

**NORTH YORKSHIRE COUNTY COUNCIL****SCRUTINY OF HEALTH COMMITTEE****24th September 2010****Proposed developments in service for Stroke Services and Trauma Orthopaedic Services at South Tees Hospitals NHS Foundation Trust**

The two papers being presented for consideration by the Committee relate to developments in the delivery of services for patients requiring access to Acute Stroke Care and services for Transient Ischaemic Attack (TIA) and to Trauma and Orthopaedic Services.

The changes proposed originate in national strategies for stroke and trauma care and are the result of extensive local clinical discussions about how best practice can be achieved for patients. The reason for both papers coming together to the committee is that there are similar implementation dates being sought for both changes – the national timetable for the stroke strategy was for this to be implemented by 2010 but Trusts and PCTs locally are working to March 2011 as a realistic date for the changes being described to the committee, although the Trust's ability to achieve full compliance by this date is heavily dependent on the ability to recruit highly specialist doctors). The Trust is working to planned date of implementation of changes to orthopaedic services of January 2011.

During the Trust's engagement to date with staff and externally there has been a generally positive reaction to the changes proposed. Naturally during discussions with staff, primary care and the PCT there have been some questions about the impact of the changes on the Friarage Hospital given that under both proposals an element of care for patients will in future be delivered at James Cook University Hospital. These questions have been about:

the impact on the viability of Accident and Emergency services at FHN because of the proposed pathway for acute stroke and the diversion of some patients to JCUH and the proposal that trauma surgery is in future undertaken exclusively at JCUH.

Neither change will undermine the viability of A&E services at FHN.

Not all stroke patients are currently admitted through A & E at FHN and the volume change (less than 1 patient per day) is so small that there is no detrimental effect on the service.

For trauma, major trauma (patients with the most serious injuries) will continue to come directly to JCUH in line with current practice. Under the proposed changed arrangements other trauma patients will still be seen in A & E at FHN as they are now and if admission is required, either admitted to FHN or transferred to JCUH.

Maintaining A & E as the front door to the hospital remains a priority for the Trust and the proposals support this aim;

whether the proposed changes have an adverse effect on the Trust's ability to continue to offer stroke and orthopaedic services at FHN in the longer term?

The Trust is planning to invest in more resources for the care of stroke patients at FHN to ensure that the highest standards are met, including more specialist consultant and nursing time. We will continue to provide the same number of stroke beds at FHN after the changes as we do now so that patients can be returned to their local hospital for their care after the very acute element of their treatment is over.

For Trauma services, while emergency treatment will no longer be provided at FHN overall we are planning for the number of patients receiving orthopaedic treatment at FHN to increase, making better use of the existing beds and theatre sessions as a greater proportion of the Trust's elective work will be carried out at this hospital in future. We have recently made some very good consultant appointments into this specialty which will support specialist services in lower limb and in spinal services from FHN. Under the new arrangements there will be more consultants working at FHN. This will also allow us to address concern expressed by General Practitioners that there is continuity of care for patients who have their initial treatment at JCUH and then transfer back to FHN.

We have reassured the PCT that the intention of the changes to orthopaedic services is not to stimulate demand for more elective care and increase their spend. Rather we are planning to ensure that we are providing the right care in the right place and to use resources more effectively. Currently we have to send some patients to private hospitals to receive elective treatment because we cannot always meet the required waiting times. These changes allow us to treat more patients within our own hospitals in a timely way so that we keep more of our income within the Trust and can use this to support the continued delivery of high quality services.

Whether there is an impact of these changes on the long term future of the Friarage Hospital.

As the papers set out, both of these changes reflect best practice in clinical care and provide access to the highest standards of care for patients who are acutely ill. We have had discussions previously with the committee and through public engagement about the centralisation of care into specialist sites for the most severely ill to improve outcomes and these changes reflect the continuation of this trend.

The challenge remains to ensure that we offer excellent local access to a broad range of services at FHN and we remain committed to doing this – whilst both changes involve an element of care being provided at JCUH, there are very positive improvements being implemented which will, overall, improve the quality of service offered at FHN and maintain the role of this hospital as a provider of medical and surgical services for the people of Hambleton and Richmondshire.

We look forward to discussing with the Committee the detail of the two service changes set out in the following papers.

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September 2010**