

EAST AYRSHIRE COUNCIL

COUNCIL MEETING- 8 DECEMBER 2005

NHS AYRSHIRE AND ARRAN REVIEW OF EMERGENCY AND UNSCHEDULED CARE SERVICES

CONSULTATION RESPONSE

Report by the Chief Executive

1. PURPOSE OF THE REPORT

- 1.1 To present to Council the proposed response to NHS Ayrshire and Arran's proposals on the review and development of Emergency and Unscheduled Care Services.

2. BACKGROUND

- 2.1 The review of Emergency and Unscheduled Care Services in Ayrshire and Arran forms part of a wider review of healthcare services, first endorsed by the NHS Board in November 2002.
- 2.2 Following an extensive period of consultation and an option appraisal exercise, the NHS Board was presented with the resulting recommendations on 24 August 2005 and gave endorsement to consult for a further three months with patients, the public and local and regional planning partners on the two options which received the joint highest score.
- 2.3 Option one is as follows:
- ? create five local Community Casualty Facilities led by clinical practitioners other than doctors at the proposed Community Hospital on the Ayrshire Central site, the Davidson Community Hospital in Girvan, the East Ayrshire Community Hospital in Cumnock, and at Ayr and Crosshouse Hospitals;
 - ? provide emergency care and a full Accident and Emergency service at Crosshouse Hospital, supported by a twenty-four hour assessment unit and all emergency in-patient facilities, dedicated emergency surgery and trauma facilities;
 - ? provide specialist psychological care and therapy at Crosshouse Hospital for patients who have recently received Emergency and Unscheduled Care and need further support;
 - ? provide a comprehensive range of elective care at Ayr Hospital;
 - ? provide a specialist emergency cancer unit at Crosshouse Hospital and more palliative care beds in the community;

- ? continue to provide NHS Ayrshire Doctors On Call (ADOC) out of hour services from the treatment centres in Ayr, Crosshouse and Ayrshire Central Hospitals; and
- ? create an assessment unit for medical and surgical patients at Crosshouse Hospital.

Option two offers the same service developments as option one with the additionality of a combined assessment unit with associated medical receiving beds at Ayr Hospital.

- 2.4 The findings of the consultation exercise and final proposal will be presented back to the NHS Board by the end of March 2006 to inform its final decision on future service provision.
- 2.5 The details of the full range of options which have been considered in the review process, and a summary of the key issues requiring consideration were the subject of a paper to East Ayrshire Council at its meeting on 13 October 2005. In addition Members received a presentation from NHS Ayrshire and Arran on the proposals.
- 2.6 The Council agreed to endorse the response submitted by the Chief Executive on 2 December 2005, which is appended to this report.

3. CONSULTATION RESPONSE

- 3.1 The Council welcomed the opportunity to comment on the consultation proposals. It is anticipated that the primary recommendations of the review will strengthen emergency health care provision at a local level; however the option being presented has raised significant concerns regarding timely access to fully equipped Accident and Emergency Services, particularly for residents in the South and East of the authority. In addition, the change process will require to be accompanied by a significant shift in resources to a community-based model of care and the necessary supportive infrastructure. It is anticipated that further development work to address these issues will be a natural extension of existing joint working relationships between the NHS, the Council and their Community Planning Partners.
- 3.2 The proposed response to the consultation document is set out in the appendix to this report.

4. LEGAL/POLICY IMPLICATIONS

- 4.1 None.

5. FINANCIAL IMPLICATIONS

- 5.1 None at this time, however there may be a future requirement to enhance availability of out of hours social care provision to support the implementation of the proposed option.

6. RECOMMENDATIONS

6.1 Members are asked to:

- (i) agree the Council's response to NHS Ayrshire and Arran's proposals for the development of Emergency and Unscheduled Care submitted by the Chief Executive on 2 December 2005; and
- (ii) otherwise, note the content of the report.

Fiona Lees
Chief Executive
29 November 2005

Appendix: Council's response to NHS Ayrshire and Arran's proposals for the development of Emergency and Unscheduled Care Services.

