

Agenda Item 9

 <i>Working for a better future</i>		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust and the Sustainability and Transformation Partnership

Report to:	Health Scrutiny Committee for Lincolnshire
Date:	16 October 2019
Subject:	Impact of Overnight Closure of Grantham A&E

Summary:

Following the inclusion of a reference in the 2018-19 annual report of North West Anglia NHS Foundation Trust (NWAFT), the Health Scrutiny Committee has requested more information on the impact of the overnight closure of Grantham A&E, in the first instance, on Peterborough City Hospital.

The purpose of this request for information is to inform the Committee, when it considers the consultation on the future of Grantham A&E, which is expected in 2020.

Actions Required:

- (1) The Committee is requested to consider and note the information presented in the report, including the assurance from the NHS in Lincolnshire that the impact of the overnight closure of Grantham A&E has been and will continue to be managed until such time as the outcome of the public consultation on Grantham A&E is implemented.
- (2) The Committee is requested to specify any additional information required to inform its response to the consultation on the future of Grantham A&E in 2020.

1. Background

Annual Report of North West Anglia NHS Foundation Trust

As reported to this Committee on 18 September, the 2018/19 annual report of North West Anglia NHS Foundation Trust (NWAFT) included the following extract (page 19):

In addition, the Trust continues to see an increase in the number of emergency patients from Lincolnshire in the evenings, following the reduction of opening hours at Grantham Hospital A&E department, which was implemented in 2016/17.

The increase in PCH A&E Attendances from the Grantham patch is as follows:

	Arrived by Ambulance = No	Arrived by Ambulance = Yes	Total
2017/18	832	385	1,217
2018/19	906	475	1,381

Analysis of the Figures from North West Anglia NHS Foundation Trust

There are four specific questions that need to be answered by NWAFT relating to the above figures, which have been forwarded directly to them:

- (1) What is the NWAFT definition of 'the Grantham patch'? Does it refer to the area covered by South West Lincolnshire Clinical Commissioning Group? Or does it refer to certain NG postcodes only?
- (2) Do the figures above apply to attendances at Peterborough City Hospital A&E between 6pm and 8am, when Grantham A&E is closed? Or do the figures apply to attendances throughout the whole day? (Noting that 'walk in' patients can choose to attend Peterborough City Hospital rather than Grantham).
- (3) How many patients attending Peterborough City Hospital from 'the Grantham patch' could not have attended Grantham A&E in any event, as they required treatment which is not available at Grantham, as it is not covered by the exclusion protocol? (There is more information on the exclusion protocol below.)

- (4) What was the number of patients from 'the Grantham patch' for the two years prior to the closure of Grantham A&E overnight?

The answers to these questions have been sought from NWAFT and will be reported to the Committee when they are available.

Overall Context

To provide overall context, NWAFT had 150,180 A&E attendances in 2017/18 and 160,915 A&E attendances in 2018/19. In 2017/18 46,395 of the attendances arrived by ambulance, with 48,100 arriving by ambulance in 2018/19. However, the 'Grantham patch' is defined; irrespective of the time of arrival; and patient need and choice, each figure quoted by NWAFT in its annual report represents less than 1% of its A&E activity in each of the two years, 2017/18 and 2018/19.

Predictions at the Time of the Grantham A&E Overnight Closure (August 2016)

When United Lincolnshire Hospitals NHS Trust (ULHT) made the decision to close Grantham A&E overnight on the grounds of patient safety, its risk assessment predicted the following:

"Between 18:00 and 08:00 Grantham receives on average 30 attendances (85th centile = 35 attendances). Of these 24 self-present (85th centile = 28) and six (85th centile = 7) are conveyed by EMAS. Analysis suggests that based upon the self-presenters' home postcode their next nearest A&E would be as follows (based on 28 [85th centile]):

Lincoln	50%	(14)
Pilgrim	25%	(7)
Peterborough	8%	(2)
Others	17%	(5)

"The above assumes:

- 1) Patients do not change their self-presenting behaviours which they may do to access a local service. This would limit the impact of the other providers. The staffing model will be able to absorb some increases in hourly presentations above the current levels.
- 2) Out of hours services at Grantham does not expand its presence onsite.
- 3) Additional patients are not absorbed within urgent care services within the South West Lincolnshire CCG footprint.

