

Discussion document on a future role for
Bridlington Hospital

Scarborough & North East Yorkshire
Healthcare Trust

November 2006

Welcome...

It is intended that this discussion document will help the Scarborough and North East Yorkshire Healthcare Trust to prepare for a full public consultation exercise on the future of Bridlington Hospital. In preparing for that formal consultation we wish to involve and consult our local people and stakeholders on how Bridlington Hospital based services should develop in the future.

We believe now is the time to consider in more detail the future role for Bridlington Hospital for the following reasons:

- current health policy thinking on reducing hospital beds and delivering care nearer to patients own homes,
- recent changes in care and treatment for a range of conditions that is available to patients,
- an increasing focus on the need to review services to ensure they are safe and sustainable, and fit for the future,
- current changes to the training of medical staff and reducing the number of hours junior doctors work, and
- the recent merger of Primary Care Trusts to form the East Riding of Yorkshire PCT, with a stronger commissioning focus

Bridlington Hospital services are commissioned largely by the East Riding of Yorkshire PCT, it is important that the services provided at the Hospital work in collaboration with and complement the community services available locally as well as providing a range of acute hospital care.

There is also an increasing emphasis nationally on defining the role that community services should play in delivering clinically and financially sustainable services culminating in the government publishing *Our Health, Our Care, Our Say*. This government white paper details how health care can be brought back in to community settings through the transfer of a significant amount of what has been traditional hospital care to a community setting.

We value the contribution that you can make in helping to shape proposals and options for consideration in our forthcoming consultation.

Our formal consultation process will take place from December 2006 through to March 2007 and we will aim to give people affected by any proposal or who wish to comment on proposals sufficient information to understand our proposals.

The consultation document will be put together taking into account feedback we receive to the early thoughts which have been presented in this document and we hope that you will use this opportunity to tell us your views and influence the shape of the proposals that we will put forward for public consultation.

Contents

Welcome	p2
Introduction	p4
Purpose	p5
Process	p5
Phase 1 - Discussion	p5
Phase 2 – Public Consultation	p6
Background to review	p6
Why review and potentially change services	p8
Potential benefits to reviewing services	p10
Potential constraints to reviewing services	p11
Proposed services to be provided at Bridlington Hospital	p12
What happens next?	p13
Feedback form	p14

Introduction

- 1.1 Scarborough & North East Yorkshire Healthcare Trust in collaboration with the previous North East Yorkshire and Northern Lincolnshire Strategic Health Authority has historically considered a range of strategic options for the clinical configuration of services across Scarborough and North East Yorkshire.
- 1.2 The trust has now given priority to seeking views and comments on the potential future role for Bridlington Hospital in preparation for a full public consultation exercise on the future role for Bridlington Hospital.
- 1.3 It is important that this piece of work complements the East Riding of Yorkshire PCT exercise to explore the opportunities for developing community based services to meet the future healthcare needs of the population and respond to the challenges these services face.
- 1.4 We share the East Riding of Yorkshire PCT's strong belief that community services make a valuable contribution to the health and well-being of our population. The existing network of community hospitals, health centres and GP practices, have allowed the public to access a wide range of health care services.
- 1.5 The challenge for moving forward is to build upon these strengths in order to enhance local access whilst ensuring that services are safe and sustainable into the longer term.
- 1.6 Some work has taken place to look at how health care services could be developed to provide better care for all through new models of care that would treat a greater proportion of patients closer to home, giving them greater independence as well as better health.
- 1.7 For Bridlington Hospital, and the local population it serves, there are opportunities to develop a range of services on the hospital site that are more responsive to people's needs.
- 1.8 There is also the potential for acute and community services to work together in a much more integrated way avoiding confusion and duplication; and providing a better service to patients.
- 1.9 We need to deploy our resources in a more efficient and equitable way, thereby making the best use of medical and technological advances. This supports the trust in delivering better care and support more conveniently for the local population.
- 1.10 We want to identify with the public, service users, staff and partners what acute hospital services can be provided on the Bridlington site, complementing and supplementing a range of community services. From this, we will identify the services and facilities required and how these should be configured.

