

Scarborough acute  
services review

# The need for change



# A changing population and changing needs

## About this booklet

In Scarborough and the surrounding areas, local health and care organisations are working in partnership to improve services for local people. We are working together to find ways of getting the best from our local hospital services.

This booklet has been produced to explain the work that we have done so far and the key issues that we have found. It sets out four key challenges that we need to address as a priority – a changing population and changing needs; variation in access to primary (GP) and community services; hospital staffing vacancies and low patient numbers; and the need to get the best value for money for every pound we spend.

This booklet uses facts and figures from a range of data sources including NHS services and the Office for National Statistics. Further information about the data that has been gathered during this first stage of the Scarborough Acute Services Review is available in *Scarborough Acute Services Review Stage One: Summary technical report available at: [www.humbercoastandvale.org.uk/scarboroughreview](http://www.humbercoastandvale.org.uk/scarboroughreview)*

It is consistent with the NHS Long Term Plan published in January 2019 which sets out a strategy for the health service for the next ten years.

It is not a formal consultation document. Its purpose is to start a conversation with local people, staff and other interested parties. As a group of health and care organisations, we want to ensure that we have a way to listen to views and experiences from a range of patients, carers, staff groups, clinicians, community groups and other organisations. We will soon be working out what solutions may be possible. Before we do that, we would like to hear what you think.

If you would like this booklet in an alternative format or language, please contact us – details are on the back cover.

# Content

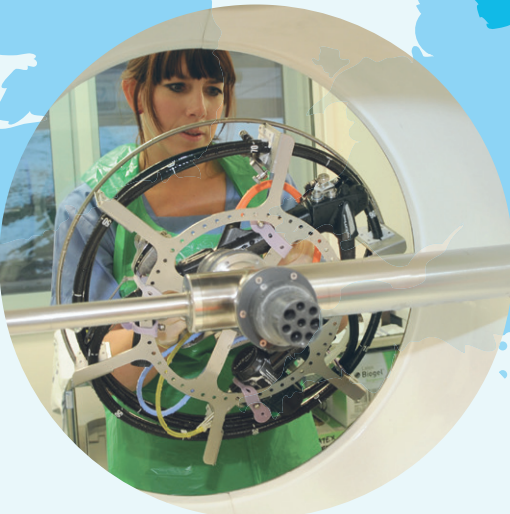
<b>Our local health services</b>	<b>4</b>
<b>Foreword</b>	<b>6</b>
<b>What you've told us about the changes you think are needed</b>	<b>8</b>
<b>The challenges we face</b>	<b>9</b>
<b>Challenge 1</b> Our changing health needs	<b>10</b>
<b>Challenge 2</b> Meeting national clinical quality standards and addressing staffing shortages in our hospital to ensure safe and timely care	<b>12</b>
<b>Challenge 3</b> Access to primary and community care	<b>15</b>
<b>Challenge 4</b> Getting value for money	<b>18</b>
<b>Progress we're making</b>	<b>20</b>
<b>Next steps</b>	<b>22</b>

## Our local health services

There is a wide range of health and care services for the 178,000 people who live in Scarborough, and parts of Ryedale and East Riding.

Scarborough Hospital  
provides services to  
approximately

**178,000**  
people



## These services include:



### GP and primary care services provided by:

- 25 GP practices within Scarborough Hospital catchment area, covering Scarborough, Ryedale and East Riding
  - Yorkshire Doctors providing services in Urgent Treatment Centres at Scarborough and Malton Hospitals
  - City Health Care Partnership providing the Urgent Treatment Centre and GP walk-in service at Bridlington Hospital
- .....



### Community and mental health care services provided by:

- Humber Teaching NHS Foundation Trust
  - Tees, Esk and Wear Valleys NHS Foundation Trust
  - City Health Care Partnership
- .....