"Analysis suggests that based upon the patients conveyed by EMAS by their pick up postcode their next nearest A&E would be as follows (based on 7 – 85th centile):

Lincoln	50%	(3)
Nottingham	25%	(2)
Leicester	25%	(2)"

The risk assessment included the following statement:

"The following distribution of patients may present to alternative emergency departments:

- Lincoln 6,178 = 17 additional patients per day
- Pilgrim 2,851 = 8 additional patients per day
- Peterborough 891 = 2 additional patients per day
- Grimsby & Leicester 166 each = 0.5 additional patients per day
- Leicester, Lincoln or Nottingham 1,545 = 4 additional patients per day"

Reports to ULHT Board on Impact of Closure

The Board of United Lincolnshire Hospitals NHS Trust (ULHT) received regular monitoring reports on Grantham A&E. These reports often included the statement from NWAFT on Peterborough City Hospital: "No specific concerns have been raised."

A report to the ULHT Board on 4 October 2016 stated:

"The agreed daily monitoring process remains in place. Based on the data collected up to and including Tuesday 27 September is as follows:

- Daily average attendances at Grantham remains on average c.60 per day. This demonstrates a reduction of 20 attendances a day on the average attendances (80) seen between 1 August and 16 August. This is less than 25 reduction predicted.
- Attendances at Lincoln and Pilgrim remain within normal variation. However Lincoln has seen a spike in general attendances since 12 September. There is no evidence to suggest that this is caused by patients from the Grantham area.
- Analysis of attendances at Lincoln A&E from the Grantham postcodes NG31, NG32 and NG33 suggest that on average an additional four people per day are attending Lincoln. Of these four, two on average arrive by ambulance. This has resulted on average of one additional admission per night at Lincoln from a Grantham resident.
- Daily average admissions at Grantham remain at around twelve compared to a previous average admission rate of 14. This suggests a daily reduction of two admissions a day. This is less than the six predicted. There has been no increase in admissions at Lincoln or Pilgrim.
- No material change in Out of Hours presentations.
- No change in ambulance conveyance rates at Lincoln or Pilgrim. The data, covering a 41 day period since the change, continues to demonstrate that the expected numerical impact is lower than originally thought. However this will remain under close scrutiny."

East of England Clinical Senate Report

In November 2017, at the request of United Lincolnshire Hospitals NHS Trust, the East of England Clinical Senate published its *Review of Accident and Emergency Services at Grantham & District Hospital*. This report included the following statement:

- "4.23 The panel agreed that there was insufficient evidence to form an opinion on whether the closure had had an impact on hospitals outside of the area e.g. Nottingham Queens Medical Centre, Leicester Hospitals and Peterborough City Hospital."

It should be noted that the East of England Clinical Senate's report recommended that ULHT should continue to provide an Accident and Emergency Service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed. All the recommendations in the report were adopted by ULHT. As a result of this decision, no change can take place with the opening hours at Grantham until a full public consultation has taken place and been implemented.

Emerging options for Grantham A&E are included in the *Healthy Conversation 2019* pre-consultation exercise, and a full consultation is expected in early 2020.

Context for Grantham A&E

Grantham A&E, as a type 3 A&E, operates an 'exclusion protocol', which sets out the conditions which can and cannot be treated at its A&E. This exclusion protocol pre-dates the overnight closure in August 2016 and has led to patients from the Grantham area attending other A&Es for treatment of more serious health needs, as defined in the protocol, irrespective of the overnight closure. This is attached at Appendix A for reference.