BACKGROUND PAPERS

1. Better, quicker, closer, safer health care: what would this mean for you? NHS Ayrshire and Arran, August 2005.
2. Unscheduled and Emergency Care: Option Appraisal: Final Report, NHS Ayrshire and Arran, August 2005.
3. Review of Services: Recommendations. Ayrshire and Arran NHS Board, Paper 4, 24 August 2005.
4. NHS Ayrshire and Arran Consultation on Emergency and Unscheduled Care Services, East Ayrshire Council, 13 October 2005.

Any person wishing to inspect the background papers relative to this report should contact Julie Armstrong, Principal Administration Officer, on telephone number (01563) 576147. Any person wishing further information on this report should contact Fiona Lees, Chief Executive on telephone number (01563) 576103

Implementation Officer:

Jackie Donnelly, Executive Head of Social Work (in the capacity of the lead role in Health Related matters).

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East Ayrshire
COUNCIL

Ms Wai-yin Hatton

Chief Executive - NHS Ayrshire and Arran
Boswell House
10 Arthur Street
Ayr KA7 1QJ

2 November 2005

Dear Wai-yin

EAST AYRSHIRE COUNCIL'S COMMENTS ON NHS AYRSHIRE AND ARRAN'S PROPOSALS FOR THE DEVELOPMENT OF EMERGENCY AND UNSCHEDULED CARE SERVICES.

East Ayrshire Council and NHS Ayrshire and Arran have a considerable track record of effective partnership working. We therefore welcome the opportunity to influence the development of proposals for the review of Emergency and Unscheduled Care Services in Ayrshire. The following forms the Council's formal response to the consultation options and is subject to Council approval on 8 December 2005.

We consider that greater benefit would be have been gained if the options being presented had been offered for consultation alongside the option for an enhanced status quo of existing provision, as this would have resulted in a more transparent and fruitful consultation.

Although it is anticipated that the primary recommendations of the review will strengthen emergency healthcare provision at a local level for many patients, the option being presented for consultation has raised a number significant concerns, particularly with East Ayrshire residents in the South and East of the authority area regarding access to the proposed central Accident and Emergency Services in Kilmarnock.

The successful implementation of this option, if it is pursued, will be dependent on a significant shift in resources to a community-based model of care, and will be reliant on a supportive infrastructure and public transport. As the development process continues, it will be vital to ensure that local authorities and other key partners are actively involved, to ensure that emerging implications are considered within existing partnership arrangements such as Community Planning and the Joint Future agenda.

The following specific points and concerns are offered for consideration:

Health Inequalities in East Ayrshire

As you will be aware, within East Ayrshire we have some of the most disadvantaged communities in Scotland. East Ayrshire presents a significant challenge in terms of regeneration and effort to address health inequalities within our most disadvantaged communities. Twenty-eight of our data zones, according to the Scottish Index of Multiple Deprivation 2004 (SIMD 04), are within the 15% most deprived in Scotland, and one in five are living in the 15% most health deprived data zones. Health information demonstrates that communities in East Ayrshire, which contain data zones within the 15% most deprived, such as Dalmellington in the South and Muirkirk in the East of the authority, have mortality rates for Coronary Heart Disease, which are approximately 20% and 30% above the Scottish average. In addition, the Equity Audit of Services for Coronary Heart Disease, conducted by NHS Ayrshire and Arran in 2002, found that areas like these, displaying high levels of deprivation and premature mortality, despite having higher levels of need, are displaying lower levels of intervention, with patients in these areas less likely to be prescribed appropriate medication such as statins. This evidence would suggest, therefore, that these individuals are in fact at greater risk of experiencing a life threatening emergency such as a heart attack, which raises real concerns that by citing one emergency facility in Kilmarnock, these individuals may be disadvantaged even further, by requiring to travel greater distances for life saving treatment and care.

In addition, there is some evidence to suggest that these areas in the East and South of the authority, such as Dalmellington, have some of the highest rates of road accidents in school children in East Ayrshire, with Muirkirk, Smallburn, Lugar and Logan, and Ochiltree and Auchinleck, displaying the highest levels of home accidents in the authority. As a result, residents from these areas may be more likely to require the full range of Accident and Emergency services.

In terms of the options which have been offered for consultation, no real assurance has been given to the public that our most vulnerable residents and disadvantaged communities will not be further compromised by these proposals.

