

Humber Acute Services Review Review Update (June 2018)

Wave 1: Ear, Nose and Throat (ENT) Services

SUMMARY

ENT services (care for people with ear, nose and throat problems) within Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been subject to a temporary change to service arrangements since September 2017. This change was put in place due to significant workforce shortages and unexpected long term sickness that made the service fragile such that it was not possible to safely operate all aspects of ENT services across both the Scunthorpe and Grimsby sites. Despite active recruitment campaigns, staffing numbers in ENT remain below the level required to operate two 24/7 rotas across both sites. Since September 2017, **emergency** and **elective** (planned) inpatient care for ENT has been provided on one hospital site, Diana, Princess of Wales Hospital (DPoW) in Grimsby. Over this time, the service has stabilised and started to deliver an improvement in continuity of patient care and reduced length of stay.

To maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to formalise a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. It is proposed that outpatient and day case treatment will continue to be provided across all three sites. The review team have identified the potential for interdependencies between ENT services and the services being considered within Wave 2 of the review (specifically urgent and emergency care services), which may have an impact on what is or is not possible for the delivery of ENT services in the long term and therefore service arrangements will need to be considered in the context of the scenarios put forward for Wave 2 services.

On an annual basis, the approximate volume of patients affected within these services would be:

- 246 emergency admissions (originally attending Scunthorpe Hospital)
- 104 planned inpatient admissions (originally attending Scunthorpe Hospital)

To deliver the best care for patients as services are currently configured, ENT inpatients are being cared for from Diana, Princess of Wales Hospital due to the higher volume of inpatient admissions.

BACKGROUND

In 2015 a public consultation was undertaken on the future configuration of ENT services across our Trust. The review into ENT services and subsequent consultation was undertaken for a number of reasons, including that on-call arrangements were being undertaken on alternate sites meaning if a patient had to continue their stay at the end of the working week they would have to be transferred to the other site, and that a full emergency service cannot be maintained on both sites due to number of workforce required for on-call rotas. The outcome of the review was that all ENT inpatient treatment was to be centralised on the Diana Princess of Wales, Grimsby hospital site. However, due to increased demand for services, a shortage of beds and a shortage of middle grade doctors the move was not implemented.



The Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) Board took the decision in July 2017 to consolidate ENT inpatient services in order to ensure it could continue to offer safe and effective care to patients. This resulted in a temporary move of all emergency and elective inpatient services (for patients who require admitting) onto one hospital site, Diana, Princess of Wales Hospital as opposed to an alternating on-call site model for which patients were still required to travel to the site on-call. Day case procedures continued to be provided across both main sites and outpatients across all hospital sites.

This decision was taken because workforce shortages meant it was not possible to continue to deliver a safe inpatient service across both sites. To deliver care safely and effectively on a 24/7 basis the Trust needs five consultants. The service has seen a significant turnover in consultants and has been reliant on locums. In July 2017, there were two consultants running the service. Each consultant works during the day and on call during evenings and weekends, which became increasingly difficult to sustain for both the staff involved and patients when staff numbers reduced to two.

Since the revised service arrangements were put in place, the service has stabilised and has been able to successfully recruit some additional consultant capacity including support from Hull & East Yorkshire NHS Trust but still not at the level required to safely provide 24/7 cover across two sites. The service has started to deliver an improvement in continuity of patient care and reduced length of stay for patients. Clinicians and service managers are working together to ensure they can continue to provide a high quality, safe and sustainable service for local patients.

Northern Lincolnshire and Goole NHS Foundation Trust and its partners – Hull and East Yorkshire Hospitals NHS Trust and the four Humber Clinical Commissioning Groups – are working together to undertake a systematic review of acute hospital services across all five hospital sites in the Humber area. Further details about the scope and process for the review can be found on the website:

www.humbercoastandvale.org.uk/humberacutereview.

This briefing note provides an update on the clinical review of ENT services, which are within the first wave of services being considered through the Humber Acute Services Review. It sets out the current position of ENT services within NLaG and makes recommendations for further stabilising the service in the context of the review of services within Wave 2.

CURRENT SERVICE CONFIGURATION

NLaG currently provides ENT care across four hospital sites; Grimsby, Scunthorpe, Goole and Louth Hospitals and an outreach outpatient service to Marisco Practice in Mablethorpe with all inpatient services consolidated on the DPoW site since September 2017.

