

EAST AYRSHIRE COUNCIL

COUNCIL MEETING- 13 OCTOBER 2005

NHS AYRSHIRE AND ARRAN CONSULTATION ON EMERGENCY AND UNSCHEDULED CARE SERVICES

Report by the Chief Executive

1. PURPOSE OF REPORT

- 1.1 To advise Council on the consultation currently being carried out by NHS Ayrshire and Arran regarding the review of Emergency and Unscheduled Care Services and of the presentation to be made to Council on this matter by NHS Ayrshire & Arran.

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, which was first endorsed by the NHS Board in November 2002.
- 2.2 The review was commissioned to ensure that future services better meet the needs of patients, make better use of available resources, and complement services provided in neighbouring NHS systems.
- 2.3 Following a four month consultation period in 2003, eight service areas were shortlisted for review, namely:
- Cancer;
 - Care of the Elderly;
 - Diagnostics;
 - General Medicine and Sub-Specialities;
 - Orthopaedics;
 - Neurology ;
 - Psychology; and
 - Emergency and Unscheduled Care.
- 2.4 In the current phase of this process, all of these services are being reviewed from the perspective of how they meet the Emergency and Unscheduled Care needs of the local patient population.
- 2.5 Subsequent stages of the review will then determine how these services provide care on an ongoing and planned basis (elective care); how they support rehabilitation after a major trauma or illness; and how intermediate care is provided closer to the patient's home as an alternative to hospital based care.
- 2.6 A number of Service Specific Groups were set up to review and make recommendations for each of the services, which were led by senior clinicians and had representation from non-clinical and staff representatives from NHS Ayrshire and Arran, Local Authority Social Work services and lay representatives. The work of these groups was co-ordinated by an overarching Healthcare Planning Group, which was mirrored by a Designated Lay Group of public and patient representatives.

- 2.7 An option appraisal exercise was then conducted between December 2004 and June 2005 on six possible models of care, which included the status quo of two full, consultant led, Accident and Emergency Services at both Ayr and Crosshouse Hospitals.
- 2.8 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, public and local and regional planning partners on the two options, which received the highest scores. It is anticipated that the final proposal will be presented back to the NHS Board in early 2006.
- 2.9 A number of public meetings have been arranged, including six in East Ayrshire, which have taken or will take place between 7pm and 9 pm on:
- 27 September in Doon Academy, Dalmellington;
 - 3 October in Cumnock Academy, Cumnock;
 - 13 October in Newmilns Primary School, Newmilns;
 - 25 October in Grange Academy, Kilmarnock;
 - 1 November in Muirkirk Primary School, Muirkirk; and
 - 15 November in Stewarton Community Centre, Stewarton.

3. CONCLUSIONS FROM THE OPTION APPRAISAL AND PROPOSED SERVICE ENHANCEMENTS

- 3.1 The option appraisal exercise described at para 2.7 above considered the following six options:
- 1) The status quo of Accident and Emergency services at both Ayr and Crosshouse Hospitals, and emergency in-patient facilities and elective services and wards at both hospitals.
 - 2) An enhanced status quo of Accident and Emergency services at both Ayr and Crosshouse Hospitals, with a twenty-four hour assessment unit on both sites and community-based Community Casualty Facilities (CCFs).
 - 3a) Ayr as the main emergency site, with an Accident and Emergency service and a twenty-four hour assessment unit. Crosshouse would receive elective admissions only but would have an extended hours CCF (no emergency in-patient facilities). In addition, community based CCFs would be developed.
 - 3b) Ayr as the main emergency site, with an Accident and Emergency service, and twenty-four hour assessment unit. Crosshouse would receive elective admissions only but would have an extended hours CCF, plus a combined assessment unit with associated medical receiving beds. In addition, community based CCFs would be developed.

4a) Ayr would take elective admissions only, with an extended hours CCF (no emergency in-patient facilities). Crosshouse would be the main emergency site with an Accident and Emergency service, and a twenty-four hour assessment unit. In addition, community based CCFs would be developed.

4b) Ayr would take elective admissions only, with an extended hours CCF, plus a combined assessment unit with associated medical receiving beds. Crosshouse would be the main emergency site with an Accident and Emergency service, and a twenty-four hour assessment unit. In addition community based CCFs would be developed.

3.2 The recommendations arising from the option appraisal process concluded that the status quo would not be tenable in the future and that Crosshouse Hospital would be the preferred site as the main focus for emergency care. The Healthcare Planning Group scored 4a highest and the Designated Lay Group scored 4b highest with 4a a close second. It was therefore agreed that the current consultation should focus on both of these options.