Purpose

- 2.1 The purpose of this document is to provide a background briefing on:
- the existing configuration of hospital services and the policy context for the development of acute healthcare services
 - benefits and constraints for the future range of acute healthcare services provided at Bridlington Hospital and proposed objectives
 - some early thoughts on the potential areas of acute healthcare services for development and reconfiguration
- 2.2 The Scarborough & North East Yorkshire Healthcare Trust is seeking views on the issues we should be exploring as part of the formal public consultation exercise and as such hope you find this document helpful.

Process

- 3.1 Formal Public Consultation needs to commence in early December 2006. Subject to feedback generated from this discussion document draft proposals will be submitted to the Scarborough & North East Yorkshire Healthcare Trust Board. These draft proposals will also need to be submitted to a meeting of the East Riding of Yorkshire Overview and Scrutiny Committee.
- 3.2 Scarborough & North East Yorkshire Healthcare Trust has a robust relationship with the Patient and Public Involvement Forum and has an established programme of patient and public involvement within some areas of the Trust's services.
- 3.3 The process we will follow consists of two phases:
- Phase 1 Involvement (including this document)
 - Phase 2 Formal Public Consultation

Phase 1 - Discussion

- 4.1 This phase builds upon internal discussions with staff and information gained from meetings with PAGER, Bridlington Council, Bridlington Health Forum, and information from petitions raised by local people within Bridlington. The ideas and views within this document have been developed in response to feedback received from the above.
- 4.2 A series of meetings have been planned during November to share our current thinking with patients, the public, our staff, clinicians and partners and to offer the opportunity for people to give their comments and ideas. This will allow us to consider and include a range of options in the formal consultation process.

4.3 These planned sessions are as follows:

- PAGER
- Bridlington Health Forum
- Bridlington Council
- Bridlington locality GPs

4.4 In addition, comments can be sent to us by completing the questions at the end of this document, and adding your own comments if you wish. The questionnaire needs to be returned to us by midday on Thursday 30th November 2006.

Phase 2 – Public Consultation

5.1 Scarborough & North East Yorkshire Healthcare Trust PCT intends to start a formal public consultation in December 2006 for a 14 week period, concluding at 5.00 pm on 8th March 2007. The consultation will enable all interested parties to express their views and state their preference on the future commissioning model for community services in the East Riding of Yorkshire.

Background to review

6.1 A number of clinical reviews of local hospital services have been undertaken over the last five years. The conclusions of those reviews have either not been implemented, or the conclusion was that there was no single action or simple fix; the issues were too complex.

6.2 More recently there is an increasing emphasis nationally on defining the role that community services should play in delivering clinically and financially sustainable services culminated in the government publishing *Our Health, Our Care, Our Say*. This government white paper details how health care can be brought back in to community settings through the transfer of a significant amount of what has been traditional hospital care to a community setting.

6.3 There is also a central drive to ensure that services delivered in a hospital setting are appropriate, safe and sustainable. That is not to say that services at Bridlington Hospital are unsafe; we need to review the range of services provided to ensure we have robust care pathways that are fit for the future.

6.4 Equally there have been many advances in healthcare, the majority of traditional hospital based care does not require a much longer stay in hospital than it did a few years ago. There are also new drugs and treatments that mean patients can be treated without having to stay in hospital.

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- 6.5 Some new treatments can be provided in an out patient setting or by patients attending the hospital on a day basis. We need to ensure that we are maximising the role of Bridlington Hospital in providing modern healthcare. This may result in additional, different services being offered to local people in Bridlington and the area.
- 6.6 The principle health challenges for Scarborough and North East Yorkshire Healthcare Trust in providing services for the people of Bridlington include:
- Providing a Minor Injuries service, integrated with local community services, to ensure local patients receive 24 hour healthcare support
 - Care for the growing number of dependent older people, integrated with an intermediate health and social care service
 - Maintaining and further developing strategic alliances with larger acute hospitals to ensure a robust care pathway for patients who need other health services not provided locally
 - Managing the unscheduled care demand agenda

- 6.7 “Unscheduled Care” is the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need.

