

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>23 July 2014</b>
Subject:	<b>Healthy Lives, Healthy Futures – A Consultation by North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups</b>

**Summary:**

On 30 June 2014, North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups launched their *Healthy Lives, Healthy Futures* consultation, which affects the provision of services at Northern Lincolnshire and Goole NHS Foundation Trust. This report gives an outline of the consultation content. The Committee is invited to determine whether it wishes to respond and then to establish a working group to draft a response.

**Actions Required:**

- (1) To determine whether to respond to the *Healthy Lives, Healthy Futures* consultation, on Hyperacute Stroke Services, and Ear, Nose and Throat Services provided at Northern Lincolnshire and Goole NHS Foundation Trust.
- (2) If the Committee determines it wishes to participate, to establish a working group of committee members to consider the consultation in detail, to draft a response to the consultation, which would be confirmed by the Committee at its next meeting on 17 September 2014

## 1. Background

On 30 June 2014, North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups launched a consultation on their *Healthy Lives, Healthy Futures*, which affects the provision of services at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), in particular

Scunthorpe General Hospital, and Diana, Prince of Wales Hospital, Grimsby. The consultation relates to Hyperacute Stroke Services and Ear, Nose and Throat services and the consultation period closes on 26 September 2014.

NLaG is the closest acute hospital trust for 81,000 of Lincolnshire East CCG residents; and for 34,000 of Lincolnshire West CCG residents. In the light of this the Committee may consider that it is appropriate to consider making a response to the consultation.

### Overview of the Consultation

The consultation document is available on the following website: -

<http://www.healthyliveshealthyfutures.nhs.uk/publications/>

The introduction to the consultation document states the following: -

*"Healthy Lives, Healthy Futures is the review of health and social care services in North and North East Lincolnshire. It is led by two Clinical Commissioning Groups (CCGs), North Lincolnshire CCG and North East Lincolnshire CCG, working with all our local health and care partners. The review is linked to similar programmes within the East Riding of Yorkshire and Lincolnshire. This is the first set of services proposed for change that require public consultation. Our programme will continue over the next five to ten years and these consultation areas are part of a much wider piece of work. The review is driven by national best practice recommendations around the services we offer, and is aimed at ensuring that we develop a health and social care system that delivers safe, high quality and affordable services for many years to come."*

*In the spring of 2014 we publically shared our emerging thinking to give people a flavour of the services we're considering changing and what we believed may need to change in the future. The response to this was positive and we immediately started to make service improvements wherever that was possible.*

*At that time we also shared information about three service areas that could result in large scale change, and may require public consultation. These were Hyper-Acute Stroke, Ear Nose and Throat (ENT) Inpatient Surgery and Children's Surgery. We are doing more work to refine options for Children's Surgery, therefore we are not consulting on this now but we do have a clear outline of what we feel needs to change for Hyper-Acute Stroke and ENT Inpatient Surgery. The purpose of this document is to fully explain the options we have considered, what our preferred option are and why we came to that decision.*

The consultation document focuses on two services.

## Hyperacute Stroke Services

The consultation document includes the following information on hyperacute stroke services

### ***"Why we need to change***

*When a person has a stroke we know that the first few hours after the stroke are critical. If the right treatment can be given to the person during these first few hours they will have a much better chance of surviving the stroke and recovering from it.*

*There are two critical time periods after having a stroke:*

- The first 4.5 hours after a stroke are important - during this time some patients may benefit from being given a powerful clot-busting medication that can dissolve the clot that caused the stroke - this is called thrombolysis treatment.*
- The first 72 hours after a stroke are important - evidence shows us that if patients receive the right medication, are monitored very closely and start having therapy treatments they are much more likely to make a better recovery and be less disabled by the stroke in the long term.*

*The treatment that should be given during this first 72 hours is called Hyper-Acute Stroke care. This is the recommendation of national organisations like the Royal College of Physicians (RCP) and the National Institute for Health and Care Excellence (NICE), as well as the Government. We want anyone living in our area that has a stroke to be able to get the right treatment as quickly as possible, any time of the day or night. This means Hyper-Acute Stroke care needs to be provided 24 hours a day, 7 days a week (24/7).*

