



Health Scrutiny Joint Committee

Date: 29 July 2013
Time: 11.30am
Venue: Jim Cooke Conference Suite, Stockton Central Library, Church Road, Stockton-on-Tees, TS18 1TU

Membership

Durham County Council: Councillors L Pounder, W Stelling and R Todd

Hartlepool Borough Council: Councillors J Ainslie, S Akers-Belcher and K Fisher

Stockton-on-Tees Borough Council: Councillors M Javed, N Wilburn and M Womphrey

Agenda

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the meeting held on 11 July 2013
4. Health Scrutiny Joint Committee's draft response to the consultation on the reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust *(to follow)*
5. Any other business which the Chair considers urgent

HEALTH SCRUTINY JOINT COMMITTEE

MINUTES

11 July 2013

The meeting commenced at 9.30 a.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher – Hartlepool Borough Council
Councillor Jim Ainslie – Hartlepool Borough Council
Councillor Keith Fisher – Hartlepool Borough Council
Councillor Mohammed Javed - Stockton-on-Tees Borough Council
Councillor Mary Womphrey - Stockton-on-Tees Borough Council
Councillor Norma Wilburn - Stockton-on-Tees Borough Council
Councillor Robin Todd – Durham County Council
Councillor Lynn Pounder - Durham County Council
Councillor Watts Stelling – Durham County Council

Also Present:

Julie Gillon - Chief Operating Officer/Deputy Chief Executive, NTHFT
Karen Hawkins - NHS Hartlepool and Stockton-on-Tees CCG
Dr Posmyk - Chair, NHS Hartlepool and Stockton-on-Tees CCG
Claire Young, Head of Communications
Dr Jean MacLeod, Clinical Director, General Medicine
Sue Piggott, General Manager, General Medicine
Chris Greaves, General Manager, Critical Care and Anaesthetics
Dr Naranyan Suresh, Clinical Director, Anaesthetics
Dr Stewart Findlay – Durham, Dales Easington and Sedgefield Clinical Commissioning Group

Danielle Martin, Community Participation and Engagement Worker – Healthwatch County Durham
Heather McLean - Healthwatch Co-ordinator – Stockton
Stephen Thomas, Healthwatch, Hartlepool

Officers:

Louise Wallace, Director of Public Health
Joan Stevens - Scrutiny Manager (Hartlepool Borough Council)
Laura Stones – Scrutiny Support Officer (Hartlepool Borough Council)
Alyson Caman – Legal Services Manager (Hartlepool Borough Council)
David Cosgrove – Democratic Services Team (Hartlepool Borough Council)
Stephen Gwilym – Principal Overview and Scrutiny Officer (Durham County Council)
Pauline Temple, Principal Support Officer, OP/PDSI - Durham County Council
Peter Mennear – Scrutiny Officer (Stockton-on-Tees Borough Council)
Judith Trainer – Scrutiny Team Leader (Stockton-on-Tees Borough Council)

Liz Hanley, Adult Services Lead (Stockton-on-Tees Borough Council)
Chris Renahan, Local Transport Plan Manager - Stockton-on-Tees Borough Council

1. Appointment of Chair

Councillor Fisher (Hartlepool BC) was elected Chair of the Joint Committee.

2. Appointment of Vice-Chair

Councillor Javed (Stockton BC) was elected Vice-Chair of the Joint Committee.

Councillor Fisher in the Chair

3. Apologies for Absence

None.

4. Declarations of Interest by Members

Councillor Javed (Stockton BC) declared a personal interest in Minute No. 6 as an employee of Tees, Esk and Wear Valleys NHS Foundation Trust.

5. Protocol for the Health Scrutiny Joint Committee

The Scrutiny Manager drew Members attention to the Protocol for the Health Scrutiny Joint Committee enclosed with the papers which also set out the terms of reference of the joint committee.

Recommended

That the protocol and terms of reference be agreed.

6. Reconfiguration of Emergency Medical and Critical Care Services – North Tees and Hartlepool NHS Foundation Trust (*Scrutiny Manager*)

The Scrutiny Manager indicated that the Joint Committee had been established under the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Hartlepool Borough Council, Stockton-upon-Tees Borough Council and Durham County Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.

The Scrutiny Manager's report briefly set out the changes proposed by the North Tees and Hartlepool NHS Foundation Trust ('The Trust') and included as an appendix the National Clinical Advisory Team (NCAT) report

produced following a review of the provision of Critical Care and Emergency Medical services within North Tees and Hartlepool NHS Foundation Trust. Also attached as an appendix to the report was the consultation document and engagement plan produced by The Trust which aimed to get views on the proposals and to understand concerns about the proposed changes.

Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust were present at the meeting and initially gave a presentation to the Joint Committee setting out the proposed changes to services from both the commissioners and providers perspective.

The presentation outlined the clinical reasons behind the proposal to bring all critical and emergency medical services together at the University Hospital of North Tees. The stated reason for removing critical care from the University Hospital of Hartlepool was that the services would not remain safe for much longer and could not be improved to a level of quality that local people should expect. Emergency medical services must have critical care to support it for patients who become seriously ill and this formed the basis of the proposed changes.

The Trust also indicated that it would wish to make the changes as early as possible to ensure safe services were delivered. Once critical care was centralised Optimal Critical Care management could be provided through the concentration of expertise and services.

The Trust had assessed where the services could be accommodated and concluded that all critical and emergency medical services could not be provided at the University Hospital of Hartlepool site as there was insufficient space. The provision of these services at University Hospital of North Tees would require some reconfiguration. 100 acute medical beds and 5 surgical beds would be transferred from University Hospital of Hartlepool to the Stockton site along with the associated theatre capacity and clinical support. 30 beds would be transferred back to University Hospital of Hartlepool for rehabilitation and a range of elective inpatients could also shift to the Hartlepool site. Some elective surgery may have to remain at University Hospital of North Tees for those patients considered to be high risk.

The presentation set out the likely number of patients that would be affected by the changes. It was anticipated that 95% of the anticipated number of emergency admissions would be affected, some 7775 patients each year. A further 151 elective surgery patients would be affected by the changes. Those patients described as ambulatory care, i.e. discharged on the same day as treatment would be split with around 3000 patients being treated at University Hospital of Hartlepool and 10000 at University Hospital of North Tees.

100 new beds were being created at University Hospital of North Tees to cope with the transfer of emergency and critical medical care. There would

be 4 critical/intensive care beds with a potential 24 extra beds for the 'winter surge' of patients. 12 new places were being created in the Ambulatory Unit at University Hospital of North Tees. The Trust was working with NEAS on how admissions would be dealt with in the future.

