South Tees Hospitals NHS
NHS Foundation Trust

# Submission to the Middlesbrough Borough Council Health Scrutiny Committee Meeting - November 2012

# Briefing from South Tees Hospitals NHS Trust on Options for Paediatric and Obstetric services at the Friarage Hospital, Northallerton.

## 1 Background

Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) have been leading a process of engagement on the need for changes to children's and obstetric services at the Friarage Hospital, Northallerton (FHN). This was as a result of medical staff working for South Tees Hospitals NHS Foundation Trust raising concerns about their ability to continue to offer these services in a safe and sustainable way into the future**.**

As a result of this engagement process, the CCG Shadow Board has recommended to North Yorkshire and York PCT that there should be a public consultation on changes to both services.

The North Yorkshire Scrutiny of Health Committee, at a meeting on 22 November 2012, took the decision to refer the proposal to change services to the Secretary of State. The CCG has paused the public consultation process until such time as the result of this referral is known.

## 2 The Case for Change

### Paediatric Services

The demands on children's services are changing. Children generally spend less time in hospital if they are unwell than in the past because, with modern ways of diagnosing and treating illnesses they are much more likely to be able to be cared for at home or by a brief visit to hospital. At FHN a children's ward is provided which is staffed all the time – even though there are often very few (or no) children who need to be in bed. There is however a smaller group of children who do need hospital admission beyond short stay assessment and treatment and this group are usually acutely unwell. As a result these children need a greater level of both medical and nursing intervention, skill and competency and care in an environment that meets their needs.

The prospects for recruitment and retention of suitable medical staff and the higher standards being required of children's services mean that the current way that services are organised at FHN will not continue to meet the needs of children in the future. Paediatric units in other hospitals have consultants, middle grade staff (once known as registrars) and junior staff. There must be medical cover to provide a service for the children's ward, A and E, the maternity service and Special Care Baby Unit round the clock. At the FHN, there are only junior inexperienced doctors available to assist the consultants to do this. At night, only these junior doctors are working in the hospital – with consultants available from home. FHN is now the only hospital in England working in this way and is very reliant on its current very experienced consultants who are used to the demands that these arrangements impose on them. As these consultants retire it will be difficult to replace them with others who have the same range of skills and are prepared to work in the unique way FHN service requires.

The Trust cannot simply decide to put middle grade posts in place – it needs external approval to train these middle grade doctors. Because the number of children seen is so small, this training approval cannot be given (and the number of trainees available is reducing). Some hospitals use non training doctors– but the number of these doctors is also declining because of the way that medical training is arranged, and because non European Union doctors who once filled many of these posts cannot now obtain visas.

The standard recommended for the future is that a child is seen by a consultant or a middle grade doctor within four hours of being admitted– this is going to be difficult for FHN to meet consistently if it continues to operate in the current way. Children also should have access to consultants who have areas of specialist expertise – such as for epilepsy or asthma - this is very difficult to achieve under the current arrangements.

This is why the doctors concluded that they would need to deliver the service in a different way to ensure that children and the new born can be assured of being seen quickly by a senior, doctor with experienced in the treatment of children and the new born.

**Obstetric Services**

The need for specialised obstetric care is growing as the age at which women give birth increases, because of obesity, because of the increase in multiple births and as a consequence of women who have experienced serious childhood illnesses requiring complex care during pregnancy and childbirth. Complex obstetric care has become more specialised and much is under NICE (National Institute for Clinical Excellence) guidance. The practical difficulties of achieving safe and sustainable levels of medical cover to respond to these demands are being experienced in obstetric units throughout the country, particularly as the number of trainees is reducing.

Delivery of an obstetric service to women is dependent on the availability of paediatric medical staff. If senior paediatric medical staff are not available all times, this will mean that it is no longer possible for women to deliver their babies at FHN – other than those women who are assessed as being at low risk of complications during and after labour and who can be cared for during delivery by midwifes

## 3 The Options

To respond to these growing problems, the creation of a **Paediatric Short Stay Assessment Unit** (PSSAU) is proposed at the FHN. The purpose of an assessment unit is to minimise time spent in hospital for children who present with minor or moderate acute illness by providing safe and rapid access to assessment, observation and appropriate intervention by clinicians with appropriate expertise. The aim of the unit will be to discharge children to home – children who require the facilities of a department with inpatient paediatric beds will be directed to James Cook University Hospital (JCUH) or to other hospitals which provide this facility and which are equipped to manage acutely unwell children.