Most people only experience the need for urgent care occasionally and may not be certain just how urgent their need is. Until they have access to a competent professional who can assess the urgency, their anxiety remains unresolved. The longer they wait for that assessment, the greater their anxiety becomes. This means it is the person accessing services who initially defines the urgency of their need.

The onset of an urgent care need can append at any time of day or night. While there is generally more capacity in the system to respond to that need during the day, the assessment of urgency should be consistent across the 24 hour period. Information on demand and patient pathways should be used to inform commissioning of the right capacity in the right places to meet urgent or emergency care in an integrated and complementary way. Not to do so may mean that services are not optimally deployed to meet the most urgent needs quickly and achieve system-wide value for money.

- 6.8 The achievement of an affordable clinically safe service for local people in Bridlington is a joint objective for both Scarborough and North East Yorkshire Healthcare Trust and East Riding of Yorkshire PCT as our main commissioners of services at Bridlington Hospital.

6.9 We share the local priorities reflected in the East Riding of Yorkshire PCT's "Discussion document on a future commissioning strategy for community services". These are:

- Recognition of the transport and travel difficulties experienced in rural areas
- Access to local diagnostic/x-ray services
- Access to local Consultant/out-patient services
- Retaining safe and sustainable local services
- Meeting the demands of each local population
- Improving utilisation of beds/services in community hospitals
- Access to a minor injury service
- Access to local podiatry services
- Access to out of hours services
- Access to local rehabilitation/recovery/stroke/intermediate care services

Why review and potentially change services?

7.1 Health services have changed radically since the NHS first started in 1948. Indeed it has changed dramatically since the current Bridlington Hospital opened. Medical knowledge, new drugs and equipment have improved treatment and patients' quality of life.

7.2 The people the NHS serves have also changed. We now have an ageing population, especially in the Bridlington area where a significant proportion of local people are older and ageing. Indeed, this trend is expected to continue over the next ten to twenty years with a significant impact on health needs and service provision.

7.3 This along with other factors such as obesity, means that the main health problem is no longer predominantly acute illness (serious short term illness), but managing chronic conditions such as diabetes, respiratory diseases and arthritis.

7.4 Indeed, chronic conditions have been called "the 21st century healthcare challenge", already accounting for around 60% of hospital bed-days and a staggering 80% of GP appointments.

7.5 The Government's Wanless Report (2003) stated that in the future the NHS cannot continue in its current form and that a change in the way services are provided is needed to ensure that funds are spent in a way that best meets the changing needs of the public. It also recommended changes in the way Community Hospitals are used and

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- included the requirement to consider whether or not such facilities could be better used to deliver new models of health care.
- 7.6 New payment systems for hospital care services are resulting in hospital providers reviewing the efficiency and viability of certain units and services. In order to deliver future performance targets for elective and emergency care, substantial service redesign is likely to be required, notably a significant transfer of work to community settings.
- 7.7 Value for money is also important, not only for its own sake, but if we are wasting money in one part of the health system this means that we cannot find more urgent treatment elsewhere.
- 7.8 Services have not always developed and been put together in a way that means patients get the best continuity of care; reducing the need for patients to attend many times, often in different places, to resolve one health issue.
- 7.9 Safety has to be our top priority. As medical care becomes more complex this has an impact on where and how services can safely be delivered. Equally, new technology can enable experts to monitor and review patients without actually being present e.g. via internet, video or phone links. We need to make the most of these developments also.
- 7.10 Some of the medical staff currently working at Bridlington Hospital will change. The ways doctors continue their training after they have qualified is changing and affects the whole of the Trust on all our Hospital sites.
- 7.11 The medical “Deanery”, (the body that agrees where junior doctors in training can be trained), is seeking to withdraw their support for training Junior Doctors in Bridlington as the hospital does not see a wide enough range of patients, or enough patients to ensure that junior doctors gain the level of training experience that they need.
- 7.12 The way PCT’s commission services is also changing. Commissioning now reflects the full set of activities that local authorities and PCTs undertake with a view to ensuring that the services they fund, on behalf of the public, are used to meet the needs of the population fairly, efficiently and effectively.
- 7.13 This means that the PCT are also reviewing how and what they commission from acute Trusts like Scarborough and North East Yorkshire Healthcare Trust; and the range of services they want to see delivered in hospitals like Bridlington.
- 7.14 There appears to be an over reliance on beds in hospitals as the main way of providing specialist care for people. Evidence has shown, however, in other parts of the country that strong community services