The Trust indicated that there was a financial investment of £2.3m to move critical care to University Hospital of North Tees and rehabilitation beds to University Hospital of Hartlepool. This was money that the Trust had to find itself while still making the required budgetary savings. Overall the service would need to be able to show savings through the transfer of two hospitals into the one new site at Wynyard.

Some savings would accrue through changes to staffing rotas and full staff consultation had commenced. Travelling for those staff transferred between the two sites would be a big issue and it was intended that there would be a shuttle bus operating between the two sites to facilitate staff transferring.

The Trust indicated that considerable time had been invested in public meetings around Hartlepool and when explained on a one to one basis most members of the public accepted the reasons for the proposed changes. Both the Trust and the CCG stated that they did wish to hear all views on the proposals. Both were mindful of the impact on transport arrangements for the public and the Trust indicated that it had been working with the Integrated Transport Unit on addressing those impacts. The Trust representatives indicated that they were happy to attend and community meetings to explain the proposed changes.

In opening the meeting to questions the Chair indicated that the meeting would not be focussing on a new hospital at Wynyard, only the consultation presented to Members on the changes to the provision of Critical Care and Emergency Medical services within North Tees and Hartlepool NHS Foundation Trust. Members questions and the responses received are set out below –

- Concern was raised at the financial viability of the proposals and, in the longer term, the Trust itself as it was clear there was a political will to look outside the North Tees and Hartlepool Trust for service provision which could force the issue of a merger onto the agenda. The Trust seemed to be under estimating the will of many people to simply use another trust as they were becoming fed up with North Tees and Hartlepool NHS Trust's attitude to services in Hartlepool. The CCG representative indicated that at the time of elective surgery, people did have a choice. The Trust indicated that they were listening to peoples concerns, particularly how people would get to the new service locations and were working on that with the local authority.
- There was concern that many people were already isolated within their community in Hartlepool and accessing services was already difficult. A Hartlepool member challenged the Trust to access services with him form the estates of Hartlepool to see just how difficult it could be. The CCG indicated that they were aware of the transport issues and had already identified a large need. The Trust indicated that they were

taking the transport issue seriously. In relation to these critical services that would be moving from Hartlepool to Stockton, most patients would be accessing those through 999 or 111 calls. Particularly for Hartlepool residents, the aim was to look to a short term stay at University Hospital of North Tees before being transferred to rehabilitation at University Hospital of Hartlepool. As well as the shuttle bus running between the two hospital sites there would be a volunteer drivers programme up and running very shortly.

- Members considered that they had been 'bombarded' with a huge amount of clinical evidence for the changes. If the changes were made, the Trust was asked if they would be reversible if the new hospital didn't materialise. The Trust indicated that the reconfiguration of services were based on a clinical report and needed to happen regardless. If the services were relocated, services like Intensive care could not be unpicked. These changes were based on clinical need to improve services now and for the future; they were irreversible.
- A Hartlepool Member questioned the Trust on why it had been able to convince Stockton residents of the need for these changes but had been unable to do the same with Hartlepool residents. The NHS Hartlepool and Stockton-on-Tees CCG commented that when they talked to people on a one-to-one basis people were persuaded by the need for change. As for Stockton, the Trust needed to explain the impact of the 100 beds transferring to that hospital. This was a very difficult exercise and not one that the CCG would have looked to supporting within its first six months of operation. While it was undoubtedly difficult for some, the clinical arguments for the move made it essential as it would improve the affected services. A clear clinical need had been identified and was being followed.
- A Stockton Member questioned the safety implications if the changes were not made. The Trust indicated that there would be delays in diagnosis and treatment. The clinical units have to be staffed and those staff trained to required standards. With the two separate units now that standard was not met and if it was left as it was more critically ill patients would be transferred between hospitals. It was already the case that the Trust transferred the highest number of critically ill patients in Europe.
- The Stockton Member went on to question what would happen to those patients if they had to be transferred. The Trust indicated that these changes avoided the need for those transfers; leaving the two units as they were now was essentially a mistake waiting to happen. The NCAT report referred to the need for change and the risks at Hartlepool. If the changes were not made gradually the care offered to people in Hartlepool would decline over that offered in Stockton. Postcodes should not determine care.
- Members questioned if the service that would be offered would be a 24/7 services across weekends and bank holidays. The Trust indicated that consultants worked 12 hour shifts and spent a period of time on call. If a patient needed a specialist that could not currently be offered 24/7 across the two sites. Once the services were transferred that level of service wouldn't be available immediately but it would be easier to deliver improving services with all the specialists at one base.

- The Vice-Chair highlighted that gaining access to services was an issue in Stockton as it was for Hartlepool residents. Those living in Ingleby Barwick had great difficulty in accessing the services based at Hartlepool if they were not a car owner. The recruitment of the volunteer drivers was questioned by the Vice-Chair as was the recruitment of specialist to work within the Trust. The Trust indicated that 14 volunteers had been taken on board in the first tranche and they would start next week. There would also be the services of the St John's Ambulance and also taxis available for immediate family members. In relation to staff recruitment, it was indicated that recruitment was undertaken across the site, not hospital specific. A doctor with advanced training in intensive care they would only be seeking work in a large ITU where they could develop their skills. The Trust indicated that it had not had problems in recruiting staff recently.
- The Chair indicated that the Trust had already purchased two buses to transport staff, so why was it consulting when it appeared already to have made its mind up. Arguments on centralisation did seem to miss that Hartlepool was central to the area it served. Hartlepool did have a three star rated hospital (the highest standard at the time) when it provided the full range of services. The Chair quoted direct from the NCAT report (paragraph 4.22) "we would like to challenge the logic of the Momentum proposals. Why it is necessarily Stockton that is the acute site rather than Hartlepool?" Previously the rationale given was the closeness to James Cook University Hospital. The Chair indicated that he had spoken to senior staff at University Hospital of Hartlepool who say that the facilities, particularly Hartlepool's Theatres, are big, spacious, and modern state of the art units whereas Stockton's are "very 1960's".

The NHS Hartlepool and Stockton-on-Tees CCG Chair indicated that the quotation was one of the views expressed on the day at the NCAT public meeting. The population numbers do have a bearing on the challenge faced by the Trust. Hartlepool and surrounding communities have around 100,000 residents, Stockton has 200,000. To move the provision of Critical Care and Emergency Medical services to Hartlepool would mean that immediately twice as many beds would be needed. The benefits of those other key services being sited alongside the critical and emergency care services would also be lost. As for facilities being '1960's' it was indicated that the buildings were built in the 1960's but the equipment available was state of the art.

