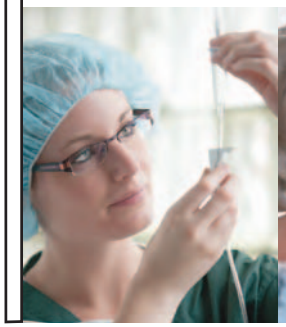
The Future of Services at Bassetlaw Hospital



BASSETLAW
DISTRICT COUNCIL
NORTH NOTTINGHAMSHIRE

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Foreword

This report of the 'Review of the Future of Services at Bassetlaw Hospital' describes the community concerns, parameters for scrutiny, evidence gathered and recommendations drawn.

It was identified as a worthy area for investigation because there were suggestions that significant changes were being proposed to hospital services in Bassetlaw. The reaction of the public, local politicians and the media to this perceived threat meant it was very important to clarify the situation, hear evidence as to what was happening and engage positively, as democratic representatives, with any proposals for change.

This review took place against a background of major change within the National Health Service. As politicians, it is impossible not to form a view. However, we focussed on local issues in achieving the best possible service at Bassetlaw Hospital with good outcomes for patients.

Although the review had a restricted brief, it necessitated considerable information gathering for which officers of the council are to be commended. Thanks must also go to Dr Leonard Williams who considerably helped our understanding. Somewhat unusually, witness evidence was given in public. Although slightly complicated, I believe this process worked.

Bassetlaw Hospital is a small hospital and links with Doncaster Royal Infirmary are strong, necessary and mutually beneficial. What we heard was that the maternity service would remain 'consultant-led' and that 'babies would continue to be born in Bassetlaw'; the paediatric service was to be enhanced and, in this context, 'small is beautiful'; fractured neck of femur services were maintaining good outcomes and the A&E Department was being developed. We were made aware of difficulties in recruitment, developments in community services, and the need to maintain access for patients and their families.

We were very grateful for the time given and the positive contribution from representatives of the Health Service including hospital and commissioning managers and were impressed with their breadth of knowledge and commitment to Bassetlaw.

Recommendations are made about building stronger links with the community and developing joined-up communication strategies thereby avoiding the potential for future mistrust or unease. At the end, because this is a time of great turbulence, critical change and of such importance, we felt the Council should offer to host an annual forum and continue to hear about changes and developments.

It has been a pleasure to be associated with this piece of work. There is no suggestion that the work of the panel 'saved' services in Bassetlaw. However, by listening to the complexity of activity, understanding some of the dilemmas, offering recommendations and developing the relationship of a critical friend, I would like to think we have played a part in securing a more positive future.

Councillor B. Barker
Chair of Health Panel

February 2012

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1. Executive Summary

1.1 Summary of Findings

Establishing the Facts

The 'Review of the future of services at Bassetlaw Hospital' was undertaken at a time of unprecedented change within the National Health Service and at a time when locally concerns about the future of Bassetlaw Hospital were receiving high profile media attention.

It was important for the Health Panel to find out what the plans were for service delivery at Bassetlaw Hospital, how decisions about service delivery were being made/communicated and how new commissioning arrangements might affect the future sustainability of the hospital.

The panel was committed to carrying out the review in a professional and evidence based way. To achieve this, the panel required the full co-operation of health service managers, clinicians, commissioners and service users. This co-operation was secured and the success of the review was hinged around this support. In order for the review to be carried out in a transparent way questioning of witnesses took place in public through formal meetings of the Overview and Scrutiny Committee. These meetings were open to the public. The public were also given the opportunity to submit questions in advance that could be incorporated into the Committee's questions to invited speakers.

The review was complex and wide-ranging. In order to keep the focus of the review it was centred around a clear ambition ***'to secure the best possible range of services at Bassetlaw Hospital that can be delivered safely and achieve the optimum outcomes for patients'*** *but was supported by some clear lines of questioning around the following themes: -*

Key Hospital Services i.*e. Maternity, Paediatrics, Fractured Neck of Femur, Emergency Services and In-Patient and Outpatient Services,* **Communication/Patient and Public Involvement**, **Community Services**, **Sustainability of Bassetlaw Hospital** and **Access to Services.**

The table below shows the starting point for the review and summarises the evidence that the panel found during the course of the review.

The Starting Point for the Review	What we Found
To understand how the national developments in health were playing out locally i.e. in the creation of new structures and new decision making processes	A new organisation called the Bassetlaw Commissioning Organisation (BCO) had been set up. Working with NHS Bassetlaw (PCT) the BCO is jointly responsible for the commissioning of primary and secondary services for Bassetlaw residents. NHS Bassetlaw and the BCO have the choice of procuring services from Bassetlaw Hospital but equally they can look elsewhere if they feel other options better meet their needs. The panel therefore understood that Bassetlaw Hospital could only provide services that commissioners were prepared to pay for.
To find out if a Clinical Services Review led by NHS Bassetlaw and NHS Doncaster was still going on and what, if any, proposals for change this was highlighting for Bassetlaw Hospital. In Bassetlaw the review covered: • Options for Paediatric (Children's) Services • Options for Gynaecology and Obstetric (Maternity) Services • Options for the delivery of services at Bassetlaw Hospital – including Accident and Emergency, Fractured neck of femur and inpatient/outpatient services g	There had been some slippage in the timetable of this review. Members of the Overview and Scrutiny Committee had been briefed by NHS Bassetlaw about the scope and the timetable of the Clinical Services Review. The reports referred to below were commissioned to inform the Clinical Services Review. Consultation on the options with the public and stakeholders were due to commence in Bassetlaw in May 2011 in relation to Fractured Neck of Femur and, in October 2011 in respect of Paediatric, Gynaecological and Obstetric, Accident and Emergency and inpatient and outpatient services. Members became aware of the contents of the external review of Maternity Services and its recommendations and this was a driver to commence the District Council Health Panel review at the earliest opportunity in September 2011. At the time of the BDC Health Panel review the main proposals arising out of the Clinical Services Review were not directly impacting on Bassetlaw Hospital. Therefore Members were able to exclude this issue as an immediate concern for the review. (Other issues in relation to other parts of the Trust did progress e.g. in relation to the Montagu Hospital, Mexborough). Formal proposals arising from the Clinical Services Review e.g. in relation to the Paediatric Service could still come forward for consultation and Members agreed to keep a watching brief on this.

The Starting Point for the Review	What we Found
To access external and internal reports about Bassetlaw maternity and paediatric services and understand how or if these recommendations were being actioned	**Maternity Services** Members found that these reports had been the source of a lot of the concerns around the future of services at Bassetlaw Hospital – particularly around Maternity Services. Within the original external report on Maternity and Gynaecology Services at Bassetlaw Hospital and Doncaster Royal Infirmary by Martin de Bono there was a recommendation to run the Maternity Services at Bassetlaw Hospital as a midwifery led unit. This had caused public concern and had been the subject of high profile press coverage over several months. It was also a factor in the setting up of local lobbying groups e.g. the Save Our Services Group. During the review Members were advised by both the commissioners and by Bassetlaw Hospital's new Chief Executive that Bassetlaw Hospital Maternity Services would remain as a consultant led maternity unit. This allayed one of the major concerns that had prompted the review. The De Bono report also identified other concerns about Maternity Services which are addressed later within this report. The concerns related to: -. • The viability of a midwifery led maternity unit for Bassetlaw • Sustainability of a consultant led maternity service • The potential abstraction of Obstetric Consultants from Bassetlaw to support the Doncaster Service • Access to emergency caesarean sections at Bassetlaw • Theatre capacity for planned caesarean sections • Anaesthetic cover for epidurals – out of hours • Succession planning in respect of consultants • Training and supervision of junior doctors • European Working Time Directive • Shared junior doctors out of hour rota (Covering – Gynaecology, Obstetrics and Paediatrics) and training for junior doctors • Treatment of terminations and miscarriages on the same ward