Paediatric consultants, junior medical staff and nurses will continue to work at FHN providing outpatient services and consultants in clinic will have time built into their schedules so that children can be seen in the department for assessment and monitoring – the first contact may be with a nurse or junior doctor but the child will be seen by a consultant within four hours. The opening hours for an assessment unit proposed by the Trust would be 10am to 10pm. To promote more care at home, the assessment unit and community nursing will be managed as one team. An increase in specialist nursing whereby epilepsy, respiratory and cystic fibrosis nurses could establish monthly clinics at FHN will also be possible if this option is adopted.

The alternative option for children's services is to provide an **outpatient service** at the FHN. Consultants, junior medical staff and nurses would continue to work at the hospital during the day.

As part of the clinic provision an urgent clinic would be developed for assessment of children who are unwell but do not require admission. This is how services functioned when the children's ward closed temporarily in 2009. There would, however, be no area for observation of children and so strict criteria for GPs to follow would be developed for children to be referred to urgent outpatient appointments – with the guide that children should be capable of being assessed or treated within 45 minutes. Any child potentially requiring admission would not be seen at FHN.

**The consequence of both of these options is that there will no longer be paediatric inpatient beds at FHN (there are currently 14 staffed beds) and no Special Care Baby Unit (SCBU) (there are currently 10 cots).**

An alternative adopted at a very small number of hospitals is to have consultants available to staff the hospital round the clock – this means many more consultants (which the Trust has no guarantee of recruiting or keeping) caring for the same, small numbers of children. The Trust does not believe this is a viable option and it is not being put forward by the CCG as an option for consultation

**Obstetric Services**

In conjunction with the two options for children's services, the proposal for maternity services is that a **freestanding midwifery led unit (FMLU)** would be staffed and run by midwives and offer care during delivery to low dependency women at low risk of complications in labour. Obstetric, anaesthetic and neonatal care would be provided at JCUH should they be needed and women and babies would be transferred by ambulance if necessary. Consultant obstetric antenatal care would continue to be provided in the ante natal clinic at FHN and some ante natal assessment services would be provided. Midwifery ante natal and post natal care would continue to be provided unchanged within the community.

## 4 Implications of these proposals for James Cook University Hospital

In common with most Trusts across the country, the Trust is facing challenges in staffing its paediatric and maternity departments in a way which meets increasingly stringent standards on a consistent basis – this applies across both hospital sites. The changes being consulted on puts the Trust is a stronger position to recruit, retain and deploy staff appropriately across both sites.

In making the case for change to services at FHN, the Trust has been very conscious of the need to ensure that services offered at JCUH are not adversely affected. We have considered in detail the number of patients likely to seek their services from JCUH and other hospitals in future and the implication of the change for staffing and facilities.

### 4.1 Activity

The changes proposed affect only a small proportion of the overall service provided at FHN – in paediatrics the vast majority of children attend as outpatients and access to outpatient services will be enhanced in future. In obstetrics, the majority of contact women have with the service is for antenatal care and this will be unaffected by the change to a midwifery led unit.

The impact of the proposed changes on JCUH, and Darlington Memorial Hospital (DMH) is dependent on the choices families and women make about where to receive their care. STHFT has attempted to make estimates about this – but they are only estimates. In doing this we have assumed that travelling time is an important factor affecting choice and that some people will choose to go to the nearest hospital (although this is not the case at the moment – people living in Hamblelton and Richmondshire choose to travel to the FHN even when DMH or York/Harrogate hospitals are nearer).

## Paediatrics

The current activity at FHN is 1,505 paediatric medical admissions on average, each year. In addition, 360 children are admitted for surgery each year – most of these are day cases - and they will continue to be seen at FHN. There are 2889 paediatric medical outpatient appointments seen at FHN each year and we estimate that there will be a small change in these numbers (around 270 additional appointments at JCUH if we move to a paediatric assessment unit or 338 if we provide only outpatient services). There are a further 8,206 outpatient attendances by children under 18 in other specialisms each year at FHN which will be unaffected by this change.