- The Chair commented that the three star rating was something that people understood. They also understand that 100 beds are not being created at Stockton but are being removed from Hartlepool. If location was key, the Chair challenged that Hartlepool was that location. For many years the residents of south and eastern Durham had come to Hartlepool for their hospital services but were now finding themselves trying to access services at a location that is difficult to get to from Hartlepool, but almost impossible from the villages of south Durham.
- A Hartlepool Member commented that Hartlepool residents' needs were being forgotten with the continual transfer of services from their hospital. The comment was made that services were being centralised at University Hospital of North Tees alongside existing services based

there. We are in that position because the Trust relocated those services from Hartlepool. These decisions were now being used against us. The people of Hartlepool were being treated appallingly.

- A Durham CC Member commented that many of the villages along the eastern edge of the county had reasonable transport services into Hartlepool but the same could not be said of Stockton and University Hospital of North Tees. People from these areas would very soon start choosing to go to Sunderland and Durham for treatment.
- The Chair of the NHS Hartlepool and Stockton-on-Tees CCG indicated that people had the right to choose and doctors asked them to make those choices on the best outcomes available to them. In relation to emergency and critical care there was a clear pressing medical need for those changes to be made. What was being proposed was the very best service with the staff available for the population of the area. Different levels of service could not be offered within the same Trust.
- In relation to transport the Chair of the Durham, Dales Easington and Sedgefield CCG commented that they were concerned about transport and were working with the Trust and the local authorities so that similar services could be provided.
- A local resident and Healthwatch member complained that many day surgery appointments required them to be at University Hospital of North Tees for 8 o'clock which meant having to be on a bus at 6.20 to get to Billingham to transfer to a bus to the hospital. The ambulance service didn't start pick-ups until 8.30am and there had been instances of patients being turned away because they were late. The Trust indicated that they were aware of the issue and future letters would include reference to the volunteer drivers. Members were concerned that too much emphasis was being placed on volunteers who could simply not turn up.
- There was concern at the numbers of patients affected by the changes and the fact that for 999 services, people simply had no choice; they would be taken to University Hospital of North Tees. A resident complained that the people of Hartlepool were yet again bearing the brunt of the changes. It appeared to many that the Trust were pushing the changes so far that it would be impossible to make any kind of u-turn. The NHS Hartlepool and Stockton-on-Tees CCG Chair commented that the numbers were concerning but the clinical facts could not be ignored. The lack of exposure at a small unit like Hartlepool meant that clinicians were not utilising their skills fully and new staff were not fully trained. From a clinical perspective there was no other option.
- The Hartlepool Healthwatch representative commented that they were looking to a similar exercise to that suggested by a Councillor in relation to utilising public transport to access services at University Hospital of North Tees, hopefully in conjunction with the other Healthwatch groups. There was already significant concern for those on benefits or with low incomes.
- A resident expressed concern at the sad situation for the Hartlepool Hospital as it had been a centre of excellence for major surgery but was now losing critical care. The hospital had also been a centre of excellence for orthopaedic surgery. The Trust commented that the

University Hospital of Hartlepool would continue as a centre of excellence orthopaedics and elective surgery. Only high risk patients would be transferred to University Hospital of North Tees for their surgery. The hospital was providing a very safe service but the problem was how that could be sustained in the long term. The simple case was for those patients at risk, did they want to travel further for their surgery but have all the experts on hand if anything went wrong.

- The Chair reiterated his point that it had not been Hartlepool's choice to have accident and emergency services transferred to Stockton but that decision was now being used against the town as a reason to transfer the provision of Critical Care and Emergency Medical services. While this was a consultation exercise, the Trust had a tendency just to do what it wanted in any case. This authority had already made resolutions of not supporting the transfer of any further services out of University Hospital of Hartlepool.

At the conclusion of the question and answer session the Chair allowed a short recess before recommencing with the agenda for the meeting.

Recommended

That the debate, comments and responses to questions be noted and utilised in the formulation of the draft response to the consultation.

7. Information and evidence from other relevant organisations

The Scrutiny Manager reported that representatives from the three Healthwatch bodies had been invited to the meeting as well as officers from the local authority's social care departments. The Principal Support Officer, OP/PDSI (Durham CC) commented that they had strong links including the sharing of electronic information in relation to the discharge from hospital of patients to rehabilitation services and asked if these changes would affect that service. The Chair of NHS Hartlepool and Stockton-on-Tees CCG indicated that much depended on what services the relevant CCGs commissioned.

A Member expressed concern that the impact on local authorities through the time and expense incurred through staff having to travel further.

Durham Healthwatch commented that many of their residents in the areas affected by the changes had no access to a car and were already heavily affected by the welfare reforms. There were already reports of residents not knowing which health venue they should attend and how to get there. What would be the consequence if a patient suffered significantly, or indeed died, due to having to travel the extended distances now proposed. The Chair of the NHS Hartlepool and Stockton-on-Tees CCG commented that the length of ambulance journey would not be seen as a significant impact.

There was also concern expressed at the winter beds measures and discharge arrangements for patients into community care. The Trust commented that the number of winter beds had been increased as

mentioned earlier in the presentation.

The Hartlepool Healthwatch representative was concerned at the potential for short-termism in the arrangements and considered that any transport arrangements needed to be properly applied and funded. Feedback through Healthwatch members already showed that the OneLife Centre in the centre of the town was proving difficult for many as it was not on a major bus route.

The Chair summarised the debate and question and answer session following the presentation by the health representatives. That main issues centred around transport and any proposal to address those concerns being a long-term solution; and the fact that the local authority and the people of Hartlepool did not wish to see their hospital services further eroded by the movement of the provision of Critical Care and Emergency Medical services to University Hospital of North Tees.

The Chair indicated that it would not be appropriate to reach any conclusions today as some Members wished to take the issues raised at this meeting back to their own appropriate committees/forums. A further meeting of the Joint Committee would be held on 29 July 2013 when the response to the consultation would be discussed and finalised. The Chair of the NHS Hartlepool and Stockton-on-Tees CCG commented that responses would need to go to both CCG bodies.

The Chair questioned whether the Joint Committee would wish to welcome the views of their local members of Parliament at the next meeting and it was agreed that they should be invited. The Chair was concerned that views from all the MPs would be required to provide balance.

In closing the meeting the Chair thanked all attendees for their input into the meeting.

Recommended

That the debate, comments and responses to questions be noted and utilised in the formulation of the draft response to the consultation.

8. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.25 pm

CHAIR



Report of: HEALTH SCRUTINY JOINT COMMITTEE

Subject: Draft Consultation Response to the Reconfiguration of Emergency Medical and Critical Care Services – North Tees and Hartlepool NHS Foundation Trust

This includes the view of Durham County Council, Hartlepool Borough Council and Stockton Borough Council set out as paragraphs 8 -10

1. Background Information

- 1.1 A Joint Health Scrutiny Committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council, Stockton-on-Tees Borough Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT).
- 1.2 At the request of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG), the National Clinical Advisory Team (NCAT) has undertaken a review of the provision of critical care and emergency medical services within North Tees and Hartlepool NHS Foundation Trust. The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at NTHFT.
- 1.3 The NCAT report, which was published on 15 May 2013, summarised views and provided recommendations for change, including that Commissioners:

- work with the Trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
- explain to the public what this means for them; and
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

1.4 As a result of the NCAT review, HaST CCG, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and NTHFT launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented.