The Starting Point for the Review	What we Found
	Paediatrics The report by Dr Adrian Brooke on the 'Options for the Delivery of Safe, High Quality Sustainable Health Services for Bassetlaw Children' identified that the paediatric services at Bassetlaw were 'safe but not sustainable in their current form'. No definitive decisions had been made on the recommendations within this report at the time of the review. However a number of the recommended improvements to the service were being implemented e.g. a rotation of nursing staff between DRI and Bassetlaw Paediatric wards. The concerns within the Dr Adrian Brooke report centred around: - • De-skilling of clinicians due to the relatively low volume of patients and the lack of complexity of patient cases in some areas • Potential loss of inpatient services for children • Low levels of occupancy within the Special Care Baby Unit of 35% • Limited anaesthetic cover • Availability of skills in advanced airway management • Under-developed community outreach services • Lack of rotation of doctors working in the Paediatric service across the Bassetlaw and Doncaster sites • Potential reduction in the number of junior doctors could make it impossible to sustain services. • Shared junior doctors out of hour rota (Covering – Gynaecology, Obstetrics and Paediatrics) and training for junior doctors • The timescale for filling the vacant Paediatric Consultant post • The age profile of consultants and the impact of recent and pending retirements • Ability to deal with child protection cases "in house" • Long term sustainability of the Paediatric Service
To determine who was in control of what services would be delivered at Bassetlaw Hospital	The panel found that there were many national drivers dictating how hospital services should be delivered e.g. National Clinical Standards and National Service Standards prescribed by the Royal Colleges that the hospital has to have regard to. Locally the hospital must also respond to the commissioning practices and intentions of NHS Bassetlaw and the Bassetlaw Commissioning Organisation. Members, therefore, understood that the hospital was influenced by local commissioners and the need to provide services to national quality standards.

There were however, other outstanding concerns that Members identified throughout the review for which recommendations have been made. These are detailed below.

Other issues identified during the review:

- The scale and pace of NHS structural reforms
- The movement of 80% of NHS budgets to untested structures
- The use of Accident and Emergency for injuries and illnesses that could be better treated elsewhere
- The lack of capacity at the Westwood 8 - 8 Primary Care Centre (Manton Walk in Centre) for emergency patients
- The impact of the new incentive scheme being implemented by NHS Bassetlaw and the BCO - which could see more patients treated in primary care settings
- The impact of the reduction in out-patient referrals on the long-term sustainability of Bassetlaw Hospital
- The need to maintain levels of investment in community services – that help our communities to live independently and prevent the risk of hospital admittance
- The need for further investment in transport to Bassetlaw Hospital and between Bassetlaw Hospital and Doncaster Royal Infirmary
- The need for co-ordinated, consistent communication with the public from both the hospital and the commissioners about service plans/changes
- The need to improve internal communications so that patients only need to provide their details once on admittance
- The need for clearer communication about which health services can be accessed from which locations/providers in the District
- Changes to the 999 call out arrangements

HEALTH PANEL KEY RECOMMENDATIONS

	Recommendation
	Maternity
1	The Health Panel supports the continuation of a consultant led maternity unit as the only safe and viable option for Bassetlaw. Any changes to this level of service should be communicated effectively to the community and key partners.
	Paediatrics
2	The Health Panel supports the long-term sustainability of Bassetlaw Hospital's Paediatric Services, secured through the rotation of key nursing and consultant staff between BH and DRI.
	Fractured Neck of Femur
3a 3b	That the best practice standards for fractured neck of femur are maintained and where possible improved. That in achieving these best practice standards the quality of the service in other areas is not diminished. Members welcome the investment made in falls prevention in particular the role of the Specialist Nurse and would want this investment to continue to reduce the numbers of fractured neck of femur cases.
	Emergency Services
4	The Health Panel welcomes the investment of over £1m in the Accident and Emergency Department at Bassetlaw Hospital and the external review of this function. The panel requests that the details of the report are made known to the Health Panel as soon as possible.
	Inpatient/Outpatient Services
5	In light of the drop in outpatient referrals to Bassetlaw Hospital the panel recommends that NHS Bassetlaw supplies the Council with information on patient referrals on a six monthly basis that shows: - • the care pathways of patients • trends in referral patterns • how referral practises in Bassetlaw compares with other similar areas

	Recommendation
6	That Bassetlaw Hospital develops a communication system between staff and departments so that patients only have to provide their information once on admittance.
	Communication
7	That the DBHFT proactively promotes, in a user friendly way, the services it provides and standards of service patients can expect to: • Bassetlaw Commissioning Organisation • Yorkshire and the Humber Postgraduate Deanery • Bassetlaw District Council • Local Community • Democratically elected representatives
8	That the BCO and DBHFT jointly communicate with the public when service modifications are planned.
9	That the BCO and the DBHFT advise the panel of how they would wish to formalise their links with the District Council, building on the foundations already laid. The panel strongly recommends that the BCO considers having a representative from Bassetlaw District Council on its Board.
10	The Health Panel recommends that the 'Choose Well' leaflet is distributed and used more widely. That NHS Bassetlaw/BCO explores other methods of educating the public alongside Bassetlaw District Council about the gateways to accessing services.
	Community Services
11	The Health Panel encourages the further development of the Hospital Community Outreach Services. It is recommended that they work closely with other relevant service providers in the area, so that complementary services are delivered seamlessly.
12	That the level of investment in community services should continue. Regular updates should be provided by Nottinghamshire Healthcare Trust to the Council's Annual Public Forum (see recommendation 16).

	Recommendation
13a	That the purpose of the Westwood 8 - 8 Primary Care Centre is clarified and that this is effectively communicated to the public by NHS Bassetlaw.
13b	That the NHS Bassetlaw modifies the contract for the Westwood 8 - 8 Primary Care Centre so that more than 10 people can be seen daily on a walk in basis.
	Sustainability of Bassetlaw Hospital
14	That the hospital promotes the unique benefits of working in a small district hospital with the Deanery as an incentive for junior doctors to come to Bassetlaw.
	Access to Services
15	That the level of investment be maintained for providing transport from BH to DRI and that consideration is given to: • further investment to support rural transport to Bassetlaw Hospital • extending the Link service between Bassetlaw to DRI on evenings and weekends.

	Recommendation
	Continuing the links with Bassetlaw District Council post review
16	That Bassetlaw District Council facilitates an Annual Public Forum involving local commissioners, providers and elected Members to give progress reports and information about service developments. To include: • Plans/key service changes • An update on QIPP • Report on the Community Outreach service, including the Community Paediatric Consultant • The development of the Assessment and Treatment Centre • Performance information about fractured neck of femur especially once the incentive scheme has ended • Community Services performance data • Report on the improvements to the Accident and Emergency Department • Report on the recruitment and retention of junior doctors • Update on the contract for the Westwood 8 - 8 Primary Care Centre • Outcomes from the Falls Prevention service
17	That the OSC consider a one day review on the Ambulance Service and changes to the 999 call policy and procedure in the 2012/13 Work programme.

An Equality Impact Assessment has been carried out for this review. This can be viewed at www.bassetlaw.gov.uk under the Equality Section or by contacting the Policy and Scrutiny Unit on 01909 533189.

1.2 Scope of the Review

Our Ambition
To secure the best possible range of services at Bassetlaw Hospital that can be delivered safely and achieve the optimum outcomes for patients.

Our Scope/Lines of questioning	
Hospital Services	a) To understand the detail of service changes at Bassetlaw Hospital and their implications with a focus on: - • Maternity • Paediatrics • Fractured Neck Of Femur • Emergency Services • In Patient and Out Patient Services: - Where we understand that services are to remain unchanged we want to understand the rationale for these decisions and how issues raised in previous reports regarding required service improvements are to be addressed. b) To ensure that the four Department for Health tests for service re-configuration are met/have been met in respect of the five areas identified above. • Support from GP Commissioners • Strengthened public and patient engagement • Clarity of evidence base • Consistency with current and prospective patient choice c) To establish how the need to achieve identified QIPP savings is influencing decisions on service provision at Bassetlaw Hospital.