If the services change, the change in the number of children being admitted (as above, the number of children needing admission to hospital is only a small proportion of children using our services) to the FHN and JCUH could be as follows, although these are very indicative figures:

| | **Current Paediatric Medical Admissions**<br><br>**Per annum** | **Change in Admissions if Paediatric Assessment Unit**<br>**Per annum** | **Future Activity**<br><br>**Per annum** | **Change in Admissions if Outpatient only service**<br><br>**Per annum** | **Future Activity**<br><br>**Per annum** |
|---|---|---|---|---|---|
| JCUH | 6709 | +810 | 7519 | +1057 | 7766 |
| FHN | 1505 | -1170 | 332 | -1505 | 0 |

In addition to children being admitted to the inpatient ward at FHN some attend the ward without admission – these 500 children a year are also likely to be seen in the assessment unit in future as are the 360 children who have surgery at FHN – so the likely total activity if there is an assessment unit at FHN is around **1190** children each year.

These numbers reflect the likelihood that some admissions are likely to go to hospitals other than JCUH.

It is possible that there will be more children seen in the assessment unit at FHN and fewer requiring admission at other hospitals than these numbers suggest. Some children may be admitted at the moment who could be safely sent home after a few hours if an assessment unit were in operation.

## Obstetrics

There are 1269 deliveries on average each year at FHN

If there is a midwifery led unit women assessed as being at low risk during pregnancy and with a low risk of complications during delivery will be eligible to deliver there. It is estimated that approximately 500 women in 2011 experienced low dependency deliveries with no antenatal or postnatal concerns or complications and would therefore be eligible for delivery within a freestanding midwifery led unit at FHN. Experience from other units suggests that this number may, in practice, be closer to 300 per annum when women's choices are taken into account. The number of additional births at JCUH will depend on the choices exercised by women – we have estimated this to be in the order of 620 additional deliveries at JCUH (if take up at FHN for low risk deliveries is in the order of 300) with 343 deliveries taking place in other units. The majority of these will take place at DMH. Some out patient activity may also transfer, in proportion to the change in deliveries.

## 4.2 Staffing

Staffing numbers at JCUH will increase to cope with the transfer of activity. The paediatric and obstetric departments at JCUH deal with high volumes and the change in activity proposed is comparatively small in relation to total activity – there will however be a transfer of medical and nursing staffing establishment from FHN to ensure the extra activity is safely managed and that patient experience is not compromised. The numbers given here reflect our current thinking.

### Paediatrics

If an assessment unit is established at FHN, our current proposal is that there will be an increase in the amount of consultant time available at JCUH (1.4 whole time equivalents). The current nursing establishment of the SCBU will transfer to JCUH to support the increase in cots.

### Obstetrics

There will be an increase in the amount of medical staff time available at JCUH – of 4.34 whole time equivalents, and additional 19.84 whole time equivalent midwives and some additional theatre staffing (1.84 whole time equivalents).

## 4.3 Implications for capacity at JCUH

### Paediatrics

There is sufficient ward accommodation at JCUH to cope with the additional workload and sufficient space within SCBU to accommodate the transfer of SCBU cots from FHN.

### Obstetrics

There are currently 4300 deliveries per annum and an upward trend in deliveries at JCUH. The existing facilities were built in the late 1980s and have been modernised since but are at the limit of their capacity for the volume of activity now being experienced. An initial scoping exercise to consider the options for expansion of facilities has been carried out – this assumes that capacity for 1,000 additional deliveries per annum will be required. This number exceeds the likely increase in deliveries at JCUH should there be a change in service model at FHN but is a prudent assumption which reflects the general upward trend in deliveries as well as the possible implications of any change at the FHN.

There are alterations required to the following areas:
Delivery suite
Neo-natal parent accommodation
Ante –natal /post natal beds
Gynaecology surgical day unit
Maternity Day unit

The Trust is working up plans for all of these areas to provide the additional space required. The estimated annual costs of the capital investment needed were taken into account when costs for each option were prepared.

## 5 Car Parking

The additional requirement for car parking at JCUH will be small but we do recognise that concerns about parking add considerably to the stress of a hospital visit. We are developing plans with Middlesbrough Borough Council to increase the number of car parking spaces available for patients (and for staff) which we hope to start implementing in 2013.

The hospital will also benefit from a rail halt which is due to be operational in 2013 – whilst this is unlikely to be of benefit to children requiring inpatient admission or women attending for delivery, it will offer an alternative form of access to the site which we expect will relieve some of the pressure on car parking spaces.

## 6 Summary

The Trust has had to respond to the concerns of its medical staff that, if we do not plan to change the way that services are delivered now, services will face such problems that unplanned closures will occur in future and services will fall far short of the quality being offered in other hospitals. We are grateful for the support of Hambleton, Richmondshire and Whitby CCG which has accepted that changes are needed and are leading the consultation process.

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