can be developed which mean that only people who are acutely ill need be admitted to hospital.

- 7.15 Those who are chronically ill do not always have to be admitted to hospital, but can receive the same level or a better quality of care in their own homes. Locally, the East Riding of Yorkshire PCT has started to introduce case management where community matrons support people with complex conditions in conjunction with the GP and other Health Professionals.

Potential benefits to reviewing services

- 8.1 If we do not review services at Bridlington Hospital, and respond to all the issues raised above, we run the potential risk of ad hoc service changes, increased potential for things to go wrong with patient care, difficulty in developing new services and a failure to deliver a local health service that meets local patients needs.
- 8.2 In addition, recruiting and retaining staff has also been a difficulty within certain parts of the existing services provided in both Bridlington Hospital and East Riding community services.
- 8.3 We are seeking to achieve a number of benefits in reviewing the future role of Bridlington Hospital. We share with the East Riding of Yorkshire PCT their views on benefits particularly:

Quality

- To ensure provision of safe, high quality services
- To ensure services deliver the best possible health outcomes
- To improve patient experience

Access

- To reduce inequalities in service provision, improving access to services in rural settings
- To broaden the range of services provided to patients closer to home using technology, where appropriate, to support improved access to services
- To create services which enable local clinicians, hospital and primary care to work together to deliver an increased range of local care
- To improve continuity of care, reducing the number of different locations that patients have to go to for treatment
- To support the delivery of national performance targets
- To provide an increased range and volume of community-based services

Sustainability

- To improve the recruitment and retention of staff across all disciplines through enhancing roles and providing new opportunities
- To define the intermediate level services provided at Bridlington hospital

Affordability

- To work with the PCT to reduce duplication and optimise the effective use of resources across the health and social care community

Potential constraints to future role for Bridlington Hospital

9.1 The East Riding of Yorkshire PCT's "Discussion document on a future commissioning strategy for community services" also identifies some constraints for their commissioning strategy. Some of these constraints equally apply to determining a future role for Bridlington Hospital.

9.2 Most notably for Bridlington Hospital the constraints are:

- Services provided must ensure patient and staff safety through the provision of clinically appropriate care
- Transport and rural access to health care is a problematic issue for patients and must be taken into account
- Services provided at Bridlington Hospital, must ensure an adequate catchment population exists to ensure viability
- Services provided at Bridlington Hospital must have the flexibility to meet the changing demands of the population and key national performance measures
- Any plan(s) for providing acute services at Bridlington Hospital must be aligned with the objectives of East Riding of Yorkshire PCT and ensure that sufficient, viable primary and community care services exist
- The use of existing facilities and assets, notably Bridlington hospital site, must be optimised to be sustainable in the future
- The total cost of the health services provided at Bridlington Hospital must not exceed the total amount of money available to us to provide them
- The services provided must fit with the availability of clinical professionals, health service staff and available health service equipment and facilities

- Services provided must deliver reasonable value for money when compared with national comparator benchmarks