### Hospital based services provided by:

- York Teaching Hospital NHS Foundation Trust
- Some specialist services are provided in other hospitals, such as York or Hull, for example Cardiology, Neurosurgery, Plastic Surgery, Vascular Surgery, Radiotherapy, specialist Chemotherapy, and primary PCI (for heart attack patients)

### Ambulance services provided by:

- Yorkshire Ambulance Service NHS Trust

### Social care services provided by:

- North Yorkshire County Council
- East Riding of Yorkshire Council

### Nursing and residential care homes provided by:

- A range of independent providers

### Other care and support is provided by:

- A wide range of voluntary, community and social enterprise sector organisations

## Foreword

**Every day across the NHS in Scarborough and parts of Ryedale and East Riding our dedicated staff work hard to care for local people. Much of the care we provide is rated very good or excellent, but we face significant challenges.**

Our population is growing and getting older. As we age we are more likely to develop one or more long-term physical health conditions. Men in our area are more likely to suffer strokes and heart attacks. On average they die younger than men in other areas.

The future of Scarborough Hospital is an important local issue. Scarborough Hospital is an essential and valued part of the local health service. It faces a range of challenges which we must seek to address: a changing population with changing needs, variation in access to primary (GP) and community services, significant hospital staffing vacancies, low patient numbers for some specialist services that can only be provided safely at a larger scale, and the need to get the best value for money for every pound we spend.

Our aim is to ensure Scarborough Hospital remains a thriving hospital and continues to deliver a range of important services as a central part of the community. We want the hospital to offer local people the best possible care by working collaboratively with community-based services, GPs and other hospitals to help people remain healthy and independent throughout their lives.

So far, changes to hospital services have tended to focus on specific services, particularly those facing the biggest challenges in terms of workforce shortages and changing demand, but we need to look at the services the hospital provides as a whole to ensure we can continue to deliver good quality care that is fit for the future.

The challenges we face are not unique – other areas in our region and around the country must also adapt and in some cases make difficult decisions to secure a positive future.

Commissioners responsible for buying and coordinating health care for the people of Scarborough and surrounding area, and the doctors, nurses and other health professionals who work in our hospitals, GP surgeries and other parts of the local NHS, have a responsibility to ensure we respond to the challenges we face. Doing nothing will exacerbate these challenges.

Building on the evidence that has been gathered in this first phase of the review, we will continue working together to develop plans and proposals that will enable us to address the challenges identified in this document. We need to make sure all of us who live and work in







“ Our vision is for Scarborough Hospital to remain a thriving hospital and continue to deliver a range of important services as a central part of the community. ”

and visit this area can access safe, effective, good quality care that meets our individual needs, in the right place at the right time now and into the future.

We will be continuing our conversations with health and care partners and local people, testing our thinking and gathering feedback and views. We then expect to develop a shortlist of potential options

for changes and we will continue to involve you in this work going forward. This document is the beginning of our conversation with you. We welcome the views and ideas of the people who live and work in the area served by Scarborough Hospital as to how best to tackle these key challenges. You can find out more about how to get involved on page 22. We hope you will get involved.



**Mike Proctor**  
Chief Executive  
York Teaching Hospital  
NHS Foundation Trust



**Amanda Bloor**  
Accountable Officer  
North Yorkshire Clinical  
Commissioning Groups



**Andrew Burnell**  
Interim Lead  
Humber, Coast and  
Vale Health and Care  
Partnership



**Jane Hawcard**  
Chief Officer  
NHS East Riding of  
Yorkshire Clinical  
Commissioning Group

# What you've told us about the changes you think are needed

As we have been thinking about the need for change at Scarborough Hospital we have listened to what staff, local communities and patient groups would like to see happen.

In October 2018 more than 350 people came to public meetings and nearly 150 people completed a questionnaire.

Respondents ranked the following as most important to the care they receive with regard to the potential for relocating services:

- Distance to travel for care
- Highly skilled staff
- High standards of care.

From the public meetings, people raised questions and concerns about:

- There being a positive future for Scarborough Hospital
- Urgent and emergency services remaining in Scarborough 24 hours a day, seven days a week
- Routine hospital services staying in Scarborough so they remain accessible
- Travelling further for some services, noting the time and cost to travel to neighbouring hospitals, poor transport links for those who use public transport and time required off work or school.

Feedback from the Scarborough workforce included:

- “In the next three years there are several consultants retiring, I don't know what we will do then.”
- “Something needs to change the current way of working is not sustainable.”
- “The travel distances make providing on call cover to both sites almost impossible.”

