OPTION 1

A 24 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

OPTION 2

A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 8am to midnight A consultantdelivered acute medical service, seven days a week

- Repatriation of patients to the Friarage for care closer to home
- Elective (planned) surgery for day case and short stay inpatients

Activity comparison for urgent care

In Hours /Out of Hours	Attendances April to June	
Comparison	2019	%
In Hours (08.00-19.59)	3,546	83%
Out of Hours (20.00-07.59)	705	17%
Total	4,251	100%

	Attendances	
Time-	April to June	
band	2019	%
08.00 to 15.59	2,399	56%
16.00 to 23.59	1,594	37%
00.00 to 07.59	258	6%
Total	4,251	100%

Options for Consultation

We will consult on:

- Our vision for building a sustainable future for inpatient care at the Friarage Hospital, and
- How urgent care could be delivered in the future.

The Consultation Process

nondshire and Whitby Commissioning Group

Communication & engagement timetable

Action	End Date
NHSE check point 1	November 2017
Scrutiny of Health committee	Quarterly updates 2017- 2019
Pre-consultation engagement	October – December 2017
Organisational approval of potential options	June 2019
NHSE check point 2	July 2019
Formal consultation on options	September – December 2019
NHSE check point 3	February 2020
Consultation feedback & recommended outcome	March 2020
Service change & mobilisation	April 2020

- Led by HRW CCG and South Tees Hospitals Foundation Trust (STHFT)
- Supported clinically by STHFT
- Positioned with Partners
- Close public & service user involvement

Formal consultation (13 September – 6 December 2019)

There will be a formal consultation period of a minimum of 12 weeks. The consultation will provide:

- Consultation options developed by the CCG and STHFT informed by clinical evidence and pre-consultation engagement.
- Engagement on proposals where no consultation options have been identified.
- Patients, the public and stakeholders with the opportunity to comment on and choose their preferred consultation options developed from the pre-consultation phase.
- The chance to build on any communications and engagement learning from the engagement phase.
- The opportunity for the CCG and STHFT to identify and further target hard to reach groups from the equality impact assessment.

Everyone is invited. It is vital that you book in advance to attend. Please register online or by phone using the contact details below:

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Northallerton	Stokesley	Catterick
10:15am-12:15pm Friday 20th Sept. Town Hall - Upper Hall, High	6:15pm-8:15pm Wed 25th Sept. Stokesley School, Station Road,	2:00pm-4:00pm Monday 7th Oct. Catterick Village Booth Memorial Institute, 32 High St,
Street, Northallerton, DL7 8QR	Stokesley, TS9 5AL	Catterick, DL10 7LD
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Middleham	Richmond	Bedale
2:00pm-4:00pm Monday 14th Oct. Middleham Key Centre, Park Lane, Middleham, DL8 4RA	4:15pm-6:15pm Monday 21st Oct. Richmond Town Hall, Market Place, Richmond, DL10 4QL	10:15am-12:15pm Friday 1st Nov. Drawing Room, Bedale Hall, North End, Bedale, DL8 1AA
Northallerton	Leyburn	Thirsk
6:15pm-8:15pm Monday 11th Nov.	10:00am-12:00pm Friday 15th Nov. Wensleydale RUFC	10:15am-12:15pm Friday 22nd Nov. East Thirsk Community Hall,
Mowbray Suite, 114 High St, Northallerton, DL7 8PP	Cawkill Park, Wensley Road Leyburn, DL8 5ED	Hambleton Place, Thirsk, YO7 1DN
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For more information including a full copy of the consultation document visit **www.hambletonrichmondshireandwhitbyccg.nhs.uk** or telephone the number above.

Analysis, reporting & decision making 6 December 2019 – 31 March 2020

- Collating all consultation feedback for detailed analysis.
- Ensuring all responses have been issued.
- Drafting consultation report document.
- Presenting findings to NHS England, Clinical Senate and North Yorkshire Scrutiny of Health Committee.
- Presenting findings and recommendations to CCG's Governing Body for decision making.
- Communicating the outcome and next steps.
- Presenting the outcome to the North Yorkshire Scrutiny of Health Committee.

Summary

Hambleton, Richmondshire and Whitby Clinical Commissioning Group

- Proven case for change
- Model needs to be sustainable and address workforce issues
- The change has brought about improvements to patient pathways such as short stay surgery, ambulatory care
- Urgent temporary change has enabled model to be tested
- History of consultation and engagement
- Support of Y&H Clinical Senate, independent review (Sunak report)
- NHSE approval to progress to public consultation

Key messages

- Friarage Hospital will not be closing
- 9 out of 10 people will continue to receive healthcare in Northallerton
- An innovative and sustainable model for our hospital - fit for the future
- Enables the balance to be struck between local access and specialist care
- Maximising local access to high quality services
- Supporting older people with care closer to home
- Meeting the needs of the changing population

Thank you

www.hambletonrichmondshireandwhitbyccg.nhs.uk

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