Position of the Health Scrutiny Committee

The Health Scrutiny Committee for Lincolnshire has previously recorded its opposition to the overnight closure of Grantham A&E, and it is understood that this position is unchanged.

The Committee's most recent consideration of Grantham A&E was on 15 May 2019, when the Committee considered the urgent and emergency care strand of *Healthy Conversation 2019*, which included emerging options for urgent treatment centres, including Grantham. Following the Committee's consideration, the Chairman's letter included the following statement as the Committee's initial view on the emerging option for Grantham A&E:

"Grantham A&E has been closed between 6.30 pm and 8.00 am since August 2016 and recently passed the threshold of 1,000 nights of closure. I would again like to emphasise that this closure was originally made on a temporary basis. The Committee has previously recorded its opposition to the way this

temporary closure has become 'permanent' and its concerns over the absence of A&E facilities in the Grantham and surrounding area overnight.

"Given that the four urgent treatment centres in Lincolnshire listed above [Boston, Lincoln, Louth and Skegness] will be accessible on a 24/7 'walk in' basis, the Committee would like to see the urgent treatment centre proposed for Grantham also to be based on 24/7 'walk-in' access. As Grantham is larger than Louth or Skegness, it would seem logical and equitable for its urgent treatment centre to be accessible on a 24/7 walk-in basis. We would like to see more supporting information for the Lincolnshire NHS's preference for the urgent treatment centre at Grantham to be accessed via 111 between 8.00 pm and 8.00 am.

"The Grantham A&E department is sometimes described as type 3. The Committee is aware of the 'exclusions protocol' which lists conditions which cannot be treated at Grantham A&E. For the purposes of clarity, the Committee would like to see a list of conditions which can currently be treated in Grantham; and a list of the treatments and services which are planned for the Grantham urgent treatment centre. This would enable the Committee and members of the public to be able to compare what services are provided and would be provided in the future.

Position of the NHS in Lincolnshire

The NHS in Lincolnshire reiterates its position that Grantham A&E was closed overnight on the grounds of patient safety. This position was confirmed by the report of the East of England Clinical Senate.

The NHS in Lincolnshire has always acknowledged that there would be an impact on other A&Es arising from the overnight closure, but believes that the extent of the impact is in line with expectations; has been managed; and will continue to be managed by other A&E departments and NHS services, until the outcome of the consultation on Grantham A&E.

Some patients from Lincolnshire have always accessed Peterborough City Hospital even prior to the changes at Grantham.

Lincolnshire's NHS has;

- considered demographic growth at South Holland of 1% and South Kesteven populations 1.1% year on year - <http://www.research-lincs.org.uk/doc-Population-Trends-Lincolnshire.aspx>
- noted that there has been a general trend of increases in A&E attendances locally and nationally.
- noted that there has been an increase in the use of NWAFT A&E from the Grantham area which is above population growth and this is more evident in the hours Grantham A&E is closed; however the trend line is comparable to the increase when Grantham A&E is open.
- noted that when Grantham A&E is closed the mode of arrival at NWAFT is pointing to walk-ins / self referrals as the main driver for A&E activity increases.

- agrees that there has been increased activity at NWAFT, although it is not as high as the level of activity that has decreased from Grantham. Much of the other activity has gone to Lincoln County Hospital or Pilgrim Hospital Boston.

Given population increases, Lincolnshire NHS has concluded this is not unusual and could be considered within the parameters of increases seen generally in A&E nationally.

2. Consultation

This is not a direct consultation item. On 15 May 2019 the Committee considered the emerging option for Grantham A&E, and submitted its initial views on this (set out above). Full public consultation on Grantham A&E is expected in 2020 and the Committee can make a full response to this.

3. Conclusion

The Health Scrutiny Committee is requested to consider and note the information presented in the report, including any additional information made available at the meeting from NWAFT. This report includes an assurance from the NHS in Lincolnshire that the impact of the overnight closure of Grantham A&E has been and will continue to be managed until such time as the outcome of the public consultation on Grantham A&E is implemented.