2. Terms of Reference

- 2.1 To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:
- (a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.
 - (b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.
 - (c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

3. List of Participants

- (a) Members of the Health Scrutiny Joint Committee:
 - Durham County Council – Councillors L Pounder, W Stelling and R Todd
 - Hartlepool Borough Council – Councillors J Ainslie, S Akers-Belcher and K Fisher
 - Stockton-on-Tees Borough Council – Councillors M Javed, N Wilburn and M Womphrey
- (b) Hartlepool and Stockton-on-Tees Clinical Commissioning Group:-
 - Dr Boleslaw Posmyk – Chair
 - Karen Hawkins – Head of Commissioning
- (c) Durham, Dales, Easington and Sedgefield Clinical Commissioning Group:-

- Dr Stewart Findlay – Chief Clinical Officer
- (d) North Tees and Hartlepool NHS Foundation Trust:-
 - Julie Gillon – Chief Operating Officer / Deputy Chief Executive
 - Dr Jean Macleod – Clinical Director for Medicine
 - Dr Suresh Narayanan – Clinical Director for Anaesthetics and Critical Care
 - Sue Piggott – General Manager, Medicine
- (e) North of England Commissioning Support:-
 - Mary Bewley – Head of Communications and Engagement
- (f) Healthwatch:-
 - Danielle Martin, Community Participation and Engagement Worker, Healthwatch County Durham
 - Stephen Thomas, Healthwatch Development Officer, Healthwatch Hartlepool
 - Heather Mclean, Healthwatch Co-ordinator, Healthwatch Stockton
- (g) Stockton Borough Council:-
 - Chris Renahan – Local Transport Plan Manager
 - Liz Hanley – Adult Services Lead

4. Summary of the Evidence received / considered

4.1 The Joint Committee considered the following evidence:-

- (a) Consultation presentation on the proposed changes to Emergency Medical and Critical Care Services in Hartlepool presented by representatives from HaSt CCG, DDES CCG and NTHFT covering:-
 - the proposals for the reconfiguration of critical care and acute medicine (section 5.1)
 - the medical guidelines and standards (sections 5.11 – 5.13)
 - what will the proposed changes mean for you (section 5.9)
 - the options considered (section 5.4)
 - why not locate the combined services at the University Hospital of Hartlepool (sections 5.14 - 5.17)
 - Proposal resulting from the options appraisal (section 5.5)
 - Services provided in the University Hospital of Hartlepool – post proposed change (section 5.10)

- Likely numbers of patients affected by the proposed changes (sections 5.18 – 5.19)
 - Impact on bed numbers (section 5.6)
 - Main changes at University Hospital of North Tees site (section 5.2)
 - The Financial context and impact (sections 5.20 – 5.21)
 - Staffing (sections 6.10 – 6.11)
 - Scope of the consultation and what has been learned so far (sections 6.12 – 6.13)
 - Transport (sections 6.1 – 6.9)
- (b) Additional written information from HaSt CCG, DDES CCG and NTHFT covering:-
- Impact on Durham, Hartlepool and Stockton residents
 - Assumptions
 - Quality and safety
 - Financial considerations
 - Wider impact of the proposals
 - Transport
 - Staff ratios
 - Impact on staff
 - Development of services in Hartlepool area leading up to the opening of a new hospital
 - Future developments
- (c) Hartlepool and Stockton-on-Tees Clinical Commissioning Group Commissioning Plans
- (d) Hartlepool and Stockton-on-Tees Consultation Plan – July 2013
- (e) Written evidence from Hartlepool Borough Council's Adult Social Care Department
- (f) Verbal evidence from Durham County Council's Adult Social Care Department
- (g) Written evidence from Hartlepool Borough Council's Integrated Transport Unit
- (h) Written evidence from Durham County Council's Sustainable Transport Team
- (i) Verbal evidence from Healthwatch County Durham
- (j) Verbal evidence from Healthwatch Hartlepool

- (k) Verbal evidence from Healthwatch Stockton
- (l) Written evidence from Dr Chris Clough, Chair of the National Clinical Advisory Team

5. Explanation of the issues addressed

The proposals for the reconfiguration of critical care and emergency medicine

- 5.1 The Joint Committee at its meeting of 11 July 2013 considered the consultation regarding the proposals to bring critical care and emergency medical services together at the University Hospital of North Tees (UHNT). Currently, acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of University Hospital of Hartlepool (UHH) and UHNT.

Services proposed to be transferred to UHNT / Main changes at UHNT

- 5.2 The proposal is to transfer emergency medical and critical care services at the UHH to UHNT. This would mean a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. Members were informed that 100 acute medical beds and 5 surgical beds would be transferred to UHNT along with the associated theatre capacity and clinical support. There would be 4 additional critical care beds with a potential 24 extra beds for the winter pressures. The Emergency Assessment Unit would be increased from 34 beds to 42 and spaces in the ambulatory care facility would be increased from 8 to 20 spaces.

Services proposed to be transferred to UHH / Main Changes at UHH

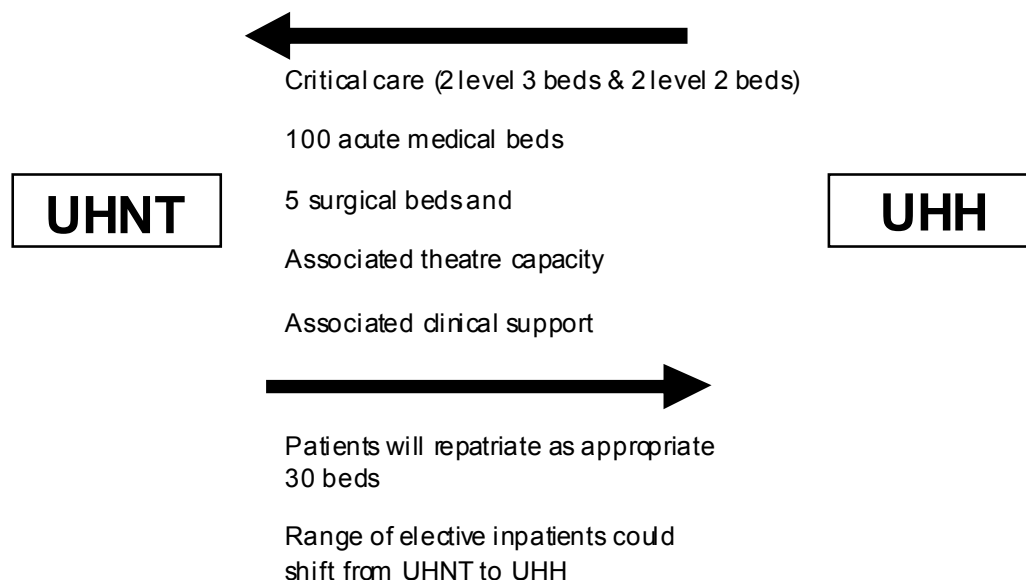
- 5.3 It is proposed that a 30 bed rehabilitation unit would be created at the UHH for patients to recover and a range of elective inpatients could move from UHNT to UHH. Some elective surgery may have to remain at UHNT for those patients considered to be high risk.

