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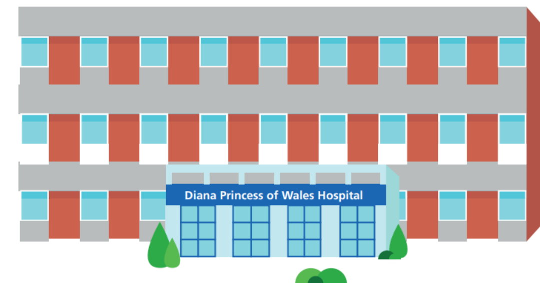
Humber Acute Services

Public Consultation

Lincolnshire Health Overview and Scrutiny Committee

We are consulting with you on changes to some services which are provided at Grimsby and Scunthorpe Hospitals

8th November 2023



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Why hospital services need to change – key challenges

Our doctors, nurses and hospital staff work very hard to provide the best care possible but face many, **increasing challenges**, in particular:

- Having the right **workforce** in the right place, to meet the demand
- Ensuring the future **quality and safety** of some services
- Providing the right care for our growing **ageing population**
- Meeting the **needs of our population**
- Investing in our **buildings**
- Using our **financial resources** in the most efficient way

We are not meeting national clinical standards in some services the way they are organised today

Last year we spent £37m on agency and locum staff filling gaps in rotas

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What we are proposing – A better model of care

The proposal for change seeks to address the challenges we face whilst minimising the impact on patients and staff

Current services are not always meeting the needs of the population and are not set up to do so in the future.

Clinical teams are spread too thinly across multiple rotas and staff are not being given the opportunities to maximise their skills.

Our infrastructure is failing and limits not only what we can change but where the change can take place.

Our proposed changes would improve the quality of care for everyone by ensuring patients are seen 7 days a week by a senior clinician.

Our proposed changes aim to support improved recruitment/retention and introduce new skills.

Our proposed changes maximise the investment of £35m in our two new Emergency Departments.

Our proposed changes **minimise the impact** on our patients, staff and neighbouring health systems.

The majority of patients who currently attend Scunthorpe A&E would continue to receive all their care at Scunthorpe Hospital and would not be affected by the proposed changes.

24/7 Emergency Departments (A&E) would be retained in both Scunthorpe and Grimsby

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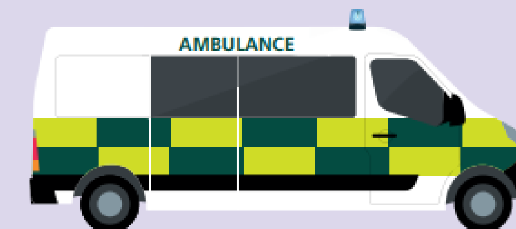
What would stay the same?

Urgent and emergency care for most patients would continue to be provided at **both** Diana Princess of Wales Hospital, Grimsby **and** Scunthorpe General Hospital:

- 24/7 Emergency Department (A&E) with **co-located urgent care service**
- Acute Assessment Unit, Same Day Emergency Care and Short Stay (up to 3 days)
- Overnight (inpatient) care for Elderly and General Medical patients
- Emergency surgery (day case only, *including fractured hips*)
- Paediatric (children's) Assessment Unit (up to 24 hours)
- Critical Care / Anaesthetics
- Obstetric-Led Unit with neonatal care
- Planned surgery
- Outpatient services

There would be **no change to Stroke services** (Hyper-Acute Stroke Unit would continue at Scunthorpe General Hospital)

24/7 Emergency Departments (A&E) would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.



We have recently invested £35 million to build new Emergency Departments and Assessment Units in both hospitals.

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What would change?

To **improve services** for those with the most urgent and complex needs, keeping them **safe** and of **high quality** in the long term, the proposed services would be brought together at one hospital – Diana Princess of Wales Hospital, Grimsby:

- **Trauma Unit** – for people with injuries requiring specialist care (typically brought by ambulance) and might need an operation or observation by a trauma team.
- **Emergency Surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialities (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

✓ Bringing these services together in one hospital would **provide access to dedicated services 24 hours a day, 7 days a week**, with more specialised skills always being available.