*To do this we need to have teams of specialist staff working around the clock. We also need to provide the right equipment to help staff make decisions about how best to treat each patient. One of the pieces of equipment that is essential in Hyper-Acute Stroke care is a CT (Computerised Tomography) scanner which takes pictures of the brain. This needs to be available and working 24 hours a day and can only be operated by people with the right training.*

*If any hospital is going to provide Hyper-Acute Stroke care it must be able to do this safely. This means having staff with the right skills and experience who are continually training and practising, making sure they keep their skills up to date by regularly treating patients who have just had a stroke.*

*In November 2013 we temporarily changed arrangements temporarily for Hyper-Acute Stroke care to centralise the service on the Scunthorpe General Hospital [SGH] site and combine the two services that were previously operating at SGH and Diana, Princess of Wales Hospital [DPOW]. We had to do this for safety reasons and it had to be done quickly as recommended by the Keogh review which visited Northern Lincolnshire and Goole NHS*

*Foundation Trust. Before November 2013 Hyper-Acute Stroke care was available at both hospital sites only during weekdays. Since November 2013 it has been available at the SGH site 24/7. Both sites still treat stroke patients after the first 72 hours (i.e. patients from Grimsby are transferred back to DPOW for their on-going care) and Goole District Hospital (GDH) still provides on-going rehabilitation care for stroke patients.*

*We are not the only health community reviewing stroke care. Stroke services are currently being reviewed across the whole Yorkshire and Humber area, and we plan to continue working together on this wider review over the next 2-3 years. As plans emerge, we may need to have further discussions about the future of stroke care in Northern Lincolnshire. In the meantime, we believe that Hyper-Acute Stroke care needs to be available to everyone living in our area and this needs to be available 24/7. We have developed options that will achieve this aim, and fit with the direction of travel we feel the regional review will take.*

### **Options for Hyper-Acute Stroke Services**

*The options we have been looking at for the delivery of Hyper-Acute Stroke care are:*

- S1.** *To have 24/7 Hyper-Acute Stroke care at Scunthorpe General Hospital and Diana, Princess of Wales Hospital, Grimsby.*
- S2.** *To have 24/7 Hyper-Acute Stroke care at Scunthorpe General Hospital only, as it is at the moment.*
- S3.** *To move Hyper-Acute Stroke care to Diana, Princess of Wales Hospital, Grimsby only.*
- S4.** *To move Hyper-Acute Stroke care to another hospital, for example Hull or Doncaster.*

*The number of emergency admissions for stroke from within Northern Lincolnshire during the full year April 2011 to March 2012 was 335 people. A small number of stroke patients from the East Riding and also Lincolnshire have also been treated at Northern Lincolnshire and Goole Foundation Trust.*

*The preferred option is Option S2.*

*There are a number of reasons why Option S2 is our preferred option at this time:*

- We have in place the right number of trained specialist staff at Scunthorpe, the service is working well and patients are getting safe and high quality care, 24/7.*
- Patients and their families who have used Hyper-Acute Stroke services at Scunthorpe have been happy with how they have been treated – we have had positive feedback from patients that have been through the service.*

- *All the equipment we need is at Scunthorpe; there are two CT scanners already on site. Significant investment would be required to move the service to Grimsby which we do not have available.*

*Although the journey times are longer for North East Lincolnshire residents when we have asked local people they have said that they would rather travel further if it means they get a safer, better quality service. As this only affects Hyper-Acute Stroke care the extra journey times are only for the first 72 hours; most North East Lincolnshire patients will go back to Grimsby after this.*

### Ear, Nose and Throat Services

The consultation document includes the following information on Ear, Nose and Throat Services

#### **Why we need to change**

*If a person has a problem with their ear, nose or throat they will usually attend their GP in the first instance. If the GP is not able to resolve the problem for them, they may be referred to the hospital to see a specialist. This will usually start with an outpatient appointment, and could involve treatment at that time, otherwise they may require an operation. ENT surgery is undertaken by a qualified ENT surgeon and a supporting clinical team. Sometimes patients have to stay overnight for their surgery which is called inpatient surgery, but most ENT surgery is done in a single day without the person needing to stay in hospital overnight; which we call day surgery.*