**“ York and Scarborough [staff] would be happy to support each other but neither has the capacity to do this. ”**



# The challenges we face

We face four key challenges:



## Our changing health needs

.....

We know that our population is growing, getting older and living with more long-term health conditions. We also know that some people experience poorer health than others dependent on factors such as housing, employment, income, family history and ethnic group.



## Meeting national clinical quality standards and addressing staffing shortages in our hospital to ensure safe and timely care

.....

Some services at Scarborough Hospital don't have sufficient volumes of certain cases from within our population catchment and there is a shortage of consultants, doctors and nurses.



## Access to primary and community care

.....

There can be differences in the way care is currently provided; some patients also find accessing care more difficult than others. There is a shortage of GPs.



## Getting value for money

.....

We must live within our financial means and make sure we use our available resources in the most efficient way to meet the needs of all local people.



## Challenge 1

# Our changing health needs

Our population is growing, getting older, living with more long-term health conditions and there are some significant inequalities in health. There is an increasing, but changing demand on health and care services. We need our services to grow and adapt to meet local people's needs in the future.

### Key facts:

5m

nights a year  
are spent in the  
Scarborough  
area by tourists.

16%

more people  
will need  
specialist care.

### Population growth

Overall the population in the catchment area for Scarborough Hospital is set to increase only by around 0.2% each year, from 178,000 to 181,000 by 2025.

The number of people aged over 70 is predicted to grow by 15% in the same time frame.

The local birth rate is expected to reduce by 0.9% each year until 2025.

New housing developments are expected to create over 5000 additional new homes in the next 30 years, with most of these in the Scarborough area.

### Increasing demand for health care

We expect more people to be living with long term conditions and frailty by 2022:

10% more people will be living with dementia.

More local people are already living with long term conditions than the average in England:

- Around 17% of local people are living with high blood pressure
- And 7% with diabetes and 7% asthma.

By 2022 we can expect 8% more people will be diagnosed with cancer.

## Health inequalities

Life expectancy for men is below the national average driven by high rates of stroke, coronary heart disease and circulatory disease.

In the Scarborough area life expectancy for men and women is around seven years less in the most deprived areas compared to the least deprived.

There are big differences between the health of the people (especially men) living in the most well-off areas and the health of those in the poorest.

A baby boy born today from Castle Ward in Scarborough would be expected to die in older age 11 years sooner than a baby from Seamer Ward.

People on low incomes – those who are out-of-work and those who are in work and have low earnings – varies across the Scarborough catchment areas from 5.2% to 32.9%.



26%

**of adults are obese,  
and obesity is linked  
to ill health.**

## Addressing the challenge

We need to refocus our services so they meet the changing needs of our local population – for example to care for more older people and more people living with long term conditions. These groups typically need more community-based services that can help and support them to stay well, prevent ill-health and meet day-to-day health and care needs. We also need to make sure people can access urgent and emergency care and high-quality specialist services when they are needed. In addition, we will need a greater focus on health promotion and supporting healthy lifestyles.



## Challenge 2

# Meeting national clinical quality standards and addressing staffing shortages in our hospital to ensure safe and timely care

**Scarborough Hospital is a relatively small hospital in terms of the population it serves. National quality guidelines set out the minimum recommended population required to deliver certain services. This is to ensure staff see enough, and a range of, patient cases to maintain and build their skills and to practice safely.**

Not only do small patient numbers have the potential to impact on quality of care, they can also make it difficult to attract and retain staff. Doctors and nurses get to choose where they train and work. Numbers of people training have been declining, so doctors and nurses have more choice about where they train and work. Many doctors and nurses typically want to work, and especially train, in bigger hospitals that have centres of excellence for specialist services.

Scarborough Hospital is over 40 miles from another hospital with an A&E and is one of eight sites in England recognised as a remote hospital. This distance makes it more difficult to develop collaborative working between hospitals which is increasingly common and necessary for sustaining a full range of specialist services.

Care Quality Commission inspections of Scarborough Hospital in February 2018, and September and October 2017, showed that staff work hard and

provide compassionate care to their patients, and that there were areas of good practice, particularly in children's services and end of life care. However, they had concerns about some services. These include medical care, urgent and emergency care, surgery, intensive care, maternity and outpatients. There were also concerns about responsiveness, and requirements to improve some aspects of safety, effectiveness and leadership. This meant that overall the hospital was rated as requiring improvement. The inspection reflected many of the challenges we know the hospital is facing.