✓ This would help us to address critical shortages in workforce by organising our teams more effectively and **help more patients to be seen and treated more quickly** and stay in hospital for less time.

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What would this mean in practice?

These proposals will not impact on the majority of people who require urgent and emergency care, general medical or care of the elderly, who would still be supported at their local hospital.

Sandeep – Cardiology patient

Sandeep has a heart condition that has led to fluid overload. He requires intravenous medication to remove fluid. He would be assessed in the Emergency Department and stay on the general medical ward at Scunthorpe to be looked after by the medical team there.

NO CHANGE

Alexis – Cardiology patient

Alexis comes into the Emergency Department with chest pain. A blood test suggests a possible heart attack (mild). After initial tests and investigations, she would be transferred to the cardiology ward at Grimsby to be treated by the specialist cardiology team.

Proposed Change

Making this change would enable Alexis to be seen and treated by a specialist cardiologist sooner, including at weekends, and stay in hospital for less time.

Bill – Cardiology patient

The ambulance service is called out to Bill's home who is having a major heart attack. The paramedic undertakes an initial assessment of Bill's condition and follows ambulance protocols to take him directly to Castle Hill Hospital for immediate life-saving treatment.

NO CHANGE

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What would this mean in practice?

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Roy – Trauma patient

Roy slips and twists his ankle whilst playing football. His friends bring him to hospital where he is seen and treated in the Urgent Care Service. An X-ray shows that he has fractured his ankle but does not require an operation. Roy is fitted with a plaster cast and will come back to his local hospital to attend the fracture clinic.

NO CHANGE

Jay – Trauma patient

Jay falls from a ladder when cleaning the gutter at home. Jay is conscious and does not have a serious head injury, but the paramedic thinks they may have broken several bones. The paramedic does a thorough assessment and follows triage protocols to take them to the nearest Trauma Unit.

Proposed Change

Making this change would ensure Jay is seen and treated by a specialist trauma team. Jay would be taken to the nearest Trauma Unit, which might be Doncaster, Hull, Lincoln or York.

Sophie – Trauma patient

Sophie is in a high-speed road traffic collision on the A180 and sustains multiple, serious injuries. Emergency services arrive at the scene and undertake initial assessment and stabilisation on scene. She would be taken either by ambulance or helicopter to the Major Trauma Centre at Hull Royal Infirmary.

NO CHANGE

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What would the impact be in Lincolnshire?

Displacement from Scunthorpe General Hospital (based on 2019/20 modelling outputs)						
ICB	Local Authority	Trauma	Emergency Surgery	Specialist Medical Inpatients	Paediatrics Inpatients	Total
Lincolnshire	West Lindsey	61	171	79	73	**384**
	East Lindsey	2	61	5	0	**68**
	Lincoln	1	2	0	1	**4**
	South Holland	0	0	0	0	**0**
	Boston	0	0	0	0	**0**
	South Kesteven	0	0	0	0	**0**
	North Kesteven	0	1	0	0	**1**
	TOTAL (per year)	64	235	84	74	457