Our Scope/Lines of questioning	
Communication/Patient and Public Involvement	To ensure that the public understand what services and service standards they can expect to be delivered by Bassetlaw Hospital and that this is communicated by NHS Bassetlaw and other key players
Community Services	• To establish how Hospital community outreach services are to be improved to address identified deficiencies. • To seek clarity on the future delivery of PCT community services.
Sustainability of Bassetlaw Hospital	• To find out how Bassetlaw Hospital can remain viable through creative workforce planning. • To find out how the anticipated shortage of junior doctors is going to be managed and what succession planning there is in place for consultants reaching retirement age.
Access to services	• To ensure that Bassetlaw people can access hospital services at locations other than Bassetlaw Hospital. • To establish what investment there will be to improve the current offer of shuttle bus services between Bassetlaw Hospital and Doncaster Royal Infirmary and the current offer of community transport.

1.3 Membership

Councillor B. Barker (Chairman)	Councillor D. Potts
Councillor Mrs V.A. Bowles (replaced Councillor Mrs E.M. Yates)	Councillor Mrs M. W. Quigley
Councillor I. Campbell	Councillor J. Shephard
Councillor P. Douglas	Councillor A. Simpson
Councillor I. Jones	Councillor S. Toms
Councillor A. Mumby (Vice-Chair)	Dr L. Williams (Expert)

2. Background

It is important to understand the context of this review which stems from changes at both a national and local level. This review came to the attention of Councillors because of the concerns of local people about the future of services at Bassetlaw Hospital (BH). This followed the findings of two external reports that made recommendations to change the Maternity and Paediatric Services at Bassetlaw Hospital. At the same time a local action group called 'Save our Services' was campaigning against possible changes to service provision and the potential loss of services from the hospital.

It was against this backdrop that the Health Panel were tasked with the review, 'Review of the Future of Services at Bassetlaw Hospital. The main aim was to understand what was happening, find out how information was being communicated to local people and what changes were taking place or were planned.

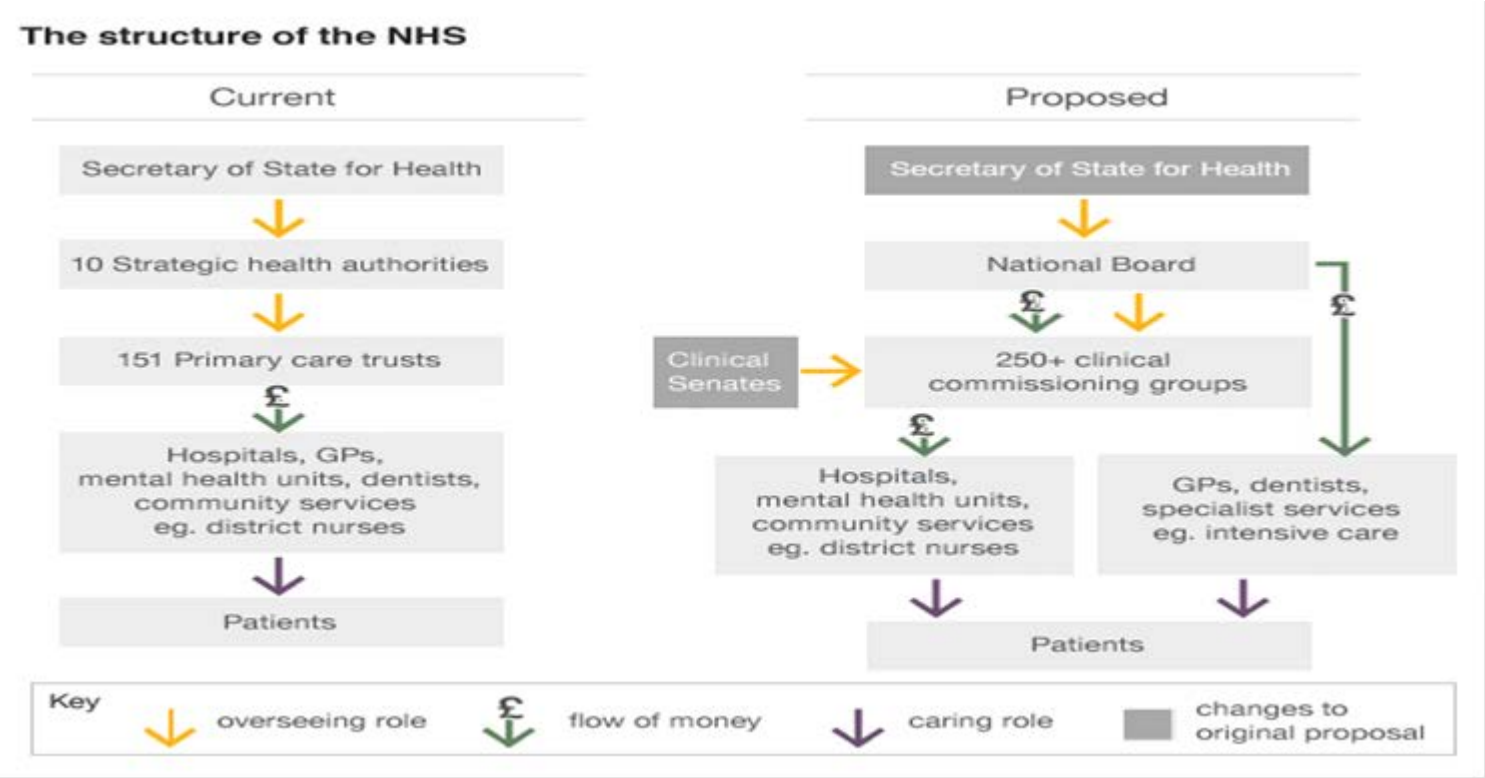
2.1 National Context

The National Health Service (NHS) in England is facing the biggest structural changes since it was created in 1948. The Health and Social Care Bill will enact these changes if given Royal Assent – although there is still doubt over this. The proposals include plans to: -

- Abolish Primary Care Trusts and Strategic Health Authorities
- Create a National Commissiong Board to oversee new commissioning arrangements
- Establish Clinical Commissioning Groups comprising GPs, other clinical leads and lay person representatives
- Create Health and Well-Being Boards to oversee the delivery of commissioning and the profiling of health needs in their area
- Establish HealthWatch organisations to act as the patient advocate

The Government is focused on creating national centres of excellence for health treatment, enhancing community services, reducing hospital admissions and shortening the length of hospital stays.

The NHS is facing a national shortage of junior doctors. This is compounded by the European Working Time Directive where doctors can no longer work more than 48 hours per week. As well as making major structural changes the NHS must save £20 billion during a four year period (2010/11 – 2014/15).



2.2 Local Context

Doncaster and Bassetlaw Hospitals were amongst the first in England to receive Trust status in 2004

Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBHFT) provides secondary care services at five hospitals, Bassetlaw Hospital, Doncaster Royal Infirmary, Montagu Hospital, Retford Hospital and Tickhill Road Hospital at Balby, near Doncaster. The Trust serves a population of over 410,000 people in the areas covered by Bassetlaw District Council and Doncaster Metropolitan Borough Council, as well as from parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire. It employs approximately 6,000 staff.

Bassetlaw Hospital is located in Worksop; the hospital has 300 beds. Each year, the hospital treats around 33,000 patients along with around 45,000 people in the Accident and Emergency Department. The hospital provides a range of secondary services. Recent developments include a Medical Assessment Unit, opened in April 2010, new renal outpatient service, renal dialysis unit (opened in June 2009), new Coronary Care Unit, new outpatient accommodation and Dermatology Unit, new MRI service, and new Stroke Unit. A new Breast Care Unit opened in September 2011. A new hospital kitchen and restaurant opened to the public in 2010. Phase 1 of an expanded A&E Department opened late 2011[1]. All NHS providers were required to register with Care Quality Commission in 2010/11. Each trust must meet essential standards of quality and safety, and if a given trust had problems, they were registered with conditions. Doncaster and Bassetlaw Hospitals received registration status with no conditions attached which is a significant achievement for the Trust.[2]

NHS Bassetlaw is the local Primary Care Trust for Bassetlaw. A local Clinical Commissioning Group which will take over from the PCT in April 2013 is known as the Bassetlaw Commissioning Organisation (BCO). NHS Bassetlaw (PCT) and the BCO are integrated as a business organisation and are the first to do so in this area. The PCT holds a current budget of £200m to provide services in Bassetlaw. These changes have affected the local landscape with major changes to the structure and commissioning of services. For 2011/12 NHS Bassetlaw /BCO has to achieve an efficiency target of £5.7m from an allocation of £200m. The hospital also has to make efficiency savings this year (2011/12) of £19m with a further £13m for 2012/13.