Support for Older People

The proposed creation of 24-hour assessment units is to be welcomed, as it should mean that fewer older people, in particular, require to be admitted to a hospital ward unnecessarily after presenting at Accident and Emergency, before they can be seen by senior medical staff. However, it is unclear at this stage what the potential impact, financial or otherwise, might be on existing Community Care Services provided by Local Authorities, as a result of the potential need to enhance availability of out of hours social care services. This will require to be a key consideration in the ongoing development process, as a natural extension of current joint working between Social Work services and the NHS.

The shift in focus from hospital to community-based services outlined in the proposals will require to be accompanied by both a change in culture within hospital

services and a shift in investment from acute hospital-based services to high quality community health and social care services. It is anticipated that the proposals therefore, should provide a fresh opportunity to reaffirm commitment and investment from the NHS to local joint working arrangements.

Transport and Access

Due consideration requires to be given in the decision making process to factors such as congestion pinch-points on the road network, particularly at peak hours, for example at Whitletts and Dutch House roundabouts and Bellfield Interchange, which may exacerbate already lengthy ambulance journeys from the furthest points south of the proposed site for Emergency Services at Crosshouse Hospital.

General issues around accessibility to Crosshouse Hospital for residents in the South and East of East Ayrshire, such as Dalmellington, New Cumnock and Muirkirk also require to be a key consideration in the development of final service proposals, particularly for those people who do not have access to a motor vehicle. Satisfactory bus links exist along the main corridors; however public transport is extremely limited in other areas and is, naturally, more geared to the journey to work than hospital clinics or visiting hours. For some people, one or more connections may have to be made which will add to journey times and difficulties.

Parking at Crosshouse Hospital for patients, visitors and staff is already a problem, and will inevitably be exacerbated by selecting Crosshouse as the central point for Emergency Services. However, this could be eased by the development of a Green Travel Plan, which promotes the use of cycling, walking and public transport with visitors and staff. This should be considered as part of the development process.

The Health Service will be aware that the development of a five-year Local Transport Strategy for East Ayrshire is currently under way. The Transport Assessment carried out as part of the review of Emergency and Unscheduled Care Services will require to be a key consideration in this process, in addition to wider transport requirements, accessibility and social inclusion issues for East Ayrshire.

The Impact on NHS Service Provision (Including Elective Care)

It has been highlighted in the consultation material that residents from North Ayrshire could not, in the future, rely on accessing Accident and Emergency services in Greenock and Paisley due to current plans for reviewing these services. The development of final proposals requires, therefore, to consider the capacity of Crosshouse Hospital to cope with additional service pressures, which may result from this.

The development of Community Casualty facilities will require practitioners such as senior nurses and Allied Health Professionals to significantly develop and extend their roles, as they will be delivering a service in the absence of medical staff. Consideration will therefore require to be given to the impact that releasing staff for professional development is likely to have on current service provision.

The successful implementation of the proposed option is heavily reliant on the prompt arrival of ambulance staff to the scene of an emergency. It is therefore crucial

that decision-making is accompanied by a full review of ambulance and paramedic provision to ensure that any necessary service enhancements and professional development can be considered as an integral part of this process.

The consultation material highlights that a significant driver in the review is the need to separate emergency and elective care services between Ayr and Crosshouse Hospitals. It is apparent that this recommendation is based on national policy recommendations and current good practice. It is anticipated that this model of care will have a positive impact on waiting times for hospital beds and reductions in Healthcare Acquired Infections, which is to be welcomed.

It is anticipated that Elective Care will be the next subject of the Review of Services programme. It is apparent, however, that the two are inextricably linked, with any decision taken to locate Emergency and Unscheduled Care services at Crosshouse Hospital impacting directly on options available for elective care, which in turn will require to be considered in conjunction with the development of community-based services, including post-operative care.

We respectfully request that no decision is reached on the future of Emergency and Unscheduled Care until a full public consultation process can take place on Elective Services, and that due consideration is given to the potential impact on ambulance service provision and the merits of an enhanced status quo model of care.

I would like take this opportunity to reaffirm the Council's commitment to working in partnership with NHS Ayrshire and Arran to support the further development of these proposals, to ensure the best possible outcome for the residents of East Ayrshire.

If you require clarification on any of these points please do not hesitate to contact me.

Yours sincerely

Fiona Lees
Chief Executive