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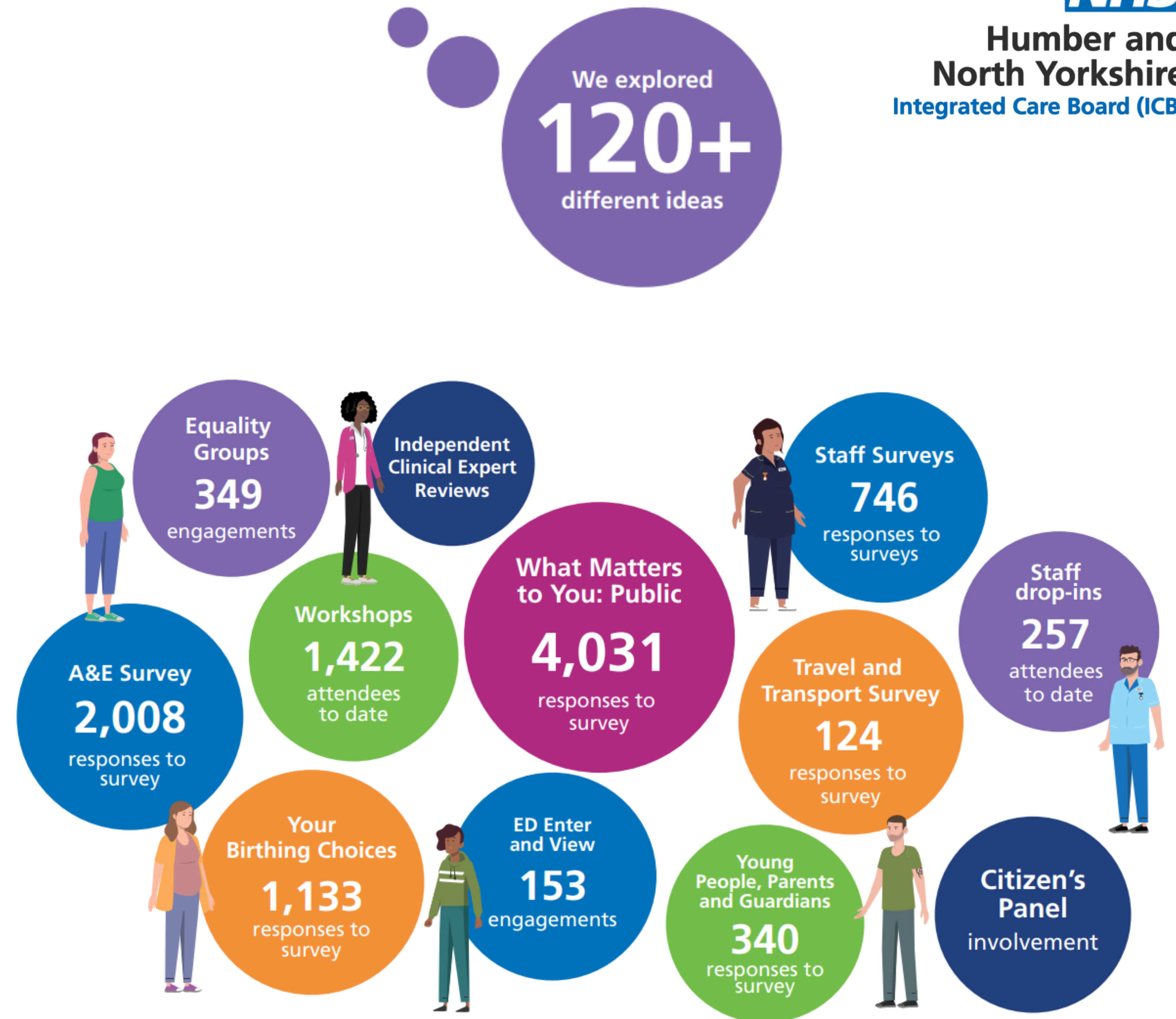
How we arrived at the proposal

In developing the proposal, we **engaged with more than 12,000 people** and explored a wide range of different ideas.

The independent **Clinical Senate** have assessed the proposals and provided their highest level of assurance, highlighting that our current service models are "**Not Sustainable**".