The History of Service Change Proposals affecting Bassetlaw Hospital

Health services are constantly evolving and under review. This is the case with services provided at Bassetlaw Hospital. Set out below gives a short history of the most recent service reviews and shows the reader the background to the Health Panel Review: -

Name of the Review	Date	Scope	Outcome
Service reconfiguration programme 'Ambitions for the Future' led by the DBHFT	2008	Reviewed clinical services across the Trust to ensure quality and sustainability	This programme included four proposals for change that affected the care provided in both Doncaster and Bassetlaw

[1] Dr Foster Health
[2] DBHFT Annual Report 2010/11

Name of the Review	Date	Scope	Outcome
Service Change Assurance Process led by NHS East Midlands and NHS Yorkshire and the Humber Strategic Health Authority	30th November 2009 - 3rdDecember 2009 -	Reviewed the proposed areas for service changes to four pathways outlined by 'Ambitions for the Future' • Emergency Trauma and Orthopaedics • Emergency Medicine • Rehabilitation Centre	The review recommended: • A suggested time frame to address risks and issues identified. • The production of a single acute care strategy for both Doncaster and Bassetlaw • That the scope of the work should be broader than the initial four proposals detailed above
Clinical Services Review Led by Doncaster NHS and Bassetlaw NHS. • Options for Paediatric (Children's) Services • Options for Gynaecology and Obstetric (Maternity) services • Options for the delivery of services at Bassetlaw Hospital – including Accident and Emergency, Fractured Neck of Femur and In-patient/out-patient services	October 2010	Phase I – Developing Interim Proposals Phase II – Testing and Refining Proposals with the public Phase III – Phased service improvements A comprehensive review of all acute services, including maternity and gynaecology services and Paediatric services	No service changes were implemented as part of this process for Maternity Services. There has therefore not been a consultation exercise. Service improvements are being implemented for Maternity Services No major proposals for change have been put forward for consultation for the Paediatric Services as at February 2012. Minor improvements are being implemented

Name of the Review	Date	Scope	Outcome
External Review of Maternity and Gynaecology Services across Bassetlaw and Doncaster by Dr Martin de Bono (Consultant Obstetrician, Calderdale and Huddersfield NHS Foundation Trust)	October 2010	Review of maternity and gynaecology services provided by DBHFT	Recommended a Midwifery Led Unit at Bassetlaw Hospital. This was not implemented
Options for the delivery of Safe, High Quality Sustainable Health Services for Bassetlaw Children by Dr Adrian Brooke (Consultant Paediatrician at Leicestershire Community Child Health Services)	October 2010	Review of Paediatrics at Bassetlaw and Doncaster Hospitals	Highlighted key issues around sustainability of the service. A number of the areas identified for improvement are being implemented.
A Review of the External Report on Maternity & Gynaecology Services. Led by Mr Mohamed Alloub, Clinical Director, Women's and Maternity Services	April 2011	To consider the risks and benefits for the service and the local community of the proposals made in the de Bono Report	Recommended A Consultant Led Maternity Unit. This represented no service change at Bassetlaw – which continues to be a Consultant Obstetric Led Service.
A Review of the External report on Paediatric Services led by Dr Mahmoud Al-Khoffash	April 2011	To consider the risks and benefits to the service and the local community of the proposals made in the Dr Brooke Report	Proposed three service models. At present Option 1 is operating i.e. acute inpatient service at DRI and BH including a Neonatal Intensive Care Unit at Doncaster and a Special Care Baby Unit at Bassetlaw.

3. Method of Review

3.1 Summary of Review Meetings

Due to the high profile of this topic it was decided that all witnesses would be seen at extra-ordinary meetings of the Overview and Scrutiny Committee so that the public and press could attend. Members of the Health Panel carried out the preparation of the questions and the selection of invitees for each of the extra–ordinary meetings. The panel also co-opted an expert onto the Panel, a Dr Leonard Williams, a retired Consultant Paediatrician, who was able to provide guidance.

The Health Panel invited 36 people to answer questions at the extra-ordinary Overview and Scrutiny Committee meetings. These invitees were drawn from a wide spectrum and included Chief Officer and Senior Health Service professionals, Consultant clinicians, midwives, commissioners, voluntary sector representatives and patients. The Health Panel would like to thank everyone for their co-operation and participation in the process which has proven to be invaluable to this review.

Meeting	Witnesses	Evidence Gathered
23/09/11	Phil Mettam, NHS Bassetlaw (PCT) Chief Operating Officer Denise Nightingale, Clinical Advisor NHS Bassetlaw and NHS Doncaster Dr Bhupendra Singh, Consultant Paediatrician and Co-Clinical Director, DBH NHS FT Karen Cousins, Clinical Lead Midwife Sharon Smithson, Midwife, Matron - Women's Services. Deirdre Fowler, Head of Midwifery, General Manager – Women's Services Ian Greenwood, Director of Strategic & Service Development Bassetlaw Hospital Ron Calvert, Chief Executive, Doncaster & Bassetlaw NHS FT Dr Robin Bolton, Medical Director, DBH NHS FT Chris Scholey, Chairman, Doncaster & Bassetlaw NHS FT Karen Bartle-Howard, Maternity Services Liaison Committee Michelle Gregory, Maternity Services Liaison Committee	**Maternity Services** Plans for the Maternity Unit Performance Risks to the Service Maintaining Skills junior doctors Anaesthetic Cover Theatre time for elected C-Sections Hospital Performance

Meeting	Witnesses	Evidence Gathered
13/10/11	Phil Mettam, NHS Bassetlaw (PCT) Chief Operating Officer Dr Phil Foster, Medical Director NHS Bassetlaw Denise Nightingale Clinical Advisor NHS Bassetlaw and NHS Doncaster Dr.Bhupendra Singh, Consultant Paediatrician and Co-Clinical Director, DBH NHS FT Chris Beattie, Matron of Children's Services Andrea Bliss, Nurse Consultant Neonatal/Special Care Baby Unit Dr Jon Train, Consultant Anaesthetist, Clinical Director of Anaesthetics Ian Greenwood, Director of Strategic & Service Development Bassetlaw Hospital Dr Robin Bolton, Medical Director, DBH NHS FT Mr James Scott, General Manager, Children's Services, DBH NHS FT Sasha Summers, Patient Representative	**Paediatric Services** The current services Who is using the Unit Special Care Baby Unit Risks to the Unit Issues with training and maintaining skills levels Junior doctors' Shared out of hours rota Anaesthetic cover Plans for Paediatric Services at A&E. Community Paediatric Consultant Post
03/11/11	Phil Mettam, NHS Bassetlaw (PCT) Chief Operating Officer Wendy Knight, Deputy Director of Strategic and Service Development. Denise Nightingale, Clinical Advisor NHS Bassetlaw and NHS Doncaster Ginny Snaith, (management lead for the development of the ATC) Ron Calvert, Chief Executive, Doncaster & Bassetlaw NHS FT Dr Robin Bolton, Medical Director, DBH NHS FT Ian Greenwood, Director of Strategic & Service Development Bassetlaw Hospital Mr Trinath Kumar, Orthopaedic Consultant, Clinical Director, DBH NHS FT Wendy Hazard, Service Manager, East Midlands Ambulance Service Glenn Kay, Ambulance Driver, East Midlands Ambulance Service	**Fractured Neck of Femur** Current Service Performance information Best Practice Tariffs, incentive scheme to improve quality and performance Improvements made **Emergency Services** Planned improvements Performance information Standards Trauma Centres Ambulance protocol **Assessment and Treatment Centre** What it is? Funding Preparations