### Key facts:

Not all patients who currently go to A&E and the Urgent Treatment Centre need to be treated there, around 51% were for minor problems, which could be better assessed and treated by a different service (for example a pharmacist, NHS 111 or GP). This is a pattern reflected in other hospitals locally and across the country too.

Scarborough Hospital is one of the smallest obstetric units in the country delivering 1,400 babies a year, the national average is 3,000. Owing to population changes it is expected that the number of babies born at the hospital will decline further over the next seven years.

Scarborough Hospital sees more patients admitted for urinary infections, flu and COPD than other areas in the country, some hospitals provide care on an outpatient basis to avoid these type of hospital admissions.

### Workforce issues

In July 2018, there was a 26% consultant vacancy rate at Scarborough Hospital. 26% of the consultant workforce is over 55 years old.

There are particular challenges staffing General Surgery and Urology, A&E, and General Medicine, which means there is a reliance on locum staff to ensure there are enough staff to provide safe care.

In July 2018 there was a 16% vacancy rate for registered nurses.

In 2017/18 an estimated £10.7m was spent on agency staff at Scarborough and Bridlington Hospitals, and this equates to 11.6% of the total expenditure on staff. Junior doctors don't always gain the experience they need, for example in



46%

**of posts in Emergency and Acute Medicine are vacant. We employ temporary and locum staff to ensure we can safely staff our Emergency Department, but this is at a significant additional cost.**

Obstetrics and Gynaecology services, less than five in ten trainees say they have gained adequate experience compared to larger centres, which explains why they prefer to work elsewhere.

## Emergency and specialist care at other hospitals

For a number of years people from the Scarborough area with the most serious emergency conditions have been taken to hospitals in Middlesbrough, Leeds, York and Hull by ambulance service, and this will continue.

In addition, arrangements are in place for people with rare conditions or who need highly specialist treatment to access these services when they need them.

For example, stroke patients receive an initial assessment and emergency clot busting drugs at Scarborough Hospital and are transferred to the York Hyper Acute Stroke Unit which has a full team of expert stroke clinicians available seven days a week. Patients normally stay at the specialist unit for up to three days after their stroke, before either returning home or coming back to Scarborough Hospital for further rehabilitation closer to family and friends.

## Addressing the challenge

The urgent and emergency care services provided at Scarborough Hospital will be improved following a successful £40 million bid to create a Combined Emergency Assessment Unit and to carry out other improvements to support this. In response to our longstanding difficulties in recruiting consultants in emergency medicine, we are developing new ways of working that will allow staff from a range of medical specialities to work side-by-side to more quickly assess and provide appropriate treatment for patients. The new unit will provide facilities to make this way of working easier. The unit will be created alongside the Emergency Department and on-site Urgent Treatment Centre.

We want Scarborough Hospital to become a place where you can receive great care in the areas that our population really need, for example, services for frail and older people. We also want local people to continue to access high quality specialist services – the sort that most people don't need very often – in neighbouring hospitals when they need to.

We have a great opportunity to use Scarborough Hospital more effectively and efficiently. We are committed to Scarborough Hospital remaining a thriving hospital and continuing to deliver a range of important services as a central part of the community, but we will need to make changes to better meet the most common needs of our local population taking account of recruitment pressures and meeting national clinical guidelines.



### Challenge 3

## Access to primary and community care

In our area there is a variation in the size of our GP practices and the numbers of patients per GP. This can impact on patient care. Smaller practices may not be able to offer as wide a range of services as larger ones, for example specialist clinics for conditions like high blood pressure, diabetes or asthma, and they can also find it harder to cope if staff are away or unwell. In addition we know that some people wait longer than we would like to access a GP appointment.

In the Scarborough area we have made some progress towards joined up community and healthcare services meaning that health and social care professionals are able to share information more easily so that patients do not need to repeat their details and stories multiple times. While this is already improving services for some patients, enabling them to avoid hospital admissions or to be discharged from hospital sooner with appropriate care, there is still more work to be done.