Options considered

- 5.4 Along list of options were considered including centralisation on the Hartlepool site before a short list of options were identified as potentially feasible. The short list of options was critical care; medicine; surgery and orthopaedics; and rheumatology and chemotherapy.

Proposal resulting from the options appraisal

5.5 The diagram below demonstrates the proposed changes:-



Impact on bed numbers

5.6 The following diagram illustrates the impact on bed numbers:

| <i>In-patient Bed numbers (does not include day case beds and pre-assessment beds)</i> | <i>Current bed numbers</i> | <i>After proposed changes</i> |
|---|-----------------------------------|--------------------------------------|
| <i>University Hospital of Hartlepool</i> | 190 | 55 |
| <i>University Hospital of North Tees</i> | 408 | 530 |
| <i>Trust total</i> | 598 | 585 |

Reasons for the changes

5.7 Representatives from the HaST CCG, DDES CCG and NTHFT provided information to Members on the proposed changes. Representatives explained that these changes need to be made because critical care at the UHH will not stay safe for much longer or be improved to a level of quality that local people should expect unless changes are made. Emergency medical services must have critical care to support it for patients who become seriously ill; this is why both services need to move together. NCAT provided clinical assurance that these proposals will help to

improve clinical quality and safety resulting in better services. The consultation proposes that leading up to the proposed changes Commissioners and the Trust would:-

- open 120 beds at the UHNT to make sure there are enough beds and staff to look after patients from right across our area;
- make extra space in critical care so they can look after critically ill patients;
- then, gradually, close the beds in medicine and critical care at the UHH;
- and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the UHNT to support the new arrangements.

5.8 Representatives indicated that these changes need to be made as early as possible to ensure safe services are delivered.

What will the proposed changes mean for you?

5.9 Members were informed that people will not have to do anything different once these changes are put in place. People will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as people do now. 97% of patients contacts with healthcare services will remain in Hartlepool.

Services provided in the UHH – post proposed change

5.10 The services that will be provided in the UHH after the proposed change are as follows:-

- Inpatient elective orthopaedic surgery
- Inpatient elective general surgery (low risk)
- 30 bed rehabilitation unit
- General surgery day case
- Gynaecology daycase
- Paediatric day case surgery
- Orthopaedic day case
- Paediatric day unit
- Midwife led unit
- Planned endoscopy
- Cardiac investigations unit
- Chemotherapy day unit (non complex)
- Rheumatology day unit
- Elderly care day unit
- MIU from One Life Hartlepool
- Community dental
- Hand and foot surgery OLH

Supported by

- CT
- MRI
- Ultrasound scanning
- Pharmacy
- Pathology
- Nuclear medicine
- Plain film X-ray
- Therapy services
- Dietetics
- Community services
 - SPA
 - TAPs
 - Enhanced care model
 - Community respiratory service
 - Heart Failure Team
 - Podiatry
 - MSK

Quality and Safety

The medical guidelines and standards

- 5.11 Members of the Joint Committee were provided with evidence which explained why the changes had to take place on the grounds of clinical quality and safety. There are an increasing number of emerging guidelines and standards that services have to meet, but it is becoming increasingly difficult for the clinicians to keep pace with these requirements on two hospital sites. It is imperative to have the right skills at the right time. The way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills and services need to be brought together to ensure that the same standards of care are achieved for everyone living in the area served by the NTHFT.
- 5.12 Dr Clough from the NCAT Team submitted written evidence to the Joint Committee and he stated that both Dr Jones (another member of the NCAT team) and himself felt that there were “key clinical safety issues regarding the provision of critical care on the UHH site. This type of critical care service can no longer be supported, and the clinicians who supported that unit expressed the views that they no longer felt it was a safe unit”. This is because of the following reasons:-

- the unit is small with only 2 Intensive Treatment Unit (ITU) beds and 2 high dependency beds
- the level of usage has been poor, 50% on average, most of the activity coming from the acute medical team
- the anaesthetists are often doing other things within the hospital and although they are able to do a once daily ward round, they are not around most of the time and are not able to offer the full panoply of intensive care support
- procedures that are expected to be routine on an intensive care unit are difficult to provide, such as haemofiltration and routine tracheostomy
- difficult to recruit and retain anaesthetists
- nurses expressed the view that they felt isolated in the unit, without the level of medical support they need to support the level of care they are practicing
- the acute medical unit, though appearing to run well with plenty of beds, is not supported by the modern full panoply of services, thus patients needed to be transferred to UHNT for endoscopy and other specialist opinions.

5.13 Members were informed that if the services stay as they are the services in Hartlepool would not have the expertise to deliver the full range of services, resulting in patients being transferred to NTHFT. Overall, it would result in a delayed diagnosis, delayed intervention and an increase in the number of patients having to be transferred. Over time the services will not be as good as the services offered at the UHNT. The representatives stated that this is not acceptable and there should not be a difference in services due to location.

Why not locate the combined services at the UHH

5.14 The representatives explained why it would not be possible to centralise critical care and acute medicine at the UHH. This is because there would be insufficient space to accommodate the full range of clinical and support services on that site; it would not offer the appropriate clinical adjacencies with other services and the UHNT is the site for complex and emergency care.

5.15 Dr Clough, in his written statement commented that “clearly you might argue that it would be possible to provide fully comprehensive intensive care and critical care services at UHH and the full panoply of acute medical services. To do this though would require significant expansion in numbers of staff on that site, and this would be at significant cost. We felt that not only would this plan be unaffordable, but that to secure the level of activity at UHH site (the 50% utilisation of ITU for example) would mean

that these staff and facilities would largely not be used. When activity is low, clinicians deskill and lose their expertise”.

- 5.16 Members questioned staff recruitment and its difficulties. It was confirmed that a doctor with advanced training in intensive care would be more likely to seek to work in a large ITU where they could use and develop their skills.
- 5.17 It was confirmed by the representatives in attendance that these changes to critical care would be irreversible. If these services are transferred to the UHNT they cannot be returned to the UHH. This is because the changes are based on a clinical need to improve services now and for the future.