Meeting	Witnesses	Evidence Gathered
		Community Outreach Services Community Paediatric Consultant Post Community Services for children with long term illness
23/11/11	Phil Mettam, NHS Bassetlaw Chief Operating Officer Denise Nightingale, Clinical Advisor NHS Bassetlaw and NHS Doncaster Julie Walker, Rehabilitation & Integrated Service Manager Bassetlaw Health Partnership Paul Smeeton, Chief Operating Executive Nottinghamshire Healthcare NHS Trust Dr Stephen Kell, Chairman Bassetlaw Commissioning Organisation Dr C.P. Stanley, GP from West Bassetlaw Dr Mike Ho, GP from East Bassetlaw Ron Calvert, Chief Executive, DBH NHS FT Dr Robin Bolton, Medical Director, DBH NHS FT Ian Greenwood, Director of Strategy Bassetlaw Hospital Mr Mohammed Alloub, Consultant Gynaecologist/Obstetrician; Clinical Director - Women's & Maternity Services Dr Henry Mulenga – Paediatrician Dr Peter Taylor, Deputy Postgraduate Dean, Yorkshire and the Humber Postgraduate Deanery Alan Portwood-, Community Car Scheme Lynn Tupling, Director of Bassetlaw Action Centre, Chair of Transport and Accessibility Sub group of LSP Robin Riley, Nottinghamshire Transport Mr & Mrs Clark, Patient Representative Councillor Graham Oxby	**GP Commissioning**, What it is Who will commission services How it works Where we are at present The incentive scheme GP referrals Reducing the prescription costs Emergency admissions **Community Services** Who provides these services What the services are How will they be delivered **Access to Services** What is available Who provides it Who pays for it Where can people find out about the various transport services. **Additional questions** Training of junior doctors Maternity Services

3.2 Survey

A survey was carried through the summer edition of Bassetlaw News; people were asked seven questions. The questions and the result of the survey are appear at Appendix 1. The public could respond by filling in the questionnaire in the paper or by going online. There were 252 responses and it was clear from the survey that respondents thought that local services should stay at Bassetlaw Hospital. 229 did not think that any proposed changes were aimed at benefitting patients, with a similar figure believing that any proposed changes were designed to save money. It was also reported that 93% of respondents felt that any proposed changes would restrict their choice in services The issue of access to Doncaster Royal Infirmary was also high on the agenda with the highest number of respondents agreeing that there was not enough public transport to the DRI especially in the evening.

3.3 Patient Testimonials

The panel received a patient testimonial regarding their experience at Bassetlaw Hospital following a fall that resulted in a fractured neck of femur. This enabled the Members to see a patient viewpoint about the service. The patient's overall experience was very positive. However it does highlight issues of lack of coordination between wards and hospital transport. This causes patients to be moved from adjacent wards and left waiting for long periods of time without any information about hospital transport at discharge.

The panel felt that this may reflect the experience of many people. Improved communication was required within the hospital between the hospital and its external partners.

3.4 Public Involvement

Public involvement in the review was of paramount importance to the panel. It was, therefore, decided to change the current practice of closed meetings. Extra-ordinary meetings of the Overview and Scrutiny Committee were open to the public and were used to gather evidence for the review. The Health Panel carried out the back room work of compiling who should attend the public meetings and the questions that would be asked.

The panel was also keen to include questions from local people. Although members of the public could not ask questions directly to the speakers at the Extra-ordinary meetings of the Overview and Scrutiny Committee, they could provide written questions by post or online for Members to ask on their behalf. There was limited take up for this but questions that were received were asked.

The panel also wanted patient representatives to be included on the witness list. This would allow the patient representatives the opportunity to speak directly to the clinicians and executives from the Hospital Trust and the Commissioning organisations and give a valuable patients' perspective

4. Addressing the Scope: Evidence Gathered for Recommendations

4.1 Hospital Services - to understand the detail of service changes at Bassetlaw Hospital and their implications

Maternity Services

Our Concerns at the start of the review

- The viability of a Midwifery Led Maternity Unit for Bassetlaw
- Sustainability of a consultant led maternity service
- The potential abstraction of Obstetric Consultants from Bassetlaw to support the Doncaster Service
- Access to emergency caesarean sections at Bassetlaw
- Theatre capacity for planned caesareans sections
- Anaesthetic cover for epidurals – out of hours
- Succession planning in respect of consultants
- Training and supervision of junior doctors
- European Working Time Directive and the impact on junior doctors
- Shared junior doctors out of hour rota (Covering – Gynaecology, Obstetrics and Paediatrics) and training for junior doctors
- Treatment of terminations and miscarriages on the same ward

The Evidence – What we gathered

Midwifery Led Unit

The main concern about Maternity Services was the proposal contained within the Martin de Bono report, which recommended the establishment of a single consultant led obstetric unit at Doncaster and a midwifery led unit at Doncaster and Bassetlaw. At the first Extra-ordinary Overview and Scrutiny Committee meeting on 27th September 2011 Members were given a total assurance from

the Chief Executive of DBHFT and the Chief Operating Officer from NHS Bassetlaw that this would not happen and a consultant led maternity unit at Bassetlaw would remain.

Although Martin de Bono's report on Maternity and Gynaecology Services prepared in January 2011 concluded that 'the current services for women and their babies at Bassetlaw are safe' he highlighted a number of issues that needed to be addressed to achieve an improvement in the quality of service and to ensure that the service was sustainable.

The Health Panel and the Overview and Scrutiny Committee have addressed these concerns below: -

Sustainability of the Consultant Led Maternity Service

During the review Members received an assurance from the Chief Executive of the DBHFT that the consultant led maternity unit was currently viable and there were no immediate plans to change these arrangements. This was the issue of most concern to Members as they believed the option to run a midwifery led unit was not safe due to the distance expectant mothers may have to travel to DRI if there were complications during delivery and the lack of access to immediate Consultant Obstetric support if needed on site at Bassetlaw.

Although Members were pleased to receive this commitment there were many other issues that needed to be addressed within the de Bono report to ensure the sustainability and viability of the consultant led maternity service.

Obstetric Consultant Cover on Labour wards

The de Bono report stated that 40 hours of consultant obstetric hours were required to cover the maternity department in Bassetlaw and that 60 hours were required at DRI. The right staffing resources to provide the 40 hours of consultant presence on the labour ward at Bassetlaw were in place. DRI did not have the required staffing in place at the time of the review to meet the 60 hour requirement and Members were concerned that the Bassetlaw consultants could be moved to provide additional cover at DRI.

Ron Calvert, Chief Executive of DBHFT gave Members the commitment that this would not happen stating that the needs of both hospitals would be addressed and that the needs of one hospital will not be met at the expense of the other.

Access to planned and emergency caesarean sections

It was identified that the practice at the time of the de Bono review made the separation of elective and emergency workload problematic. This separation is recognised as good practice by the Royal Colleges and was not being observed.

When questioned about Bassetlaw Hospital's commitment to carrying out both emergency and planned C sections Dr Jenny Jessop, Associate Medical Director for the Trust, confirmed that there was an absolute commitment to both emergency and planned C sections. To achieve this Dr Jessop explained that theatre provision was being reviewed but there was current capacity to deal with both types of C section. Deirdre Fowler, Head of Midwifery, also advised Members that there was a pro-active programme of work going on with expectant mothers before and during pregnancy to reduce the need for C sections. The programme is drawing on areas of expertise e.g. cardiology and obesity to ensure expectant mothers get the best advice and treatment available and avoid emergency C sections if possible.

Anaesthetic cover

Anaesthetic cover was highlighted as an area to be addressed by de Bono. The arrangements for anaesthetic cover as at January 2011 was for anaesthetists to cover the whole hospital infrastructure providing pain relief (epidurals), anaesthetics, and resuscitation for critically ill adults, children, emergency and elective surgery.