People with complex needs or long-term conditions can end up in A&E, and being admitted to hospital, because they weren't able to see an appropriate health or care professional at the right time. Unplanned emergency admissions can negatively impact patients. For example, frail older patients experience 5% muscle wastage for every day spent in a hospital bed, meaning they can find it hard to get back to their previous level of independence.



### What are community services?

When we talk about community-based services, in addition to GP services, district and community nursing, health visitors, physiotherapy and occupational therapy, we are also referring to services such as NHS 111, some midwife care, community-based mental health services, social care, care and nursing homes, and services provided by the community, faith and voluntary sector.

5%

**Frail older patients experience up to 5% muscle wastage for every day spent in hospital.**

## Key facts:

### Variations in access to care

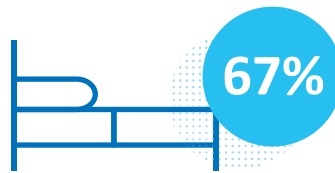
There are times when patients choose to go to A&E rather than their GP. This can depend on how close they live to the hospital and how quickly they can access a GP appointment. In addition the Urgent Treatment Centres at Scarborough and Malton Hospitals enable patients to make appointments to see a GP via NHS 111 if they are unable to access their own GP, particularly for minor conditions.

Some GP practices are more able than others to monitor and manage their most unwell patients in the community, helping avoid A&E visits from a sudden downturn in their condition. This variation can be influenced by practice staffing levels particularly due to the local shortage of GPs.

### Variation in the use of Scarborough Hospital services

There is a significant variation across the Scarborough area in relation to planned and unplanned (or urgent) admissions to hospital.

Planned admissions are above the national average, whereas unplanned (urgent) hospital admissions are below the national average. By 2030 unplanned care admissions are set to increase by 10.4% and Scarborough Hospital will struggle to cope with this unless we adapt the way we deliver services.



**67% of all bed days are being used by patients who have been in hospital eight or more days.**

This means that there are fewer beds available for other patients who really need to be in hospital.

In any one day 73% of people in hospital beds at Scarborough Hospital are over 65 years old.

If we organised the way we work differently, including increasing capacity in community and primary care (GP) services, we could help keep people well and independent for longer by providing more proactive care and support before they get acutely unwell.

### Workforce issues

We have a significant proportion of our GPs coming up to retirement age, with 23% aged over 55, and not enough new GPs training or moving into the area to replace them.

## Addressing the challenge

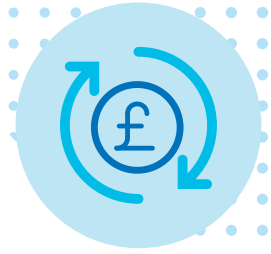
We know that where people have access to the best quality GP, primary care and community-based services they will have better health than in areas where access to services isn't so good. We need to make sure that everyone has timely access to these local services so that no-one's health is disadvantaged because of where they live.

Some of our practices are already working closely with each other so all patients can have access to the same range of services, whatever their size of practice. One example of this is the recent merger of four practices to form Central Healthcare which, due to a larger patient list, is able to offer more services in primary care. Other GP practices are starting to work together too, so they can increasingly offer more appointments to patients, such as through a hub model recently established to provide extended access to general practice services in the evenings and at weekends.

Now that we are working towards better joined-up community-based services to proactively treat and care for frail older people before they need an emergency hospital admission we expect that over time this will lead to fewer A&E attendances and hospital admissions for these patients. We are determined that in future no person will be in a hospital bed just because they are frail. There are better ways we can look after this group of people.

By reorganising our services, we would also be able to better meet the needs of children, young people and pregnant women. We would also be able to offer more joined-up care to people for example those with heart failure and COPD and those requiring support for mental health problems.

We have already made changes to the way that community services are delivered and we plan more important changes to build on this work to join up GP, community and mental health care, hospital services, social care and voluntary organisations.



## Challenge 4

# Getting value for money

**Whilst the government has allocated additional money for the NHS and this will include more funds for services in our area, it will not be enough to close the gap between our costs and our available funding. As commissioners of NHS services – the people who plan and buy care for our local population – we are always conscious we are spending taxpayer’s money.**

We have a duty to do that responsibly and make sure every pound is spent for the greatest benefit. We must do more with what we have and make sure we can offer everyone the care they need.

