

EAST AYRSHIRE COUNCIL

COUNCIL MEETING- 22 JUNE 2006

NHS AYRSHIRE AND ARRAN CONSULTATION ON ELECTIVE CARE AND REHABILITATION SERVICES

Report by the Chief Executive

1. PURPOSE OF THE REPORT

- 1.1 To advise Council on the consultation currently being carried out by NHS Ayrshire and Arran regarding the review of elective (planned) care and rehabilitation services and of the presentation to be made to Council on this matter by NHS Ayrshire and Arran.

2. BACKGROUND

- 2.1 The review of elective care and rehabilitation services in Ayrshire and Arran forms part of a wider review of healthcare services, commissioned in November 2002, which includes the recent review of emergency and unscheduled care services.
- 2.2 The proposals for emergency and unscheduled care were the subject of a report to Council and a presentation by representatives from NHS Ayrshire and Arran on 13 October 2005. East Ayrshire Council's response to the proposals was subsequently submitted to NHS Ayrshire and Arran by the deadline of 2 December 2005 and endorsed, with minor amendments, by full Council on 8 December 2005.
- 2.3 In its response, the Council raised a number of issues and concerns, which were shared by other partner agencies and the public. These included a request that no further decisions should be taken on the future of emergency and unscheduled care until a full public consultation had taken place on elective care and rehabilitation services, given that the two are inextricably linked.
- 2.4 The NHS Board, at its meeting of 19 April 2006, considered an amended package of proposals for emergency and unscheduled care and took the decision to defer decision making on these proposals until the outcome of the consultation on elective care and rehabilitation services was known.
- 2.5 At this meeting the NHS Board also endorsed a period of consultation on a package of proposals for the development of elective care and rehabilitation services, which were developed, like those for emergency and unscheduled care, by: a number of Service Specific Groups; a Healthcare Planning Group; and a Designated Lay Group and agreed by the Review of Services Project Board.

- 2.6 Currently the NHS Board is scheduled to meet to discuss the future of both emergency and unscheduled care and elective care and rehabilitation services on 4 October 2006.

3. CONSULTATION PROPOSALS

- 3.1 The review of elective care and rehabilitation is focused around six specific areas, namely: cancer; diagnostics; medicine; orthopaedics; surgery; and rehabilitation.

- 3.2 Proposals have been developed in response to national policy drivers and local service pressures and aim to ensure compatibility with proposals for emergency and unscheduled care.

- 3.3 Consideration as to which services should be provided on which site has also been informed by factors such as whether they have clinical co-dependencies on emergency care services or on existing infrastructures in one particular hospital. If this is the case, they have been categorised them as 'fixed site' services. Others have been identified as 'preferred site' services as they have the potential to offer the best service on the designated site. The last category in the proposals is that of 'no preferred site' services, which could be delivered on either of the main hospital sites.

- 3.4 It is proposed that Ayr Hospital should become the focus for the provision of planned in-patient services in Ayrshire and Arran. This would include a number of 'fixed site' services, namely:

- a specialist Cancer Unit including in-patient, day case and out-patient specialist support;
- all Ophthalmology in-patient services;
- all Urology in-patient services;
- General Surgery, Medicine, Ophthalmology, Orthopaedics, Urology and Vascular day case and 23-hour services;
- a full diagnostic suite (Computerised Tomography (CT), Magnetic Radiance Imaging (MRI), x-ray and ultrasound); and
- Specialist out-patient clinics.

It would also include a number of 'preferred site' services, namely:

- an Ayrshire wide Breast Service;
- Orthopaedics;
- a Specialist Minimally Invasive Surgical Unit; and
- Specialist acute rehabilitation services for Stroke, Elderly, Orthopaedic and Neuro-rehab patients.

- 3.5 Crosshouse Hospital, as the proposed lead for emergency and unscheduled care in Ayrshire and Arran, will provide planned in-patient services for those patients who are likely to need the highly complex post-operative support of an emergency care facility. This includes the following 'fixed site' services:

- major, complex Gastrointestinal and Colorectal in-patient surgery;
- Ear, Nose and Throat (ENT) in-patient surgery;
- Maxillofacial in-patient surgery;
- Renal medicine in-patient services (based on the support it offers to emergency services);
- Vascular in-patient surgery;
- Cardiology, ENT, Maxillofacial, Medicine, Orthopaedics and Vascular day cases and 23-hour services;
- a full diagnostic suite (MRI, CT, x-ray and ultrasound); and
- Specialist outpatient clinics.

It would also include a number of 'preferred site' services, namely:

- a one-stop cataract service; and
- Specialist acute rehabilitation services for Stroke, Elderly and Orthopaedic patients.

3.6 A number of services have also been identified as having 'no preferred site' identified as they could be delivered safely and effectively from either Ayr or Crosshouse hospitals. They are:

- Dermatology
- Gynaecology; and
- Haemato-oncology.

3.7 It is also proposed that specialist rehabilitation services, sited at Ayr and Crosshouse hospitals should be complimented by 'step-down' generic and community-based services at local sites, such as East Ayrshire Community Hospital in Cumnock.

3.8 Community hospitals, such as East Ayrshire Community Hospital, should also develop and enhance the out-patient services they provide.

3.9 NHS Ayrshire and Arran's proposals for the development of elective care and rehabilitation services are intended to dovetail with proposals for emergency and unscheduled care. It is estimated that they will incur £42.6 million capital investment, with associated recurring costs of approximately £5.2 million.

4. THE CONSULTATION PROCESS

4.1 At its meeting of 31 May 2006 the NHS Board agreed to extend the previously agreed three month period of consultation on elective care and rehabilitation services to 25 August 2006, in response to concerns that the original consultation period would clash with the holiday period in July 2006.