How to respond to this challenge is still under review. Dr Robin Bolton, Medical Director at Bassetlaw Hospital stated on 27th September 2011, at an extra-ordinary meeting of the Overview and Scrutiny Committee that 'there are currently discussions on-going with the Director of Anaesthetics to improve the out of hours access to anaesthetic expertise. There are plans to expand cover to improve capacity e.g. for general surgery and elective surgery'.

Staffing

Consultants

A successful maternity service relies on staff that are up-to-date and confident to practice.

The age profile of consultants working in maternity was identified as a pressure that would need to be addressed in the next five years.

Members received information on how the Trust is tackling work force planning issues. Members asked specifically about the filling of consultant posts and were assured by Dr Bolton that consultant posts are filled with substantive posts when posts become vacant. Members were further advised that Bassetlaw Hospital was attracting responses for vacant consultant posts but this can vary significantly depending on the specialism. In later meetings Ron Calvert, Chief Executive of the Trust, advised Members that BH benefited from being part of a wider Trust because this made posts more attractive to prospective candidates.

Supply of Junior Doctors

The de Bono report stated that a reduction in junior doctor provision would significantly impact on Bassetlaw Hospital's ability to deliver the current maternity service. Hospitals need to work with a Deanery who manage the supply of junior doctors. Members were advised by the Deputy Post-graduate Dean, from Yorkshire and the Humber Post-graduate Deanery, that the number of doctors in training is historic. In other words Bassetlaw Hospital's allocation of junior doctors is unlikely to change from year to year. The Deputy Dean did advise Members that there are significant national constraints specifically prohibiting the increase in the number of junior doctors in training. Funding for junior doctors is provided by Central Government to ensure that the right number of doctors training in the specialisms required is in place. The Deputy Dean also confirmed that there are no immediate plans to withdraw any junior doctor training posts at Bassetlaw Hospital.

Training and Supervision of Junior Doctors

It was understood that there needed to be more active supervision of junior doctors and non-consultant level staff. It is the role of the Deanery to review the quality of training received by junior doctors and if the Deanery is dissatisfied with the training on offer this can prejudice the supply of junior doctors. These issues were explored by Members at the extra-ordinary meetings of the Overview and Scrutiny Committee. Dr Bolton, Medical Director, advised Members that the Trust were aware of the Deanery's concerns over training and supervision. He advised that a quality review had been undertaken by the Deanery in June 2011. He confirmed that this issue was being addressed internally. One of the solutions was to rotate junior doctors around the region to ensure they were exposed to the range of patients and types of cases to fulfil the Deanery's training requirements. Dr Bolton advised Members that there is a shortage of middle grade doctors at Bassetlaw which does leave the junior doctors more vulnerable as they do not have the middle grade doctors available to refer to for advice and guidance. Dr Bolton recognised the value of junior doctors but equally noted that there needs to be the correct balance of doctors in training and fully trained staff to maintain service standards.

It was encouraging to note that the Dean could advise Members that improvements have been made in the training and supervision of junior doctors. Given the shortage of middle grade doctors at Bassetlaw Hospital arrangements for junior doctors to contact consultant staff at home when in need of support has been put in place. However, this is still not regarded as satisfactory by the Deanery and given that the junior doctors are working in acute admissions this was seen as an issue of potential patient safety.

Members noted that there was a contradiction between the de Bono report and the advice from the Deputy Dean. The de Bono report predicted a drop in the number of junior doctors in training in Yorkshire and Humber and that Bassetlaw would inevitably be affected. However the Deputy Dean stated that there are no immediate plans to withdraw any trainees.

Members agreed that this was something they would need to keep a watching brief on.

European Working Time Directive and the Impact on Junior Doctors

Members saw that the European Working Time Directive was challenging the provision of on call services – particularly at night for both obstetric and neo-natal junior doctor rotas. Dr Bolton explained to Members that the European Working Time Directive has been implemented for 15 years but doctors used to be exempt. From August 2010 doctors have been restricted to working no more than 48 hours per week. As a result junior doctors complain that they do not get enough training. The purpose of the European Working Time Directive is to protect patient safety and the health and well-being of employees. This is something that the hospital has to manage and it is non-negotiable.

Joint Working across DRI and Bassetlaw sites

It was noted that even after many years of the two hospitals being merged into one Trust that there was huge scope for greater integration and more joint working. Simple solutions like joint team meetings across the two teams of maternity staff have now been put in place along with a shared Head of Midwifery post to further unify the teams.

Shared out of hours gynaecology, paediatric and obstetric rota

Junior doctors have raised concerns with the Deanery about the shared rota and its sustainability. Their main concern was that they were being forced to train in areas that they were not going to practice in longer term and also that they were not able to provide the quality of service they wanted to because they were "spread too thinly". Dr Bolton explained that the shared rota was part of the national Vocational Training Scheme for junior doctors. He explained that if the rotas are separated this would require careful planning to ensure that all areas could be covered and that supervision was in place across all three specialisms.

Treatment of Terminations and Miscarriages on the Same Ward

Members were extremely concerned that women who had undergone a termination or had suffered a miscarriage were being treated alongside mothers and their new born babies. Ian Greenwood, Director of Strategic and Service Development, recognised this as an issue and committed to going away and working on a solution. Members of the Health Panel have since been given an opportunity to be involved in the re-design of this part of the maternity service to resolve this issue. This opportunity for joint working was greatly appreciated by the Health Panel.

Following on from the Martin de Bono report a review of the external report was carried by an internal group chaired by Mr Mohamed Alloub, Clinical Director, Women's and Maternity Services. They put forward an additional option to the de Bono report

for a consultant led obstetric unit at both DRI and Bassetlaw and a Midwifery Led Unit at Doncaster. As reported above the decision has now been taken to have a consultant led obstetric service at Bassetlaw and DRI.

Recommendation 1:

- The Health Panel supports the continuation of a consultant led maternity unit as the only safe and viable option for Bassetlaw. Any changes to this level of service should be communicated effectively to the community and key partners.

Paediatric Services

It should be noted that the Paediatric Service and Maternity Services are inter-connected with issues occurring in one area impacting on the other.

Our Concerns at the start of the review

- De-skilling of clinicians due to the relatively low volume of patients and the lack of complexity of patient cases in some areas
- Potential loss of inpatient services for children
- Low levels of occupancy within the Special Care Baby Unit of 35%
- Limited anaesthetic cover
- Availability of skills in advanced airway management
- Under-developed community outreach services
- Lack of rotation of doctors working in the Paediatric service across the Bassetlaw and Doncaster sites
- Potential reduction in the number of junior doctors could make it impossible to sustain services
- The timescale for filling the vacant Paediatric Consultant post
- The age profile of consultants and the impact of recent and pending retirements
- Ability to deal with child protection cases “in house”
- Long term sustainability of the Paediatric Service

The Evidence – What we gathered

Dr Adrian Brooke carried out a review of the Paediatric services at DRI and Bassetlaw Hospital and came up with a series of recommendations to deliver safe, high quality, sustainable health services for Bassetlaw children, Dr Brooke concluded that current services for children at Bassetlaw were 'safe but were not sustainable in their current form'.

De-skilling of clinicians

Dr Brooke argued that the low volumes of inpatients going through the Paediatric Department means that as time goes on the current consultant medical and nursing staff are likely to become de-skilled. The Children's Ward at Bassetlaw has varying rates of occupancy ranging from 30-40% occupancy during the summer, rising to 64% during the busy winter months. This means the average occupancy is only 45.2% compared to the national average occupancy of 67%.

In response to this challenge Dr Bolton, Medical Director, stated 'we are vulnerable in terms of training and keeping skills up to date. We see around 2,500 children's cases a year and this is not an enormous number. The integration of the nursing rotas with Doncaster provides more exposure to a greater number of patients and conditions. This helps to develop skills'.

Inpatient Services

Dr Brooke recommended that the inpatient service on the Bassetlaw Children's Ward be reduced to an assessment and short-stay facility. Members asked specific questions about this issue and wanted reassurance that the Children's Ward will continue to deal with a wide range of emergency and non-emergency conditions. James Scott, General Manager, Children's Services said 'it is our intention to provide a 24 hour/365 day service at Bassetlaw Hospital with an ambition to upgrade the Children's Ward. This upgrade will include a separate out-patient facility next to the Children's Ward and a dedicated discrete area for victims of sexual abuse is planned. The Trust Board has accepted these plans and are working on the details and costs'.