The Committee is requested to specify any additional information required to inform its response to the consultation on the future of Grantham A&E in 2020.

4. Appendices

These are listed below and attached at the end of the report: -

Appendix A	Grantham and District Hospital – Exclusion Protocol – Emergency Care Centre / A&E (United Lincolnshire Hospitals NHS Trust)
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5. Background Papers

No background papers within the meaning of Part VA of the Local Government Act 1972 were used in the preparation of this report.

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GRANTHAM AND DISTRICT HOSPITAL

EXCLUSION PROTOCOL

Emergency Care Centre / A&E

**Ambulances / GP's SHOULD NOT bring / send these patients to
Grantham and District Hospital A&E department, and Emergency Assessment Unit**

The following Specific Patient Groups

- Fast Positive Stroke
- ST MI
- Gastro-intestinal haemorrhage (fresh blood or melaena).
- Severe abdominal pain and acute abdomen (refer patient directly to Lincoln County.)
- A female of childbearing age with lower abdominal pain.
- A male under 30 years of age with testicular pain.
- A patient with suspected AAA or ischaemic limb needs admission to the on-call Vascular Unit (Pilgrim Hospital)
- All Obstetric and Gynaecological patients except those expecting a normal delivery in the Midwife Managed Unit.
- Head injury – Glasgow Coma Score < 15
- Neutropenic sepsis
- Patients requiring dialysis
- Patients with renal transplants
- Ophthalmological emergencies (e.g. acute glaucoma, Trauma)

Patients with Major Injuries

- All major trauma involving head, cervical spine, chest, abdominal or pelvic injuries.
- All suspected and actual spinal trauma and patients with abnormal spinal neurological examination
- Multiple peripheral injuries involving more than one long bone fracture above the knee or elbow.
- Head injuries with a Glasgow Coma Score < 15
- All gunshot wounds.
- All penetrating injuries above the knee or elbow.
- Scalds and burns covering >15% body surface area.
- Burns to face, neck, eyes, ears or genitalia.
- Electrical burns, significant inhalation injuries or significant chemical burns.

Patients with Significant Mechanism of Injury who need Admission or Assessment

- Ejection from vehicle.
- Death in same passenger compartment.
- Roll over RTA.
- High speed /impact RTA (speed > 30mph, major vehicle deformity, passenger, compartment intrusion, extraction time > 20 mins).
- Motorcyclist RTA > 20mph or run over.
- Pedestrian thrown, run over or > 5 mph impact.
- Falls > 3m.

Paediatric Exclusions

Ambulances / GP's SHOULD NOT bring / send these patients to Grantham and District Hospital A&E department, and Emergency Assessment Unit

- Children requiring Paediatric assessment / Review
- Children with severe Breathing difficulties
- Children with severe asthma
- Children with Severe Bronchiolitis
- Children with biphasic stridor
- Children with Severe Croup
- Children with DKA
- Children with Status epilepsy
- Children who have self-harmed
- Children requiring Mental health assessment

ADMISSION PROTOCOL

A patient MAY be brought to Grantham and District Hospital if they require immediate Airway and/or Breathing resuscitation during daytime hours.

Trauma involving just the peripheral skeleton **MAY** still be brought to Grantham A&E.

For example:

- All suspected shoulder, arm, wrist and hand fractures (including compound [open]).
- All suspected hip fractures.
- All suspected femoral, tibial, ankle and foot fractures (including compound [open]).
- All suspected joint dislocations, shoulder, elbow, wrist, hip, knee, ankle.
- All suspected peripheral soft tissue injuries, sprains, strains, lacerations, haematomata.
- All hand injuries (may require subsequent transfer after assessment).
- Children's suspected fractures. If confined to one area and are haemodynamically stable may be brought to Grantham. (may require subsequent transfer after assessment).

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