4.2 The consultation package, currently being implemented, has an indicative cost of approximately £78,000 and includes the following elements:

- consultation summary documents distributed to all households in Ayrshire and Arran;

- local media advertising;
- information displays and staffing newsletters;
- three 'drop-in' information sessions in Ayr, Irvine and Kilmarnock on 23, 25 and 31 May 2006 respectively;
- the development of a DVD for broadcasting in community facilities, hospitals and at information meetings;
- twelve community engagement meetings, including four in East Ayrshire, namely:
 - 9 June 2006 (1-3pm), Bellsbank Community Centre, Dalmellington;
 - 9 June 2006 (6-8pm), Town Hall, Cumnock;
 - 15 June 2006 (1-3pm), Morton Hall, Newmilns;
 - 15 June 2006 (6-8pm), Community Centre, Stewarton;
- three development events on 26 June, 29 June and 4 July at venues to be confirmed
- an all day stakeholder event to assimilate views and develop recommendations; and
- three public meetings in Kilmarnock, Ayr and Irvine on 22, 23 and 24 August respectively

5. ISSUES FOR CONSIDERATION

- 5.1 As with the review of emergency and unscheduled care, this review process is being driven by: a national policy requirement to separate elective and emergency care; the need to deliver services closer to communities; shortages in consultants and specialists to meet demands on both main hospital sites; and anticipated changes in population structures and patterns of ill-health. All of these factors have been highlighted as making it increasingly untenable to maintain the status quo at Ayr and Crosshouse Hospitals.
- 5.2 Benefits of the overall package of proposals for both emergency and unscheduled care and elective care and rehabilitation include:
- elective care services, which are better resourced, planned and utilised, as they would not be so reactive to emergency admissions;
 - shorter waiting times for planned procedures, with fewer cancelled operations;
 - a reduction in the incidence of Healthcare Associated Infections (HAIs) as a result of separating emergency and planned care;
 - the creation of centres of excellence, such as that proposed for cancer services, which should mean that patients are seen by a team of specialists more quickly; and
 - an increase in the provision for community based care.
- 5.3 Due to clinical co-dependencies with emergency care and with Glasgow based services, the complete separation of elective and planned care between Ayr and Crosshouse hospitals will not be possible. The resulting impact of this on key drivers such as waiting times and service capacity may require to be explored.

- 5.4 In contrast to proposals reviewing emergency and unscheduled care, where residents in the South of the authority would have to travel much further in an emergency, residents in the North of East Ayrshire are more likely to be disadvantaged by these proposals, as they may have to travel further for planned hospital based treatment and recuperation, if located at Ayr Hospital.
- 5.5 As with emergency and unscheduled care proposals, this model is reliant on a supportive infrastructure, often provided by other services such as local authorities. This includes social work services, and the local transport infrastructure. It may be that, if joint planning and consultation had taken place with these service providers from the outset, through structures such as Community Planning, these considerations could have been addressed more effectively and service developments and resource implications fed into the process at an early stage.
- 5.6 Again, as with developments in emergency and unscheduled care, increased staffing may be required to fully implement proposals. Assurances have been given that this will be a key feature in medium to long term workforce planning, however, it is perhaps less clear how services will meet demands in the short term.
- 5.7 The proposals require a high level of capital investment, which is likely to impact on the NHS Board's financial plan. If endorsed, a full reprioritisation of resources will be required. Some concerns have been raised that public and staff expectations may have been raised for a financially unviable model.
- 5.8 The public consultation process, although extended, may be somewhat limited in its reach, as only four areas in East Ayrshire, have been selected to host community meetings, which may exclude smaller outlying communities, such as Lugton and Dunlop, which, potentially, could be the most disadvantaged by the proposals.

6. PRESENTATION TO COUNCIL

- 6.1 Representatives of NHS Ayrshire and Arran will be in attendance at Council to make a presentation on these proposals and respond to Members' questions.

7. LEGAL/POLICY IMPLICATIONS

- 7.1 Council is asked to consider these proposals in terms of the Community Plan and its relevant themes.

8. FINANCIAL IMPLICATIONS

- 8.1 None at this time, however there may be a requirement to review service infrastructure requirements which are out with the scope of NHS resources.

9. RECOMMENDATIONS

9.1 Members are asked to:

- (i) hear the presentation by NHS Ayrshire and Arran;
- (ii) consider and comment on the proposals and implications of NHS Ayrshire and Arran's review of elective care and rehabilitation;
- (iii) remit the Chief Executive to prepare a response, in consultation with appropriate members, to NHS Ayrshire and Arran on the proposals for future committee endorsement; and
- (iv) otherwise note the content of the report.

Fiona Lees
Chief Executive
12 June 2006

BACKGROUND PAPERS

1. **Unscheduled and Emergency Care: Option Appraisal- Final Report, NHS Ayrshire and Arran, August 2005.**
2. **Review of Services Project: Feedback from Consultation on the Future of Emergency and Unplanned Care, NHS Ayrshire and Arran, April 2006.**
3. **NHS Ayrshire and Arran Consultation on Emergency and Unscheduled Care Services, East Ayrshire Council, 13 October 2005.**
4. **NHS Ayrshire and Arran Review of Emergency and Unscheduled Care- Consultation Response, East Ayrshire Council, 8 December 2005.**
5. **The Bigger Picture for Local Health Care: Informing, Engaging and Consulting You on Elective (Planned) Care and Rehabilitation, NHS Ayrshire and Arran, April 2006.**
6. **NHS Ayrshire and Arran Review of Services: Elective Care and Rehabilitation- Final Report, NHS Ayrshire and Arran, April 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).