Likely numbers of patients affected by the proposed changes

- 5.18 Admission figures were presented to the Joint Committee which set out the likely numbers of patients that would be affected by the changes. The figures highlighted that 95% of emergency admissions would be affected by the proposals, equating to 7775 patients a year. 151 patients admitted for elective surgery would be affected by the proposals. Ambulatory care admissions would also be affected by the proposals with 100% of patients being admitted to UHNT.
- 5.19 A Member questioned whether these proposed changes would result in access to services 24 hours a day across weekends and bank holidays. It was confirmed that consultants worked 12 hour shifts and spent a period of time on call. If a patient needed a specialist that could not currently be offered 24 hours across the two sites. If the services were transferred to UHNT that level of service would not be available immediately but it would be easier to deliver 24 hour care with all specialists at one base.

Financial Context and Impact

- 5.20 The representatives indicated that there is a capital investment of £2.3 million to move critical care to UHNT and rehabilitation beds to UHH. This investment will have to be financed by NTHFT in addition to the required budgetary savings. These changes are not a major contributor to the ‘40 million’ challenge. Some savings would be achieved through changes to staffing rotas.
- 5.21 Some Members raised concerns at the financial viability of the proposals and the longer term viability of NTHFT due to potential effect of elective patients choosing to go elsewhere.

6. Wider Impact of the proposals

Transport

- 6.1 Members across all three local authorities raised specific concerns around transport because access to services is a major issue. This proposal will impact on Hartlepool and Durham residents accessing UHNT and Stockton residents accessing elective care at UHH. Representatives confirmed that patients who would be accessing critical care services would be doing so via GPs or through calling 999 or 111. Some patients could be admitted to UHNT for care and transferred to UHH for rehabilitation.
- 6.2 Representatives confirmed that two 17 seater shuttle vehicles had been ordered and will operate 7 days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff and will operate between the two sites.
- 6.3 A volunteer drivers scheme is due to commence shortly whereby patients who's medical condition does not warrant an ambulance but who do require assistance with transport may use this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care and where appropriate return the patient home.
- 6.4 People accessing UHH from the East Durham area had reasonable transport links into Hartlepool but if services were relocated to Stockton, people from these areas may start choosing to go to Sunderland or Durham for treatment.
- 6.5 Representatives confirmed that they will be working in partnership with Local Authorities to look at solutions to public concern with regard to transport links. Work is ongoing with Hartlepool Borough Council to consider some of the potential outcomes of the consultation process and the impact on transport services if services are moved to UHNT.
- 6.6 In addition NTHFT has recognised the need for short, medium and long term strategic planning relating to the provision of transport. It is anticipated that working in collaboration with Hartlepool's Integrated Transport Unit, is an excellent opportunity to ensure the best possible future transport outcome.
- 6.7 A collaborative approach in managing future provision is necessary in order to ensure the engagement of all modes of transportation rather than simply focus on public provision. To date strategies are being considered in relation to:
 - Cycle schemes to reduce parking congestion within North Tees facility

- Future staff and public shuttle service in order to demonstrate future viability and opportunities for further commercial services
- The evaluation of current facility transport in order to support the reduction of traffic congestion between sites
- The development of additional modes of transportation through Volunteer Schemes

6.8 This list does not reflect the full strategic stages of planning required, however it provides an opportunity to demonstrate the holistic overview being taken in order to address transport related matters.

6.9 A Member commented that there is potential that the road infrastructure would be impacted with any increase in traffic travelling to UHNT as problems on the road already exist

Staffing Impact

6.10 Members questioned what impact the proposals would have on staff. The representatives indicated that a robust workforce modelling tool has been used to arrive at staff requirements for the revised services; engagement and communication events for staff have been undertaken to ensure that everyone understands the changes; there will be a full consultation process involving trade unions around planned changes and how staff consultation will be managed, which will involve consistent documentation, collective meetings with staff and 1 to 1 meetings as required.

6.11 To date in the region of 200 staff from the medical directorate have been identified as having to transfer from UHH to UHNT. Shuttle buses will be provided and a car sharing scheme will be introduced and means to increase car parks at UHNT is being explored.

Scope of Consultation and what has been learned so far

6.12 A wide range of communication channels have been utilised to seek views and comments including public meetings, media press releases, posters in a range of venues, social media.

6.13 Representatives informed Members that some patients have concerns about the planned changes to hospital services; the public are beginning to understand the clinical safety concerns and the requirement for change to sustain and improve quality and clinical outcomes; transport issues are a key factor for patients and their families and there is a need for continuing investment in community and integrated services and co-operation with social services will be key.

7. Views from Healthwatch and Social Care Representatives

Healthwatch County Durham

- 7.1 The representative from Healthwatch County Durham commented on the low usage of cars in East Durham and how welfare reform has had a major impact. Healthwatch County Durham has reports of people not knowing how to access transport and expressed concerns about the impact that travelling a greater distance would have. The NHS representatives indicated that ambulance journey time would not be seen as having an impact and the representatives felt that there would be a greater impact if changes were not made as the changes are clinically driven.

Healthwatch Hartlepool

- 7.2 The representative from Healthwatch Hartlepool commented that in the past there had been a number of short term transport solutions; however, this cannot be the case this time. Transport has to be available the breadth of the town, not only to patients but to visitors also, as visitors are a really important part of a patients recovery process. There are many residents in Hartlepool who are on low incomes and cannot afford bus fares and taxis and therefore something has to be put in place to fund these journeys before they take place rather than be reimbursed after.

Healthwatch Stockton

- 7.3 Healthwatch Stockton raised concerns about winter bed measures and the discharge arrangements / pathways for discharge to community care. Representatives confirmed that bed numbers had been changed in light of winter figures.

Social Care Representatives

- 7.4 Hartlepool Borough Council's Adult Social Care commented that there will be an impact on social workers who support discharges in terms of travel time to UHNT. It is anticipated that this can be managed through a change to the scheduling of their work.
- 7.5 There are some concerns around the development of rehabilitation beds and the need to have a robust model in place to manage urgent care out of hours, which would prevent admissions and readmissions and support people appropriately in their own homes. A proposal for an integrated urgent out of hours model was developed last year and supported in principle by a number of partners. The model is primarily about bringing together existing services and utilising existing resources and infrastructure but there is some investment required in order to make it

work. The proposed model has the potential to address some of the national priorities for working more effectively together across health and social care such as intervening early to prevent admissions and readmissions and delivering care that is centered on individual needs, as well as local priorities linked to the dementia collaborative and ongoing work with care homes. This is a real opportunity for us to improve services and outcomes for local people and early discussions with community services within NTHFT have been positive. We would welcome a commitment from health partners to develop a business case and take this forward.

