		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 Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 September 2014
Subject:	Healthy Lives, Healthy Futures – Response to Consultation

Summary:

As part of their *Healthy Lives, Healthy Futures* programme, North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups are consulting on proposals for Hyper-Acute Stroke Services and Ear, Nose and Throat In-Patient Surgery in North and North East Lincolnshire. On 23 July, the Committee established a working group to draft a response to the consultation, which is due to meet on 10 September 2014.

Actions Required:

To consider and approve (with any amendments) the Committee's response to the Healthy Lives, Healthy Futures consultation on Hyper-Acute Stroke Services and Ear, Nose and Throat In-Patient Surgery in North and North East Lincolnshire.

1. Details

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. The closing date for the consultation is 26 September 2014.

On 23 July, 2014, the Committee established a working group to draft a response. The working group is due to meet on 10 September and its draft response is attached at Appendix A to the report for the Committee's consideration and approval, subject to any amendments the Committee would wish to make.

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 and approve (with any amendments) the Committee's response to the Healthy Lives, Healthy Futures consultation on Hyper-Acute Stroke Services and Ear, Nose and Throat In-Patient Surgery in North and North East Lincolnshire.

3. Consultation

The Committee is requested to approve a response to a consultation by North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group as part of their Healthy Lives, Healthy Futures programme.


4. **Appendices** - These are listed below and attached at the end of the report.

Appendix A	Draft Response of the Health Scrutiny Committee for Lincolnshire to <i>Hyper-Acute Stroke Services and Ear, Nose and Throat Inpatient Surgery in North and North East Lincolnshire – The Public Consultation Document</i>
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5. **Background Papers** – The following background paper was used in the compilation of this report:

- (1) *Hyper-Acute Stroke Services and Ear Nose and Throat Inpatient Surgery in North and North East Lincolnshire – Public Consultation Document.*
- (2) *Health Needs Assessment ENT Inpatient Surgery and Hyper-Acute Stroke – Service Change Proposals*

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HEALTHY LIVES, HEALTHY FUTURES

Hyper-Acute Stroke Services and Ear, Nose and Throat Inpatient Surgery

Response of the Health Scrutiny Committee to the Consultation

Introduction

The Health Scrutiny Committee for Lincolnshire recognises the importance of the services provided to Lincolnshire residents by Northern Lincolnshire and Goole NHS Foundation Trust, in particular at Diana Princess of Wales Hospital in Grimsby, and at Scunthorpe General Hospital. The Committee understands that a significant number of patients from the Lincolnshire East and Lincolnshire West Clinical Commissioning Group areas fall within the Trust's notional catchment area.

Hyper-Acute Stroke Services

The Health Scrutiny Committee for Lincolnshire supports the proposal to make permanent the relocation of hyper-acute stroke services at Scunthorpe General Hospital.

The Committee recognises that the decision to relocate hyper-acute stroke services temporarily at Scunthorpe General Hospital was implemented in November 2013 in response to the Keogh inspection earlier in 2013, effectively a decision made on the basis of the safety of patients.

As a result of the relocation of these services, ambulance journey times from Louth, Mablethorpe and the surrounding area to Scunthorpe will be longer, compared journey times to Diana Princess of Wales Hospital in Grimsby. This is a particular concern for the Committee, although the Committee has been advised that an ambulance travelling on a blue light would reach Scunthorpe General Hospital in one hour on average from Louth, Mablethorpe and the surrounding area. This would meet with the relevant NICE quality standard.

The Committee also understands that also in accordance with a NICE quality standard, where patients arrive at a specialist stroke centre, they should receive a scan within one hour and where appropriate receive thrombolysis treatment.

Stroke patients would generally stay in the hyper-acute stroke unit for 72 hours, before transferring to ongoing care and rehabilitation. The Committee understands that these services will continue to be provided from Diana Princess of Wales Hospital, and patients will transfer there for this care, where this is closer to their home. However, the Committee is concerned that the families and friends of patients from parts of Lincolnshire will be expected to travel further to visit during the first 72 hours. The Committee has been partially reassured that the *Healthy Lives, Healthy Futures* Programme is looking at the impact of its proposals on transport, and has tried particular journeys on public transport.

The Committee notes that there has been a small capital investment in 2013 of £25,000 to relocate the services to Scunthorpe and the preferred option does not deliver any savings to the Trust overall.

Ear, Nose and Throat Inpatient Surgery

The Committee supports the proposal to relocate Ear, Nose and Throat Surgery from Scunthorpe General Hospital to Diana Princess of Wales Hospital in Grimsby. The Committee accepts the rationale for concentrating surgery on one hospital site.

The Committee notes that outpatient appointments will continue at Scunthorpe General Hospital.

The Committee would like to reiterate its comments relating to transport and accessibility, where services are concentrated on another hospital site, although the transport impact from this proposal would be less as most Ear, Nose and Throat surgery is planned day-case surgery.

We are also aware that the financial effect of this proposal is minimal, as most surgery is already undertaken at the Diana Princess of Wales Hospital site.

General Comments and Conclusion

The Committee is impressed by the content of the consultation document, as each proposal is described clearly and in a way that makes it accessible to members of the public. The consultation document also clearly sets out the options, together with a clear rationale for the preferred option. The Committee is also grateful that other supporting documentation is available on the *Healthy Lives, Healthy Futures* website, which provides further detail for those who require it.

The Committee is supportive of the work being undertaken by the *Healthy Lives, Healthy Futures* Programme in assessing the impact of its proposals on the ability of patients, and their families and friends, to access public transport. This is important in Lincolnshire, with the limited availability of public transport and the distances involved when travelling to hospitals.

Whatever decisions are made on these options, it is important that these services are continually reviewed and assessed, so that they continue to meet with developing demographic needs within the Trust's catchment population. In particular, this would apply to stroke, where the prevalence in East Lindsey is higher than the national average.

The Committee looks forward to participating in further consultations as part of the *Healthy Lives, Healthy Futures* programme.

The Health Scrutiny Committee for Lincolnshire has been established by Lincolnshire County Council to discharge the health overview and scrutiny functions set out in Sections 244-246 of the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. In accordance with regulation 31 of these Regulations, one representative of each of the district councils in Lincolnshire has been co-opted as a member of the Health Scrutiny Committee. Lincolnshire Healthwatch is also represented as a member of the Committee.