3.3 The detailed recommendations, on which views are now sought, are to:

- 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 and consult further on the advantages and disadvantages of an additional assessment unit at Ayr Hospital.

4. ISSUES FOR CONSIDERATION

4.1 The review process highlighted a number of service pressures, which had a significant bearing on the resulting option appraisal exercise. These include an insufficient number of consultants to cover both sites; national drivers and evidence base requiring separation of emergency and elective care, and a requirement for services to be delivered closer to the community; and anticipated changes in population structures and patterns of ill health. All of these issues were highlighted as

making it increasingly untenable to maintain the status quo at Crosshouse and Ayr Hospitals.

- 4.2 The review highlighted that considerable patient and public benefit could be derived from delivering emergency and unscheduled care differently in NHS Ayrshire and Arran, including a reduction in Healthcare Acquired Infections, which could be achieved by separating emergency and elective care sites.
- 4.3 In addition, previous years' statistics show that over half of those attending Accident and Emergency services have minor injuries and illnesses, and make their own way to hospital. It is anticipated that under the new proposals these people will be treated closer to home in the new Community Casualty Facilities, which would be open beyond normal working hours, seven days a week. This proposal would reduce the distance that many have to travel for treatment and would reduce waiting times for treatment on arrival. In East Ayrshire, the facility will be located at East Ayrshire Community Hospital in Cumnock, which would be linked through new technology to the main site at Crosshouse Hospital.
- 4.4 It is also anticipated that by having all six consultants based at one site, patients who do have life threatening conditions are more likely to be seen by the most appropriate specialist more quickly.
- 4.5 A significant number of repeat admissions to hospital are older people. The proposed 24-hour assessment units at Crosshouse and potentially Ayr Hospital should mean that fewer people will require to be admitted to a hospital ward unnecessarily, after presenting at Accident and Emergency, before they can be seen by senior medical staff. Instead, a multi-disciplinary assessment team will identify the most appropriate treatment and support, where possible, in the community. It is anticipated that this may have an impact on existing community care services such as those provided by Local Authority Social Work services, which will require further consideration. This is however a natural extension of current joint working between Social Work and Health in preventing avoidable hospital admissions and facilitating early discharge.
- 4.6 Locating all elective care at one site should mean that resources can be better planned and utilised as staff would not have to deal with unexpected emergency admissions. This should also have a positive impact on waiting times for pre-planned care, with fewer cancelled operations.
- 4.7 Some concerns have been raised during the consultation by members of the public and clinical and ambulance staff regarding the extra distance that patients with life threatening conditions will have to travel by ambulance if they live in South Ayrshire, or in the most southernly areas of East Ayrshire such as Dalmellington. The NHS has responded to this in their consultation material by stating that medical evidence shows that in terms of outcomes, the journey time in the ambulance is not as important as life saving treatment on the scene or the quality of treatment you receive on arrival to hospital. In addition they have given assurances that proposals will be accompanied by additional ambulances and paramedics.
- 4.8 In response to challenges regarding maintaining Crosshouse as the central site over Ayr Hospital, the NHS has outlined that the majority of residents live north of Ayr, making it the more accessible site of the two, and that locating services in Kilmarnock should result in more successful recruitment of consultants and other clinical staff, who are more likely to commute from Glasgow than they would to Ayr.

4.9 In response to the argument that people living in North Ayrshire can currently access services in Greenock and Paisley, it has been highlighted by the NHS that both of these services are also likely to be reviewed in the future, which would make it unwise to consider them as stable options at present.

5. PRESENTATION TO COUNCIL

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

6. FINANCIAL IMPLICATIONS

6.1 None at this time, however there may be a future requirement to enhance availability of out of hours social care as indicated in paragraph 4.5.

7. LEGAL IMPLICATIONS

7.1 None.

8. POLICY IMPLICATIONS

8.1 Council is asked to consider these proposals in terms of the Community Planning Partnership's Community Plan and its relevant themes.

9. RECOMMENDATIONS

9.1 Members are asked to:

- i) hear the presentation by NHS Ayrshire & Arran;
- ii) Consider and comment on the proposals and implications of NHS Ayrshire and Arran's review of Emergency and Unscheduled Care Services; and
- iii) otherwise note the content of the report.

Fiona Lees
Chief Executive
23 September 2005

LIST OF 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.

Any person wishing to inspect the background paper relative to this report should contact Elaine Caldwell, Community Planning & Health Improvement Officer, on telephone number (01290) 428366 . Any person wishing further information on this report should contact Fiona Lees, Chief Executive on telephone number (01563) 576103

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