Special Care Baby Unit

The Special Care Baby Unit is part of a neo-natal network where babies will move between different locations dependent upon the severity of their condition and their age and gestation period. Currently this arrangement works well with most transfers between sites taking place between Bassetlaw and DRI. More information on the neo-natal network and how this operates can be found at Appendix 3.

The issues regarding the de-skilling of staff due to the low levels of occupancy within the Children's Ward are the same for the Special Care Baby Unit with its average occupancy rate of 35%. To address this issue there is rotation of nursing staff between

Bassetlaw Hospital's Children's Ward and Special Care Baby Unit and DRI's Children's Ward and Neo-natal Unit. Andrea Bliss, who is the Matron of the Children's Services at Bassetlaw, explained that further work to develop staff is planned.

Members noted that there is no current rotation of doctors working in paediatrics. Dr Singh, Consultant Paediatrician and co-Clinical Director for the Trust, was able to advise Members that it is their intention to rotate staff enabling clinical services to integrate at every level and work as one team at both DRI and BH. There will also be a model created for a consultant on-call rota. This is a challenge and the co-operation of consultants needs to be secured. At the time of the review a consultation was on-going on this issue. For a medical consultant not all their duties are at one site. They will have a mixture of in-patient, out-patient and on-call duties to cover. It is important that cover at one location does not leave another site at risk.

Limited Anaesthetic Cover

Dr Brooke identified that there were no paediatric anaesthetists at Bassetlaw. This means that as a general practice children under the age of three years requiring an anaesthetic would not be dealt with at Bassetlaw. Children of four years and over are potentially treated by the Hospital's General Surgeons. This practice must be based on approved training and evidence of achieving competence. Infrequent practice is not acceptable. However competence can be gained by rotation to specialist paediatric units. As referred to in the section on maternity anaesthetic cover is under review. However Dr Bolton did state that there is always one doctor on site with skills of anaesthetic management.

Advanced Airway Management

Dr Brooke saw that there was a relative lack of anaesthetic cover at night and out of hours meaning that advanced airway management may not always be achievable. Dr Train, Clinical Director of Anaesthetics said that staffing levels are being kept under review; all staff in anaesthetics are trained on an in house course for advanced airway management. Dr Bolton, Medical Director added that all Accident and Emergency staff are trained in airway management and for young children there is an anaesthetist available.

Under-Development of Community Outreach Services

Members understood that children were in some cases remaining in hospital longer than they needed to and were having to return to the hospital for minor procedures that could be treated within the community.

Denise Nightingale, Clinical Advisor for NHS Bassetlaw and NHS Doncaster said that it is anticipated that the BCO, NHS Doncaster and Bassetlaw will support community paediatric posts. This will help with the treatment of longer term conditions in the community. In a second phase it is also intended to develop nursing support so that patients with long term conditions can be discharged early and receive the care support at home.

Dr Singh, Consultant Paediatrician, was also able to add that for long term conditions the community paediatricians will be part of a multi-agency approach working alongside other teams e.g. social care.

Lack of Rotation of Doctors Working in the Paediatric Services at Bassetlaw and Doncaster

The issues about rotating doctors across sites are being addressed and are referred to above on the Special Care Baby Unit section.

Potential Reduction in the Number of Junior Doctors

This area was covered at length within the Maternity Services section. The concerns and responses also apply to the Paediatric Services. However, it was worth noting that the feedback from the Deanery's School of Paediatrics was particularly challenging. They had the greatest concerns about the impact of the shared junior doctor rota on training opportunities. It was stated that these arrangements could impact on the safety of new-born babies. At the time of the Dr Brooke report the School of Paediatrics were actively considering whether it was able to continue training junior doctors at the Bassetlaw site. There have been improvements since this report and it is expected that the shared rota will be disbanded.

The Timescale for Filling the Vacant Paediatric Consultant Post

The recruitment is now underway with full job descriptions being finalised and proper approval being sought in line with the process from the Royal College of Paediatricians and Child Health. It is anticipated that new appointment will be in place by late summer 2012.

The Age Profile of Consultants and the Impact of Recent and Pending Retirements

The age profile of consultants at Bassetlaw has already been mentioned under the Maternity Services section. Workforce planning was a particular issue in the Paediatric Service because of the recent retirement of a senior Consultant Paediatrician, an impending retirement and a vacant Paediatrician Consultant post. Fortunately, as can be seen above the issue of the vacant post is now resolved and work is underway to address these work force planning issues. Members were alerted to how much of a challenge this is by Dr Bolton, Medical Director, who highlighted that the number of consultants required nationally in paediatrics needs to increase at a time when we are being asked to reduce the number of trainees.

Dealing with Child Protection Issues "in-house"

Currently the recently retired senior Consultant Paediatrician has returned to undertake the role of designated doctor for child protection across NHS Bassetlaw and NHS Doncaster. This is a temporary arrangement and a more permanent solution should be in place early 2012.

Members had concerns that due to the small number of child protection cases occurring amongst Bassetlaw Hospital patients that expertise to deal with severe cases was not available "in house". Currently these cases are sent to Nottingham. The Health Panel Members were seeking a longer term solution to this issue.

Long-term Sustainability of the Paediatric Service at Bassetlaw

The Health Panel became aware of a recent report called 'Facing the Future Standards for Paediatric Services' by the Royal College of Paediatrics and Child Health that had reviewed Paediatric Services across England and had categorised the units based on the number of admissions. Bassetlaw was considered to be on the cusp of the small and medium categories. The report recommended that those units in the very small and small categories would be closed or converted to short-stay paediatric assessment units. This did not present an immediate threat to the services offered at Bassetlaw Hospital.

An internal report by Dr Al-Khoffash, Associate Medical Director re-enforced many of the issues raised within the Dr Brooke report. It highlighted the clinical interdependencies between Obstetrics, Anaesthetics and the Accident and Emergency Department which are crucial to sustaining a viable paediatrics service.

The report highlighted issues within Paediatrics that need addressing whatever service model is chosen. The issues include:

- the integration of staff across the DRI and Bassetlaw sites
- stronger relationships with the Deanery to sustain and increase training posts
- workforce model needs to be developed to reduce reliance on non-training middle grades doctors
- the need to enable consultants to deliver services in the community that reflects the changing needs of children and their families.[3]

Specific Positive Feedback about the Paediatric Service

Feedback from Members and patients' representatives suggested that the Paediatric service was valued and seen as offering a good service. Parents of children using these services spoke of how personal the service was and how they were reassured by seeing familiar members of staff. Although the issue of succession planning was identified as a challenge clearly long serving members of staff with high levels of expertise offer many benefits to patients.

[3] A review of the external report on Paediatric Services - DBHFT

Members have highlighted the need to be kept appraised of progress in implementing the improvements highlighted above and have therefore added the need to update on these service improvements to the scope of the Annual Public Forum - see Recommendation 16.

Recommendation 2:

- The Health Panel supports the long-term sustainability of Bassetlaw Hospital Paediatric Services, secured through the rotation of key nursing and consultant staff between Bassetlaw and Doncaster.

Fractured Neck of Femur

Our Concerns at the start of the review

- The potential transfer of service to DRI from Bassetlaw Hospital
- Patient waiting times for surgery
- Patient pain relief on admittance
- Prevention of falls to reduce the pressure on hospital services
- The levels of specialism available to patients at DRI when compared to Bassetlaw Hospital
- The risk to service quality once the incentive payment scheme is removed

The Evidence - What we gathered

Bassetlaw Hospital provides a service for fractured neck of femur. Since the Hospital started measuring performance, the Trust became aware of some areas for improvement and there have been massive strides to improving the service and this is on-going.