The **Engagement Process** undertaken to date has seen engagement with over 12,000 people and been assured by **the Consultation Institute as being an effective pre-consultation process.**



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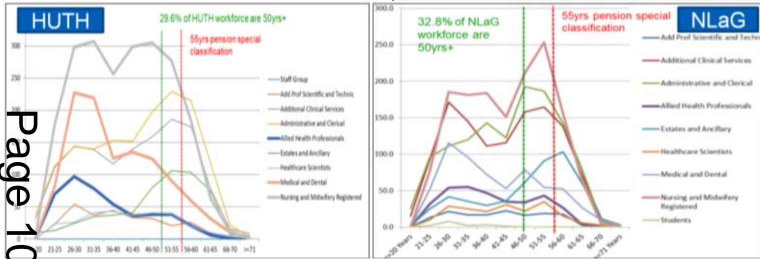
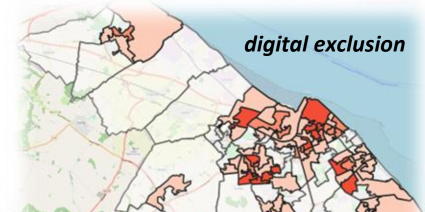
How we arrived at the proposal

The options evaluation has been based upon a strong clinical evidence base and data analysis

Workforce analysis was undertaken to confirm staffing requirements and impacts of change.



Independent clinical reviews were undertaken to ensure models are clinically safe, comply with latest guidance, and will improve outcomes.



Ongoing engagement with local communities informed our **Integrated Impact Assessment** which shows how the models help to tackle **Health inequalities** and plans to mitigate any potential negative impacts.

Activity modelling shows where patients could be displaced to and the potential impact on each hospital (including neighbouring areas).

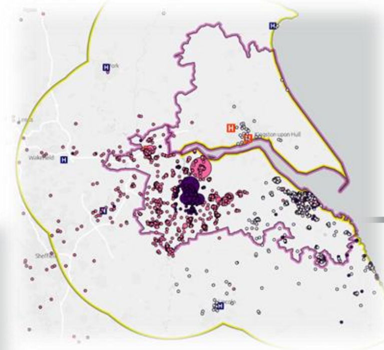
Admission ratio / Length of Stay / bed occupancy scenarios were discussed with neighbouring trusts.

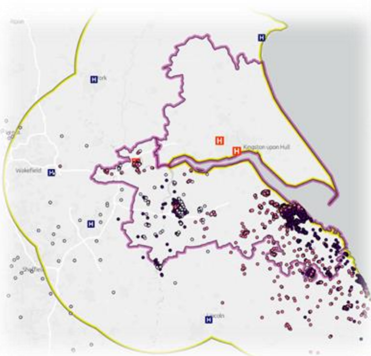
DPoW as the Acute site

Number of patients forecasted to be impacted or a Transfer Condition
red = displaced from their orginal hospital
blue = nearest alternative hospital to access based on post code or transfer condition

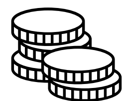
DPoW	SGH	HRI	DRI	LCH	PHB	YTH
375	-788	413	0	0	0	0
0	0	0	0	0	0	0
668	-713	125	0	0	0	0
1,062	-1,069	38	0	0	0	0
610	-666	165	0	0	0	0
2,433	-2,444	27	0	0	0	0
20	-20	0	0	0	0	0
553	-611	64	0	0	0	0
92	-93	4	0	0	0	0
4,770	**-4,903**	**298**	**0**	**0**	**0**	**0**
5,438	**-5,616**	**423**	**0**	**0**	**0**	**0**
91	-1,521	338	1,013	81	0	2
19	-521	72	415	11	0	4
51	-231	19	152	12	0	0
0	0	0	0	0	0	0
935	-935	0	0	0	0	0

Travel impact mapping was undertaken to confirm travel impact for staff, patients and family.





Impact on **blue light ambulances** and requirements for secondary transfers were also modelled.



Financial analysis was undertaken based on workforce modelling to determine financial implications.

Bed modelling and **high-level site surveys** were conducted to determine infrastructure requirements.