*A small number of people have ENT problems that need to be treated as an emergency. If so, they are most likely to go to an A&E department at their local hospital and if necessary be seen by an ENT specialist. Occasionally a person may need to have an emergency operation. Although most ENT surgery is not an emergency and is planned in advance, there still needs to be a specialist available 24/7 in case an emergency patient comes in or if someone who has had an operation gets poorly while they are still in hospital.*

*At the moment outpatient clinics, day surgery, emergency and planned surgery is available at both SGH and DPOW. The emergency part of the service is shared between senior doctors working at both sites. There are not enough senior doctors to have someone available at both sites all the time, which means there is one senior doctor covering both sites in the evenings and weekends.*

*The ENT surgical team has raised concerns that this arrangement is not as safe as it should be and does not follow national or regional guidance. The ENT specialist doctor covering for emergencies cannot be on both sites at once and alternating sites is not appropriate as a long term service model. This is not popular with staff, and means patients have to be transferred between sites depending on when and where they arrive at A&E. It is important that we have safe, high quality services for all our local residents and this is the reason we need to change how ENT inpatient surgical services are organised.*

## **Options for ENT Inpatient Surgery**

*Over the last few months we have been looking at how ENT Inpatient Surgery care will be organised in the future. The options we have been looking at are:*

**E1.** *To carry on with all inpatient ENT surgery care being available at both sites and with emergencies being covered in the same way as now.*

**E2.** *To move all ENT Inpatient Surgery to DPOW only. Outpatient clinics and day surgery would still be available at both sites. Patients needing emergency ENT care would have to be treated at DPOW.*

**E3.** *To move all ENT Inpatient Surgery to SGH only. Outpatient clinics and day surgery would still be available at both sites. Patients needing emergency ENT care would have to be treated at SGH.*

**E4.** *To move all ENT Inpatient Surgery apart from day surgery to another hospital, for example, Hull or Doncaster. Outpatient clinics and day surgery would still be available at SGH and DPOW. Patients needing emergency ENT care would have to go to another hospital outside our local area.*

Most ENT surgery is undertaken as day case, which is not proposed for change in any of the options.

The preferred option is option 2.

*There are a number of reasons why Option E2 is our preferred option:*

- *It will be a safer way to run ENT inpatient services than the current service, especially when there are emergencies.*
- *Local residents will still be able to have ENT inpatient surgery in our local area if they need it.*
- *More planned and emergency ENT inpatient surgery is done at Grimsby than at Scunthorpe now so moving extra work to Grimsby will be easier and more cost effective than moving extra work to Scunthorpe.*
- *There is more space at Grimsby for extra ENT beds and it will not cost much to set these up.*
- *There will be minimal disruption to other hospital services if ENT inpatient surgery is moved to the Grimsby site.*

*Although the journey times are longer for Northern Lincolnshire residents when we have asked local people they have said that they would rather travel further if it means they get a safer, better quality service. People who have had ENT inpatient surgery do not usually have to stay in hospital for a long time; most people will only stay for one to two nights.*

## **2. Conclusion**

The Committee is invited to consider whether to respond to the *Healthy Lives, Healthy Futures* consultation, on Hyperacute Stroke Services, and Ear, Nose and Throat Services provided at Northern Lincolnshire and Goole NHS Foundation Trust. If the Committee determines that it wishes to participate in the consultation, it is invited to establish a working group of committee members to consider the consultation in detail; to draft a response to the consultation, which would be confirmed by the Committee at its next meeting on 17 September 2014

## **3. Consultation**

The Committee is being asked whether it wishes to respond to the Healthy Lives, Healthy Futures consultation, which has been launched by North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups.

## **4. Appendices – None**

## **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or [simon.evans@lincolnshire.gov.uk](mailto:simon.evans@lincolnshire.gov.uk)