Proposed services to be provided at Bridlington Hospital

- 10.1 ***Following feedback on this discussion document, these proposals will be reviewed prior to a formal public consultation document being produced for consultation during the period December 2006 to march 2007.***
- 10.2 A walk in Minor Injuries service for its local population. We will look to collaborate with the East Riding of Yorkshire PCT to deliver an integrated 24 hour Minor Injury service.
- 10.3 Continuation of ante natal and post natal obstetrics and maternity care, including ultra sound, provided by consultant staff and midwives; further strengthened by increased consultant obstetrician out patient service.
- 10.4 Home from Home births at Bridlington Hospital to be reviewed and probably discontinued in common with community hospitals in Malton and Whitby on the grounds of patient safety and public misperception that delivery in these hospitals is safer than a home birth.
- 10.5 Continuation of provision of a range of diagnostic services including X Ray services and a range of other interventional diagnostic procedures, for example endoscopy. This may also expand to provide a one stop diagnostic and assessment service for some conditions in collaboration with PCT clinical staff.
- 10.6 The current broad range of out patient services plus the potential to deliver a wider range of specialities where appropriate.
- 10.7 Intensive general rehabilitation support requiring specialist medical support plus nursing and therapy services as provided currently, with the potential to ensure support for all local stroke patients.
- 10.8 In collaboration, with the local PCT seek to expand existing services on the Bridlington site to provide specialist day treatments potentially in renal dialysis and chemotherapy.
- 10.9 Increase the volume, and potentially the range of day case surgery provided at Bridlington Hospital.
- 10.10 Review the range of acute medical services provided on the Bridlington site in light of the introduction and background sections of this paper to ensure services are safe, sustainable and affordable. This will ensure patient care provided at Bridlington is part of an appropriate care pathway.

10.11 It is envisaged there will be a broad range of acute medical services provided on the Bridlington hospital site. In common with almost every hospital in England, the number of beds on site may reduce. The number of hospital beds does not equate to the quality of care patients receive.

What happens next?

- 11.1 The views, comments and ideas presented to the Trust on this discussion document over the coming weeks will play an important role in ensuring we consider and develop options for inclusion within the formal public consultation from December 2006.
- 11.2 The formal consultation proposals will be discussed by the Scarborough and North East Yorkshire Healthcare Trust at a public board; ideally, prior to the start of the formal consultation period a meeting will be held with the East Riding of Yorkshire Health Overview and Scrutiny Committee.
- 11.3 If you would like to provide comments and feedback about any aspect of this briefing paper please complete and remove the attached feedback form by noon on Thursday 30th November. The form can be returned to us:

In person At the main reception at Bridlington Hospital

By post Freepost
Scarborough and North East Yorkshire Healthcare Trust
Scarborough Hospital
Woodlands Drive
Scarborough
North Yorkshire
YO12 6QL

Online An electronic copy of this booklet and feedback form can be found on the trust website

Email contactus@erypct.nhs.uk

Discussion document on a future role for Bridlington Hospital

Feedback Form

1. Please indicate your gender and age range by putting a cross (X) in the appropriate box below:

Male	Female	
Under 20	20 to 29	30 to 39
40 to 49	50 to 64	65 to 74
75 to 84	85 and over	

2. Are there any parts of the proposed services to be provided model which are unclear to you? If yes, please provide details.

3. Do you agree with the range of services described in the proposals for Bridlington Hospital? If not, please provide details of the changes that you would like to see.

4. We have provided an assessment of the constraints faced in developing proposals for the future of Bridlington Hospital. Taking these into account, are there any additional views or ideas you would wish the Trust to consider in developing a future role for Bridlington Hospital?

**5. What do you value most in relation to Bridlington Hospital services?
Please rank the following in your priority order (1 being the most
important and 4 being the least important).**

Rating (1 4)

Area of value

Quality and safety

Accessibility

Affordability

Sustainability

**6. Please take this opportunity to provide us with any other views or
comments on this document.**

Thank you for taking the time to provide us with your views.

When you have completed this feedback form, pull it out of this document and hand it to main reception at Bridlington Hospital. Alternatively, complete it and return to us by noon on Thursday 30th November at the address below:

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