ENT provides cancer care through a multi-disciplinary team (MDT). Complex cancer patients receive care in Hull and East Yorkshire Hospitals as the Tertiary Centre.

Table 1 outlines the current service provision by site;

Table 1:

	DPOW	SGH	GDH	LOUTH	MARISCO	HEY
Inpatient emergencies	√					
Inpatient elective	√					
Day case procedures	√	√				
Outpatients	√	√	√	√	√	
On call	√					
MDT						√

WORKFORCE

Current workforce establishment showing budgeted and actual in post is detailed in table 2 as at May 2018:

Table 2:

	DPOW (Budgeted)	DPOW (In post)	SGH (Budgeted)	SGH (In post)
Consultant wte	3	2	2	1
Middle Grade wte	4	3	2	0
Trust Grade wte	1	0	0	0

Staffing; preventative measures and what has been achieved since;

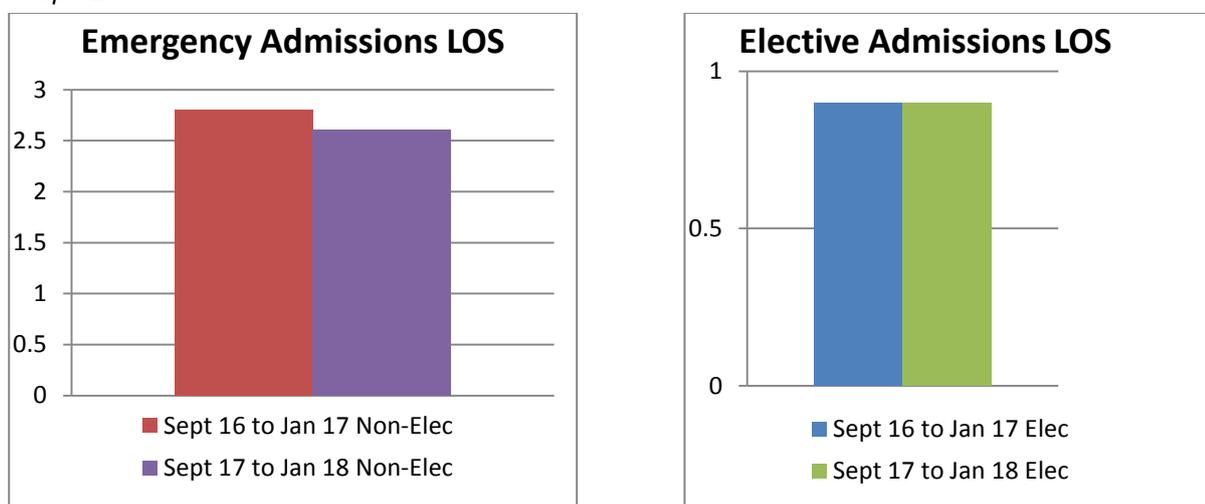
- The service was placed in a fragile position due to long term sickness which resulted in retirement for 2 wte consultants and a Thyroid specialist leaving the Trust – 3wte out of a team of 5 wte.
- Recruitment was not able to take place until those Consultants had given a leaving date, resulting in reliance on locums for more than 50% of the consultant team.
- A joint NHS locum position (with HEY) was recruited to in October 2017
- Consultant of the week model has been developed to improve the job plan and ensure the post is attractive
- Middle Grade has strengthened at DPoW with 3 substantive doctors and a further 2 appointed awaiting start dates.
- Middle Grade doctor team has expanded to 7 wte from 5 wte to support a pooled middle grade tier. Ensuring consistent service provision across all sites and greater flexibility to increase capacity. This also supports an improved on call and retention for current middle grade doctors.

PATIENT EXPERIENCE

Following the transfer of all inpatient admissions to the DPoW site, the service has seen a slight reduction in length of stay (LOS) for emergency admissions with patients receiving continuity of care through a consultant of the week model. Compared to similar hospitals, the national peer length of stay for emergency admissions in ENT is 2.3 days, which the service is working towards achieving. The elective admissions length of stay for national peers is 1.6 days, which the service is currently outperforming with an average LOS of 0.8 days.

Graph 1 shows a comparison in LOS from the previous year for both emergency and elective admissions.