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Key issues and impacts – what have heard already

We recognise from our engagement to date that we need to work with patients, staff and partners to **minimise any potential impact** of the change and will continue to do this through consultation and decision-making. **Key questions** raised include:

Travel and access – impact on carers, visitors and families	• Patients would arrive in an ambulance or be taken by free inter-hospital transport. • Established a transport working group to explore alternative local solutions for staff, carers and visitors *e.g., how could we use local authority transport fleet or existing staff shuttle bus differently?*
Discharge from hospital	• We have strong mechanisms for managing discharge flow through integrated discharge hubs. • We will be continuing to work closely with local authorities to make sure that this flow is not impacted so that we do not cause any delays and can get people back to their homes and families quickly.
Contingency planning and major incidents	• Ambulance services would follow existing protocols to deal with major incidents and contingencies such as road closures – the most seriously ill patients would go to Hull (as they do now). • An EPRR (Emergency Preparedness, Resilience and Response) impact assessment has been undertaken and shared with Local Resilience Forum (LRF).
What is the impact on Goole?	• There are no proposed changes to services at Goole Hospital in this consultation • People in Goole who attend Scunthorpe Emergency Department (A&E) could be affected by the changes – we are seeking views from residents in Goole and surrounding areas through the consultation.

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25th September 2023 to 5th January 2024

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How to share your views

We have developed a comprehensive consultation and engagement plan to support our work during the consultation period – this builds upon the exemplary work undertaken on pre-consultation engagement

Identify potentially impacted populations
- Activity
- Public Health
- Travel / Car ownership
- Deprivation / Rurality

Open Engagement
- Consultation Document
- Questionnaire
- Community Roadshows
- Open Exhibitions

Targeted Engagement
- Digital exclusion
- English proficiency
- Seldom Heard groups

Consultation Exhibitions

Thursday 12th October 12 - 8pm
The Courtyard, Boothferry Road,
Goole, DN14 6AE

Monday 16th October 12 - 8pm
Grimsby Town Hall, Town Hall Square,
Grimsby, DN31 1HX

Friday 20th October 12 - 8pm
The Pods, Ashby Road,
Scunthorpe, DN16 1AA

Online deliberative event

Wednesday 6th December 6.30 - 8pm

Drama Workshops

Roadshows

Focus Groups

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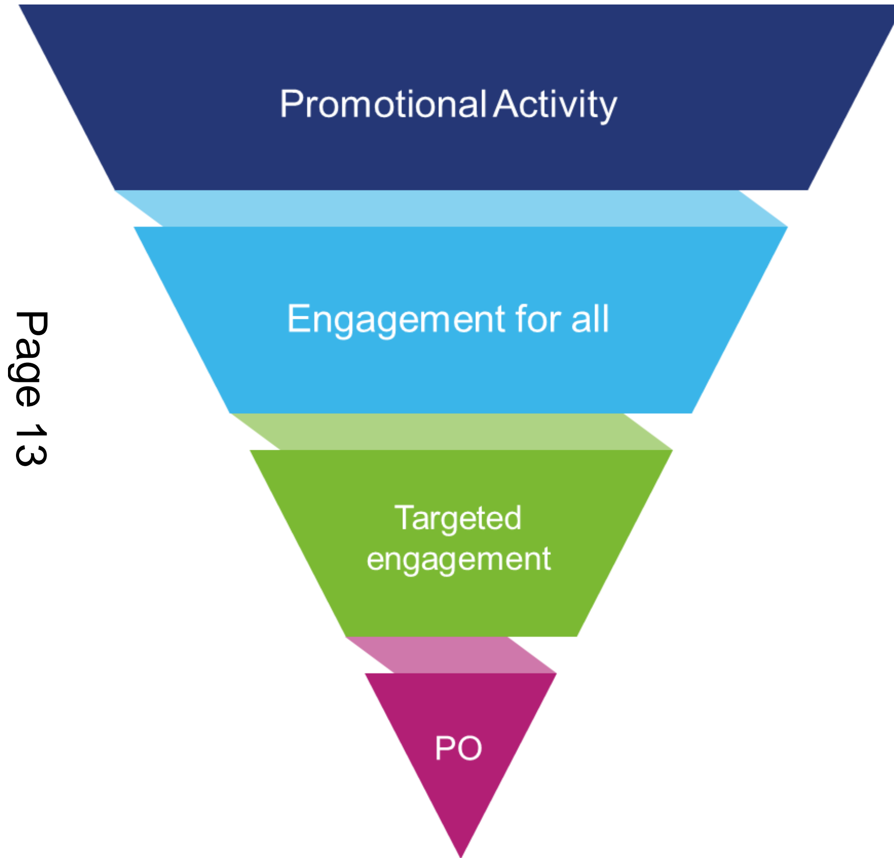
Summary of engagement so far (weeks 1-4)