Local healthcare commissioners are funded according to the people who live in our area. The prices commissioners pay for hospital services are set nationally and the same price is paid to all hospitals per patient treated. In the case of Scarborough Hospital there are insufficient numbers of patients to generate enough revenue to cover the costs of running many of the hospital services.

Whilst the priority is the provision of safe and high quality healthcare, the Trust must also deliver clinically and financially sustainable services within the available resources. The gap between income and the running costs of Scarborough Hospital in 2018 is £23.2 million and this is projected to rise to £25.1 million by 2025.

### Key facts:

Costs to run services at Scarborough Hospital were compared with the national average in 2014/15 and were assessed to be 20% higher than the national average.

The higher than average cost is due to several factors including the small size and remote location of Scarborough Hospital.

Savings and efficiencies from economies of scale are not as readily accessible as for larger hospitals.

Difficulties in recruiting staff because of the Hospital’s remote location mean that agency and locum costs are higher.

The base line fixed costs required to maintain emergency services are the same but the Hospital will see and be paid for a smaller number of patients.



## Addressing the challenge

We have made progress to reduce the shortfall, but we still need to do more. We need to use our staff, buildings and equipment in the most efficient ways possible and provide the right care for people in the right place. This includes providing day to day services locally and working with our neighbouring hospitals to provide more specialist services when they are needed.

We want to invest more money in the areas that people have told us are important to them, such as only having to tell their story once, regaining independence quickly after a hospital stay, and having continuity of care. We need to find ways to make all services accessible to people who need them, but make sure we provide them in the most effective and efficient way across the whole population.

We want Scarborough Hospital to remain a thriving hospital and to continue to deliver a range of important services as a central part of the community. This means we need to refocus services to make sure they meet the changing needs of our population and that we use the staff, estate, buildings and equipment to their maximum capacity, making it much more efficient to run.



## Progress we're making

**So far, improvements have tended to focus on specific services, but what we need is to look at the services we provide as a whole to deliver clinically and financially sustainable care that is fit for the future.**

As part of this review we will be looking at the opportunities for current hospital services to be provided from community locations. We are already making progress in this area as the examples below highlight.

- A number of GPs in the Scarborough and Ryedale areas have been undergoing specialist training to allow them to deliver a dermatology service from their practices.
- A rheumatology service has also commenced in a GP practice in the area with a view to this being rolled out across the area providing more accessible local services for patients.
- An award-winning new bowel test has been introduced across the area which helps doctors identify which bowel conditions can be treated by GPs and which need specialist hospital treatment. It has led to 20% fewer patients needing to be referred to hospital.
- We are working with care homes across the area to provide more support, so their staff are better equipped to help their residents stay healthy. Better links between care homes and NHS services have been shown to reduce the number of emergency admissions to hospital.







## Next steps

**We would like to continue discussing these challenges with our staff and local communities. Doctors and health professionals have been doing this and have been looking at examples of best practice and thinking about how we can learn from them to improve care for our local population.**

We are also talking to external experts such as the Royal College of Paediatricians and The Nuffield Trust to seek their input.

We are still looking at a range of different potential options and no decisions have been made about the future shape of services.

We will be continuing our conversations with health and care partners and local people, testing our thinking and gathering feedback and views. We then expect to develop a shortlist of potential options for changes and we will continue to involve you in this work going forward. This document is the beginning of our conversation with you. We welcome the views and ideas of the people who live and work in the area served by Scarborough Hospital as to how best to tackle these key challenges.

We hope you will get involved.

To make sure you get all the latest news and dates for your diary please sign up at:  
[www.humbercoastandvale.org.uk/scarboroughreview](http://www.humbercoastandvale.org.uk/scarboroughreview)  
to receive our updates.







**Tell us what you think by completing our online feedback form. Our details are on the back cover.**



Share your views  
with us today to help  
shape the future of  
our health services in  
Scarborough



[www.humbercoastandvale.org.uk/scarboroughreview](http://www.humbercoastandvale.org.uk/scarboroughreview)



@HCVPartnership