Graph 1:



ENT DEMAND LEVELS AND CAPACITY PLANNING

The ENT demand levels for the period 2016/17 and 2017/18 are shown in table 3 by hospital site. This shows the shift of inpatient activity from the SGH site to the DPoW as from September 2017. Appendix A shows the inpatient volumes by CCG.

Table 3:

Demand & Activity	DPoW*		SGH		GDH	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
Referrals	5121	5024	4157	3868	652	469
Outpatients (all attendances)	11805	11582	8134	6852	1050	576
Day case activity	482	535	391	395		
In-Patient Elective	238	260	104	62**		
In-Patient Emergency	313	521	246	108 **		

*includes Louth activity

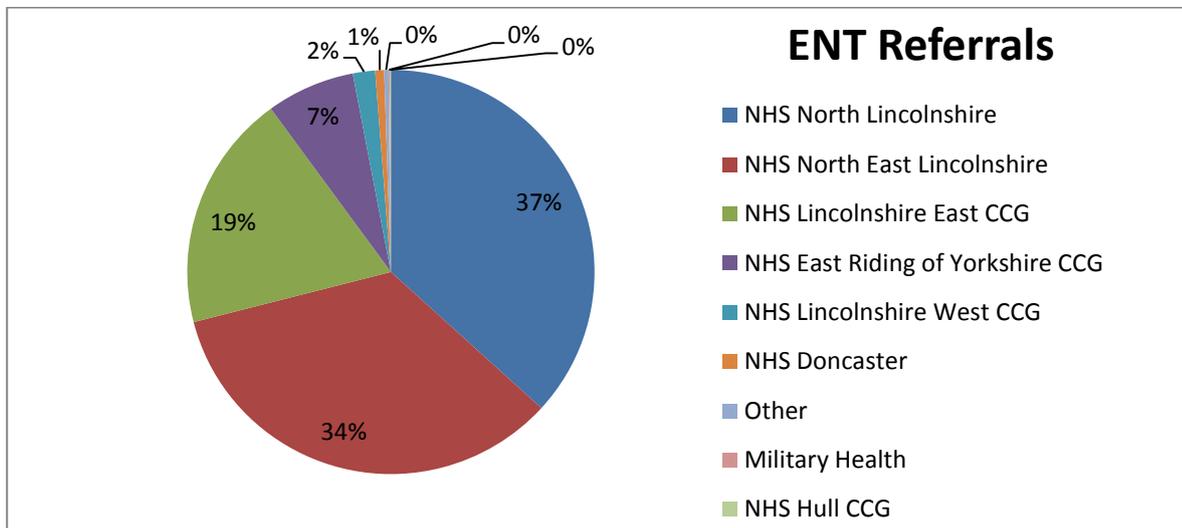
**service transferred to DPoW in September 2017

The demand and capacity has been modelled through the NHS IST tool confirming a shortfall in capacity against demand. Plans have been identified to address the total capacity shortfall including a number of efficiencies to increase productivity, assessing existing pathways and referrals into secondary care to make best use of resources and revising job plans over a 12 month timescale. This will be further addressed when vacancies are appointed to within the service.

ENT Demographic Needs Assessment

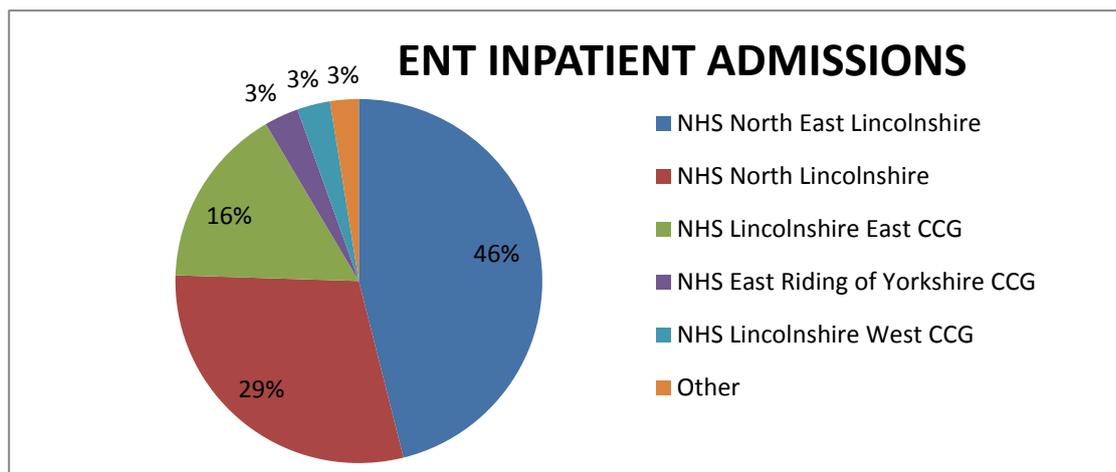
Graph 2.0 below shows the last 12 months demand for ENT outpatient referrals by commissioner providing an indication of local population need:

Graph 2.0:



Graph 3.0 shows the demand by CCG for ENT inpatient elective and emergency admissions with the greatest demand of admissions from the NEL population at 46%.

Graph 3.0



PLANNING FOR THE FUTURE

Continued Challenges

ENT services within Northern Lincolnshire and Goole and across the wider Humber area continue to face a number of significant challenges. These include:

- Difficulty recruiting to clinical posts in ENT is a national issue. NLaG has seen additional challenges with the unattractive rotas split across two sites, the geographic location and distance between the sites. Despite active recruitment campaigns, vacancies continue to exist across all grades of clinicians within NLaG.
- Recruitment and retention within a small workforce continues to be a challenge, particularly when seeking to provide 24/7 cover across 4 hospital sites whilst maintaining high levels of patient flow.
- Junior staff training is challenged due to the work pressures in relation to on-call commitments and existing vacancies.

Service Developments

Given the challenges above, all partners are working together to identify the most sustainable and effective delivery model for ENT services for the short, medium and longer term. Clinicians and service managers within NLaG, together with partners from across the Humber Acute Service Review, are working in collaboration for ENT services to discuss key challenges and opportunities. These include the opportunities for recruiting into joint appointments working across both Trusts.

A Transformation Board (which includes clinical leads, CCG representation, nursing leads, managerial leads and a patient rep) has continued to meet on a 6 weekly basis to review the service arrangements within NLaG for ENT. The group has considered four potential configuration scenarios for delivery of ENT services using the principles and decision-making criteria set out in the Humber Acute Services Review programme plan:

1. Providing **inpatient** and day case care on both main sites (Grimsby and Scunthorpe), *alternating on-call site*. Providing outpatient services across all sites. (Provision prior to temporary change in September 2017)

2. Providing all **inpatient** provision on one site (emergency and elective), providing day case treatment on both main sites and outpatient care across a maximum of 4 sites (cease outreach in Mablethorpe). (Proposed arrangement for the current time, subject to the conclusions of the review of services in Wave 2 of the Humber Acute Services Review)
3. Providing all inpatient provision and day case surgery on one site – outpatients provided through hub and spoke model (maximum 4 sites)
4. Configuration to provide all ENT services on one site

All scenarios have been assessed against criteria for clinical outcomes, clinical interdependency, patient experience, workforce, performance, physical resources and cost effectiveness. The current workforce position of the Trust continues to mean that scenario one is not deliverable. Clinically the service support scenario two.

Working in collaboration through the Humber Acute Services Review, the ENT team are progressing with developments in following areas:

- Remodelling the middle grade on-call rota to provide sustainability, recruit into vacancies and retain existing staff.
- Introduce hot clinics on the non-emergency site to further reduce transfers supported by the existing A&E pathways and diagnostics. These clinics are intended to prevent hospital admissions by providing proactive treatment and/or advice to patients who are at risk of needing emergency admission to hospital.
- Focus on further reductions in length of stay supported by continuity of care
- Development of out of hospital pathways to support community provision thereby reducing demand on hospital-based services.

COMMUNICATIONS, ENGAGEMENT AND NEXT STEPS

Proposed Next Steps

ENT services within NLaG are now in a more stable position following the introduction of revised service arrangements in September 2017. Over the past nine months the service has also started to deliver an improvement in continuity of patient care and reduced length of stay. Clinicians involved in the review of services have identified potential interdependencies between ENT services and the services that are included in Wave 2 of the Humber Acute Services Review (specifically, A&E front door, assessment and diagnostic services and the specialties that support urgent and emergency care). It is the view of the Steering Group that further work in relation to the future configuration and operating model for ENT services should be considered within the context of the recommended approach to urgent and emergency care that arises from Wave 2 of the review.

In order to maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to put in place a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. Under this scenario, day case treatment (including surgery) would continue to be provided across both main sites and outpatients including clinical outpatient

procedures across all sites. This is the preferred option of the clinicians who are running the service at the current time.