Summary leaflets and posters delivered to c.120 community locations (libraries, GP practices, children's centres, community groups)

Consultation document and questionnaire shared with c.30 statutory consultees and c.200 VCSE groups and networks (>1000 responses to date)

Media launch and proactive press releases generating coverage in local radio, TV, print and specialist media (>30 articles to date)

Newsletter sent out weekly (c.1000 subscribers)

3x Exhibition Events (Goole, Grimsby and Scunthorpe) – c.200 attendees

3x pop-up engagement roadshows (Goole, Grimsby and Scunthorpe)

3x focus groups undertaken (parents of children with SEND, people from area of high deprivation, carers)

c.11,000 multilingual leaflets delivered to neighbourhoods in Scunthorpe and Goole with low English proficiency

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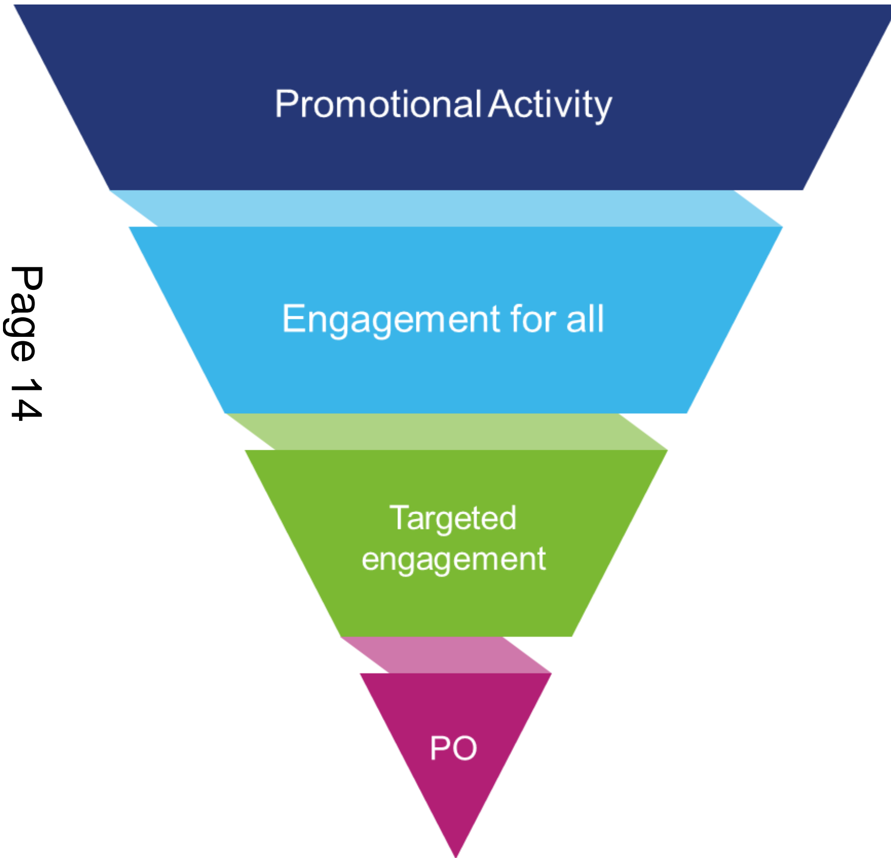
Further engagement planned (weeks 5-12)



Newsletter (continue with weekly newsletter throughout)

Media 're-launch' and proactive press releases – linked to midpoint review (aim to generate further coverage in local radio, TV, print)