- 7.6 The representative from Durham County Council's Social Care Team questioned whether County Durham residents would be able to access the rehabilitation Unit at the UHH. It was confirmed that this would be the case if DDES CCG commission that service.

8. Views of Hartlepool Borough Council

- 8.1 Based on the four consultation questions, Members of Hartlepool Borough Council's Audit and Governance Committee have expressed the following views and comments on the proposed changes:-

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Difficulties / Disadvantages:-

- With regard to difficulties recruiting and retaining medical staff to support both sites, Members were concerned as to why such issues were not identified in the long term strategy to enable services to remain sustainable.
- There are risks associated with an increase in travel time for patients travelling to the UHNT as opposed to UHH.

ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

- Transport - there is serious concern that many people, who are already isolated within their communities in Hartlepool, will not be able to access the services at UHNT. Hartlepool Members request that representatives from NTHFT and HaST CCG join Councillors and residents on public transport from the Hartlepool estates to see how difficult it is to travel to UHNT.

- Members consider the reasons for the recommendation to transfer medical and critical care services to UHNT is as a result of lack of long term strategic planning by NTHFT.
- There is a lack of investment in UHH and if the current proposals are implemented how long will it be before the fact that UHH will only have 55 beds is quoted as being inefficient
- Hartlepool demands our fair share and that would mean moving some services back to Hartlepool.
- Members questioned whether the executive management of NTHFT is competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how NTHFT had allowed services to reach an unsafe level.
- Concerns were raised about capacity at UHNT, as previous reports suggest that North Tees site does not have sufficient capacity to deal with changes in services therefore why is there not an option in the consultation to choose to have such services in Hartlepool.
- NTHFT seem to be underestimating the will of many people to simply use another Trust for the provision of elective surgery as they are becoming frustrated by NTHFT's attitude to the provision of all services in Hartlepool.
- Concern was expressed about why two buses had already been purchased as this appeared that a decision to move the services had already been made.

iii) What do you think are the main things we need to consider in putting the proposed changes in place?

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital. Members feel very strongly that these services are being transferred because NTHFT has relocated other services to UHNT and therefore destabilising other services at UHH. The people of Hartlepool are being treated appallingly.
- Many of the key clinicians working at UHNT were forcibly/ contractually transferred from UHH, and to now hear representatives using against us the fact that UHNT has an Accident and Emergency

Unit and a Maternity unit, which Hartlepool does not have is so unbelievably audacious and typical of the strategy being deployed.

- Members emphasise that location is paramount to any service provision - why is the location not Hartlepool as this is central to both Stockton and South East Durham. Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.
- Transport – Short term transport arrangements are not acceptable. A Long term sustainable transport plan needs to be in place.
- The green footprint will be disproportionately damaged by many people travelling to and from a more remote location every time as opposed to moving the service to the people.

iv) Is there anything else you think we need to think about?

- Members do not support any further transfer of services from UHH and do not support these proposed changes.
- Members support the concerns of local people in Hartlepool and strongly encouraged Members of the public to participate in the consultation process.
- Hartlepool did have a three star rated hospital (the highest standard at the time) when it provided the full range of services. Why could this not be the case in the future?
- Members support a recommendation from the Leader of Hartlepool Borough Council which specified that following the completion of this consultation exercise Hartlepool's Health and Wellbeing Board and the Council as a whole should consider the working relationship with NTHFT. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all.
- In relation to the financial viability of the proposals and the longer term financial viability of NTHFT, there is a clear political will to look

outside the NTHFT for provision of elective services which could force the issue of a merger onto the agenda.

- Members are concerned that the public consultation document does not facilitate patient choice - Why do the services have to be located at UHNT when facilities at UHH are state of the art yet those at UHNT are not. You cannot ignore what has been found but we are looking at consultation and we believe in different options. The continual transfer of services is, besides many things, simply unfair to our community (including Southeast Durham) and ignores the facts that Hartlepool's hospital is more modern (especially in the operating theatres) when compared with UHNT which was partially derelict and bankrupt when merged.

9. Views of Durham County Council

To be inserted

10. Views of Stockton-on-Tees Borough Council

Quality and safety

- 10.1 It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.
- 10.2 The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.
- 10.3 Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.

- 10.4 A one site approach would mean patients have access to all the potential services they require at the first point of contact.
- 10.5 The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.
- 10.6 Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.
- 10.7 The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.
- 10.8 As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.
- 10.9 It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.
- 10.10 Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.
- 10.11 The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.
- 10.12 The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go down from 598 to 585.

Location

- 10.13 The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.
- 10.14 It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was not), this would have led to twice the disruption in terms of movement of beds and people, including staff.
- 10.15 There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

Elective Care

- 10.16 The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not enough capacity at the North Tees operating theatres to undertake all the surgical activity required.
- 10.17 On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.
- 10.18 It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

Transport

- 10.19 Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their treatment at North Tees.
- 10.20 It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.
- 10.21 In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.
- 10.22 Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.
- 10.23 The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.
- 10.24 People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.
- 10.25 These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.
- 10.26 In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.
- 10.27 In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A

staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own 'same day' ambulances.

- 10.28 At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.
- 10.30 If this is a perception, it must be addressed. Patients, families and carers should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.
- 10.31 As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.
- 10.32 These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.
- 10.33 With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority. If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.

10.34 It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals.

11. Recommendations

11.1 The Health Scrutiny Joint Committee recommends that:-

- (a) This response of the Health Scrutiny Joint Committee be agreed and forwarded onto the Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust as the Joint Committee's response to the consultation into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust

Health Scrutiny Joint Committee - Consultation on the proposed reconfiguration of Emergency and Critical Care Services at North Tees and NHS Foundation Trust

Consultation response of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee to the Health Scrutiny Joint Committee, 29 July 2013

This response summarises the key issues and concerns of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee held in Committee Room 2, County Hall, Durham on Tuesday 23 July 2013 at 9.30 a.m.

The response has been formulated following consideration of the evidence provided to the members of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee by key stakeholders including:-

- Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG)
- North Tees and Hartlepool NHS Foundation Trust (NT&H NHS FT)
- Representatives from the Adult Social Care services from Durham County Council
- Representatives from Durham County Council's Sustainable Transport Unit
- HealthWatch County Durham
- The National Clinical Advisory Team.

The response is structured to answer the key questions identified within the consultation document namely,

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Response

Both CCGs and the Trust have stated that the current provision of Emergency Medical and Critical Care services across the two Hospital sites are not sustainable up until 2017, when the new hospital site at Wynyard is planned to open. Clinicians base this assessment upon current inequities in the service provision at UHH and UHNT and the associated risks around service quality and clinical safety. The National Clinical Advisory Team supports the proposals based upon evidence gathered earlier in 2013 and identified within their report published in March 2013.