Given the continued workforce challenges and the consultant recently attracted taking up the post mainly as a result of the one site rota, it is not considered possible to return to a two-site model for inpatient care.

On an annual basis, the approximate volume of patients affected within these services would be:

- 246 emergency admissions (originally attending Scunthorpe Hospital)
- 104 planned inpatient admissions (originally attending Scunthorpe Hospital)

Communications and Engagement Approach

The partners will continue to engage with those patients affected by the changes to service arrangements through patient surveys and focus groups and through the continuation of patient representation on the urology transformation board or equivalent group established through this process.

The table below sets out a summary of activity to date and outlines broad principles for engagement and monitoring of service-user feedback going forward.

Temporary Service Change: Communications with patients, staff Public	Joint communications brief to public on transfer of patients from Scunthorpe, September 2017 https://www.nlg.nhs.uk/about/trust/service-reconfiguration/
	NLAG Trust Board Minutes July 2017 https://www.nlg.nhs.uk/content/uploads/2017/05/NLG-17-Service-Moves-Jul17-PUBLIC.pdf
	Patient communications
Monitoring of temporary changes	Monitor Friends and Family test
	Monitor Complaints & PALS
	Ward-based surveys
	Continued discussions with Overview and Scrutiny
Communication, engagement and involvement in developing future scenarios (up to June 2018)	Patient representatives on transformation group
	Ward-based surveys
	Continued monitoring of patient experience data
	Liaison with local Healthwatch
	Patient communications
	Staff briefings
	Engagement sessions (including NE Lincs CCG annual members event, NLaG members meetings)
	Issues Paper and survey http://humbercoastandvale.org.uk/wp-content/uploads/2018/03/Issues-document_final_webversion1.pdf

	https://www.surveymonkey.co.uk/r/HASR_issues
	Discussions with Overview and Scrutiny: http://webarchive.northlincs.gov.uk/councilanddemocracy/scrutiny/health-scrutiny-panel/minutes/health-scurtinity-panel-26-march-2018-2/ http://www2.eastriding.gov.uk/EasysiteWeb/getresource.axd?AssetID=687334&type=full&servicetype=Attachment https://www.nelincs.gov.uk/wp-content/uploads/2018/01/Draft-Health-Scrutiny-Minutes-11th-April-2018-PR.pdf
Next steps: Communication, engagement and involvement in developing future scenarios (as part of Wave 2 engagement plan)	Patient representatives on review groups
	Targeted focus group sessions (August to September 2018)
	Citizen's Panel (launching July 2018)
	Stakeholder involvement sessions (October/November 2018)
	Telephone and web-based survey
	Continued discussions with Overview and Scrutiny

The next phases of patient and public engagement will be incorporated into the wider engagement that will support the planning for services within Wave 2 of the Humber Acute Services Review. Further detail on the communications and engagement are available here:

http://humbercoastandvale.org.uk/wp-content/uploads/2018/02/Humber-Acute-Services-Review_comms-and-engagement-plan_final.pdf

Wave 2

Work has now begun with clinicians, service-managers, commissioners and community representatives on reviewing services within Wave 2 of the Humber Acute Services Review. These service areas are:

- urgent and emergency care (including Accident and Emergency; critical care; respiratory medicine; acute surgery and acute medicine)
- maternity and paediatrics
- cardiac
- neurology
- immunology

The partners undertaking the review have agreed a communications and engagement plan for Wave 2 that will provide opportunities for patients, the public, staff and other key stakeholder groups will be able to have their say as plans develop. A citizen's panel will be launched in July 2018 and workshops to engage patients and the public in the development of options are planned for October and November. Further details of the plan can be provided on request.

Appendix A - Split by CCG – 2017/18:

Ep Type	Commissioner Name	Total
Non Elective	NHS North Lincolnshire	47
	NHS North East Lincolnshire	40
	NHS Lincolnshire East CCG	9
	NHS Lincolnshire West CCG	7
	Other	5
Non Elective Total		108
Elective	NHS North Lincolnshire	42
	NHS East Riding of Yorkshire CCG	10
	NHS Lincolnshire West CCG	3
	NHS Lincolnshire East CCG	2
	NHS North East Lincolnshire	2
	Other	3
Elective Total		62
Grand Total		170