Online deliberative meeting

3x additional Exhibition Events (Scunthorpe x2, Gainsborough x1)

c.10x pop-up engagement roadshows (incl. Old Goole, West Lindsey, Isle of Axeholme, Islamic centre, Immingham, Nunsthorpe)

6x focus groups/discussion groups (incl. carers, disabled club, seniors' forum, veterans/armed forces, people with learning disabilities, youth council)

3x promotional engagement in hospital canteens (Scunthorpe, Goole, Grimsby)

3x patient engagement in outpatient areas (Scunthorpe, Goole, Grimsby)

Staff online Q&A meeting

4x drama groups – with children, young people, people with learning disabilities and other vulnerable adults)

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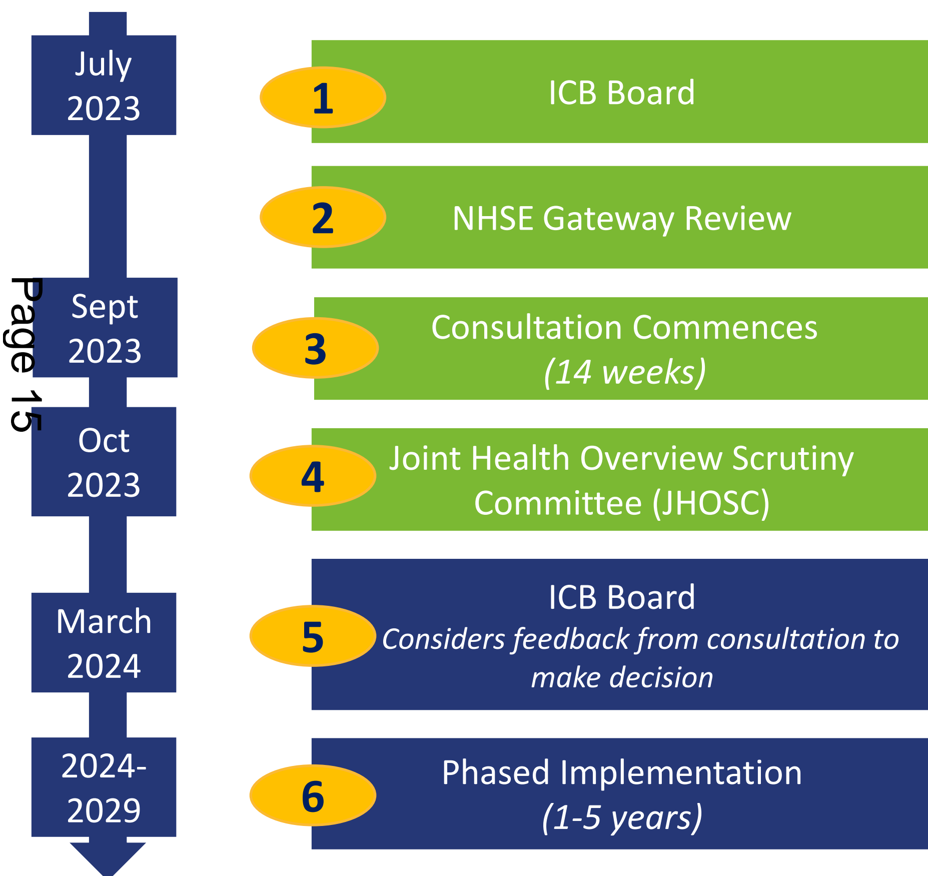
Timeline and next steps

The Consultation process provides a further opportunity for everyone to provide feedback on the proposal



The Consultation provides a wider opportunity to listen to everyone

The Consultation is not a referendum

The final option presented in the Decision-Making Business Case (DMBC) must:

- Deliver sustainable services
- Not destabilise any other health system
- Be affordable – capital and revenue

The final option presented for decision may change following the consultation

The final decision will be made by the Integrated Care Board (ICB)

The final decision could be subject to challenge
Independent Review Panel (IRP)/Secretary of State (SoS)/Judicial Review (JR)

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