The proposals within the consultation document are to centralise Emergency Medical and Critical Care services at UHNT. This has been proposed in response to national and policy requirements and service standards within these disciplines which highlight the need for change to improve the quality and clinical safety of these services. This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017.

The proposals will allow the Trust to enhance teaching and training opportunities for staff within the Emergency Medical and Critical Care service specialism by ensuring a high throughput of casework within a larger "ITU" as recommended by national guidelines and best practice in these disciplines.

The issue facing Durham County Council is one of impact upon and accessibility by residents of East Durham and Sedgefield to both the new Emergency Medical and Critical Care services centralised at UHNT and those elective/ outpatient/day services that will transfer from UHNT to Hartlepool.

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Response

Transport/Accessibility issues

Engagement with, and adequate resourcing of, the ambulance service will be critical to the success of the proposal since, as has been indicated on numerous occasions, care starts when the patient enters the ambulance. Entering the ambulance in a timely way depends on the resourcing, configuration and deployment of vehicles all of which may be subject to a need for change as a result of these proposals. It is essential that adequate resourcing is available for ambulance services and, to this end, the Trust and Commissioners must ensure that this is agreed with NEAS.

Implementation of the proposals would result in longer journeys for patients, families and carers in East Durham in respect of accessing Emergency Medical and Critical Care services as they would have to travel to UHNT, Stockton rather than UHH.

There are also added concerns that public transport links between East Durham and Stockton are not as frequent and also would require multiple journeys between East Durham – Hartlepool – Stockton at a potentially significant extra cost.

For patients accessing elective/outpatient/day surgery at UHNT from the Sedgefield/Trimdon/Wingate Corridor, any transfer of these services to UHH would result in additional journeys due to the absence of direct public transport links to Hartlepool.

Alternative transport solutions exist for East Durham residents to access UHH and UHNT via the East Durham Hospital Link service which is a bookable "dial a ride" door to door service. This service is not available in the Sedgefield area.

A number of volunteer drivers schemes exist in County Durham to enable patients, carers and families to get to hospital appointments but are not well publicised or known within North Tees and Hartlepool NHS Trust. There are also concerns whether such volunteer drivers can undertake "out of area" journeys past the borders of County Durham which also may restrict the use of such a scheme in accessing UHH and UHNT. This needs to be clarified.

Low car ownerships levels in East Durham and high Indices of Multiple Deprivation mean that any transport solutions must be affordable. Concern has been expressed around patients being able to afford the cost of the extended journey. Whilst members appreciate that patients on low incomes can reclaim the cost of the journey, they may not have the money to pay any fare in the first instance. This might have a negative impact on patients whose relatives can't afford to access these transport solutions for visits.

The proposal stems from the need to ensure that Emergency Medical and Critical Care services remain clinically safe and of high quality up to the opening of the Wynyard hospital in 2017. To this end, we wish to highlight the importance of full and continuous dialogue between CCGs, North Tees and Hartlepool NHS FT and all local authorities regarding the development of a sustainable, transport infrastructure servicing the site and which enables direct public transport access from all areas.

Intermediate/ "Step Down" services/Integration with Adult Social Care services

The Consultation and proposals detailed therein highlight the intention to centralise Emergency Medical and Critical Care services at UHNT and to ensure that appropriate "Step Down" provision is available at UHH which would enable rehabilitation care to take place at a more convenient location. The Adults Wellbeing and Health OSC would support this in principle but would invite the CCGs and Trust to go a step further and consider the development of such "Step Down" services at Sedgefield and Peterlee Community hospitals.

Durham County Council's Adult social Care service have expressed concerns at the increased travelling time and associated costs for DCC Staff who need to access UHNT rather than UHH. DCC suggest that discussions need to take place between CCGs, North Tees and Hartlepool NHS FT and all local authorities Adult Social care teams to ensure that the acute Emergency Medical and Critical Care services/ "Step Down" rehabilitation and community based care pathways are effectively managed and are safe.

Durham County Council's Adult social Care service would also seek ongoing dialogue with the Trust regarding the proposed development of the 30 bed rehabilitation unit at UHH to clarify the proposed arrangements for admission rights for County Durham residents to that facility. Clarification needed to be made also around the integration of the work of Acute staff in the Trust with the County Council's Adult Social Care/Integrated team.

Reference was also made to the need for detailed discussions around how discharge arrangements between the Trust/GP's and Community based health and social care staff were established and associated care pathways identified and agreed.

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Response

In view of the potential impact of the proposals under consultation upon residents of Hartlepool, Stockton and County Durham, the CCGs and North Tees and Hartlepool NHS Foundation Trust must undertake a significant and extensive communications exercise in highlighting the proposed changes to all service to all affected residents, including patients, families and carers. This should include a frequently asked questions section providing examples of health care scenarios/pathways highlighting how these services would be delivered.

In view of the significant impact upon residents of Hartlepool, Stockton and County Durham of the proposed service changes, the CCGs and North Tees and Hartlepool NHS Foundation Trust must ensure that services are accessible to all. To this end, any and all proposed transportations solutions must be sustainable, accessible, timely and affordable.

In order to develop these transport solutions, discussions must take place between the CCGs, North Tees and Hartlepool NHS Foundation Trust and the local authorities to ensure that such transport solutions are widely available to all and that they enable direct access to the services.

Ongoing discussions in respect of the proposed transport infrastructure required for the new Hospital at Wynyard must include all local authorities whose residents will access these services at the site.

Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing the services affected within this consultation.

Subject to the above proposals being accepted by the CCGs/Trust and appropriate assurances given to this affect, Durham County Council's Adults Wellbeing and Health OSC would support the proposed service reconfigurations as set out in the Consultation document.

4. Is there anything else you think we need to think about?

Response

The Adults Wellbeing and Health OSC have examined previous implications around significant change to Acute Medical services when we were consulted upon the "Seizing the Future" proposals by NHS County Durham and Darlington and County Durham and Darlington NHS Foundation Trust.

Our experience of that process was that the establishment of an "Oversight Board" to monitor the implementation of proposed service changes and their subsequent impact upon the residents of County Durham and Darlington which involved and engaged local authority representatives was extremely

well received and enabled a constructive dialogue to take place between all parties.

The Trust and CCG should give serious consideration to the establishment of such a body to allow this dialogue to take place and to ensure that the impact of these and any future service transformation proposals are monitored and any concerns addressed across the whole Healthcare pathway including NHS and Adult Social Care services

The Committee would also welcome continued dialogue with the Trust and CCGs around the Momentum/Service transformation process and any associated proposals.