The Potential Transfer of Service to DRI From Bassetlaw Hospital

An early concern of Members was that there was a risk that the treatment of fractured neck of femur would transfer to DRI because it had been identified that outcomes for patients at DRI were better than at Bassetlaw Hospital. This fear was addressed as NHS Bassetlaw and the BCO are committed to retaining the current provision for fractured neck of femur at BH and at DRI.

Patient Waiting Times for Surgery and Patient Pain Relief on Admittance

The review found that both DRI and BH provide a good service with Doncaster handling approximately twice as many cases as Bassetlaw. Full details of the numbers and performance statistics are included at Appendix 4. This information shows that at both DRI and BH the best practice standards are being achieved e.g. patients are receiving surgery within 48 hours. In many instances patients are seen within a shorter timescale. The hospital is aiming to improve the time it takes to get patients to theatre by changing the work of the consultants and having two trauma lists. Also the standards for bone medication treatment on admission are being achieved.

Prevention of Falls to Reduce The Pressure on Hospital Services

The panel were impressed with the work of the Falls Team. It was noted that staffing had been static for four years, despite an increase in activity. The extra investment in the service to provide a specialist nurse to work on early intervention was welcomed. The review regards this work as essential because it directly impacts on the number of cases of fractured neck of femur that would require surgery. They also wanted to commend the hospital for the improvements already made, but raised concerns about the service once the incentive scheme ends. Further details on the future plans for the service and current levels of performance are included at Appendix 5.

The Levels of Specialism at Bassetlaw Hospital And DRI

Members heard that there is no difference between the skills and facilities available to patients at Bassetlaw Hospital and DRI. They noted that there is a slight difference in mortality rates: in Bassetlaw 6.7% of all cases of fractured neck of femur die within one month compared with 5.7% at DRI but both hospitals are below the national figure of 8%.

Risk to Service When Incentive Scheme Finishes

The NHS has introduced Best Practice Tariffs (BPT) as a way to improve quality, by reducing unexplained variations in service provision and standardising best practice service standards. The aim is to have tariffs that are structured and priced appropriately both to incentivise and adequately reimburse providers for the costs of high quality care.[4] There are six criteria that are reported through the National Hip Fracture Database details of which are attached at Appendix 6.

Bassetlaw Hospital and DRI are paid an extra £890 if they meet the BPT criteria but if they fail £565 is deducted from the fee they would normally receive for each patient. This has meant an extra income of £300,000 this year for Bassetlaw Hospital. This incentive is potentially only available for the next two/three years. It is in the Trust's interest to ensure that both hospitals perform to

[4] Department of Health 2011

the same level to meet the best practice tariff criteria because if one element of criteria is not met the hospital fails all six criteria and has to pay the penalty.

Members were uncomfortable with the concept of providing financial incentives to improve a particular health service. They felt it was inappropriate to prioritise one service over another. However, Members realised that this is not a local issue but is a lever being using within the National Health Service. Members were concerned that this type of measure would present only short-term solutions for service improvement.

Recommendation 3:

- That the best practice standards for fractured neck of femur are maintained and where possible are improved. That in achieving these best practice standards the quality of the service in other areas is not diminished.

- Members welcome the investment made in falls prevention in particular the role of the Specialist Nurse and would want this investment to continue to reduce the numbers of fractured neck of femur cases.

Emergency Services

Our Concerns at the start of the review

- A&E services could be reduced at Bassetlaw Hospital
- Capacity of A&E and patient environment at A&E
- The possible transfer of some A&E services and patients to Doncaster Royal Infirmary and other locations
- Waiting times in A&E
- The number of patients being re-admitted into A&E
- The use of A&E for cases that could be better treated elsewhere

The Evidence – What we gathered

Chief Executive of the trust Ron Calvert told the Overview and Scrutiny Committee that 'the Accident and Emergency Department of a hospital is probably the defining feature of a hospital – it differentiates the NHS from the private sector'. He explained that

running an Accident and Emergency Department can be difficult to get right, but it is a good indicator about how well the whole hospital is functioning. As a result the Chief Executive has commissioned external assessments of the A&E Department at BH and at DRI by the College of Emergency Medicine. The initial findings of the review which took place in January 2012 have been made available to the Health Panel. The final report will be made available to Members once completed.

Reduction of A&E Service at Bassetlaw Hospital
Capacity of A&E and Patient Environment

Members learnt that there are no plans to downgrade or reduce the level of service offered to patients at A&E at Bassetlaw Hospital. In fact Members learnt that there is a major capital programme being implemented to improve facilities at the A&E Department. This will create additional capacity and enhance the service offered by creating: -

- a separate children's waiting area
- a purpose built clinical decision unit
- a resuscitation facility
- an increased size of adult waiting area. [5]

The Possible Transfer of Some A&E Services and Patients to Doncaster Royal Infirmary and Other Hospitals

Transfer of Patients to Doncaster

Members learnt that there is no policy to automatically transfer Bassetlaw patients travelling by ambulance in an emergency situation direct to DRI rather than to Bassetlaw Hospital's A&E. Wendy Hazard, Service Manager, East Midlands Ambulance Service, advised Members that they are briefed to take all Bassetlaw residents to Bassetlaw A&E with the exception of Harworth where residents are given a choice of which hospital they want to go to.

The only other exception is if either DRI or Bassetlaw's A&E were at capacity then the hospital that could deal most quickly and effectively with a patient would be chosen.

Transfer of patients to Other Hospitals

Nationally Regional Trauma Centres and Trauma Units are being established. This means that major traumas (multiple injuries, severe head injuries etc.) would be taken directly to a Trauma Centre. Trauma Units would handle minor traumas (e.g. fractures). Yorkshire and Humberside Strategic Health Authority are carrying out a piece of work on Trauma Centres and Trauma Units, The

[5] Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Trust is working with the Strategic Health Authority to achieve trauma designation. Working in isolation the BH could not achieve this designation.

The difficulty is identifying if a patient needs to be transferred to a Major Trauma Centre or a Trauma Unit. These decisions rest with the Ambulance Service and are therefore out of the control of the hospital. The Chief Executive of DBNHFT, Ron Calvert, raised concerns about this and the risks to the hospital and local people if ambulances took all trauma patients to a Trauma Centre by bypassing Bassetlaw Hospital A&E Department.

Waiting Times at A&E

The introduction of a new set of clinical quality indicators for A&E services began in April 2011. In terms of waiting times the standard that stated 'no patient would spend more than four hours in A&E departments from arrival to admission, transfer or discharge' remains but now A&E Departments must achieve this standard for 95% of attendees at A&E.

Members asked questions of Dr Bolton, Medical Director, on this issue. He was able to confirm that this standard is being achieved. He informed Members that every patient attending A&E goes through a triage assessment and patients are seen on the basis of need. The most acute cases will be seen first with others having to wait longer within the four hour time frame.

The Number of Patients Being Re-Admitted into A&E

Monitoring planned re-attendances within seven days to the A&E Department has been a Clinical Quality Indicator since April 2011. The national target for this indicator is 5%. Bassetlaw A&E Department continues to perform exceptionally well against this indicator. Performance has been consistently under 1% since April 2011 and was 0.6% in December 2011.

Another indicator is to measure the number of re-attendances within 30 days to the A&E Department. Here Bassetlaw does not perform well. 20.8% of people that attend A&E will re-attend within 30 days. Over half of these re-attendees do not return with the same condition and therefore should not be classified as a re-attendee.

To reduce re-attendance rates a Paediatric Frequent Attender Scheme has been introduced. This alerts GPs, School Nurses and Health Visitors to young people and children that are attending the A&E Department frequently and enables a more joined up approach to managing their conditions.

Also a final consultant sign off has been introduced for patients attending with non-traumatic chest pain, unplanned re-attendances, and febrile[6] children under the age of one year. This means that there is senior involvement and sign off prior to discharge.

Joint work has been carried out with the Acute Medicine Clinical Service Unit and now there are Acute Physicians working out of the A&E Department. This means that patients attending with medical conditions are benefiting from medical reviews, which means greater assurances regarding discharge.

The hospital welcomes the opportunity to work with the BCO to try to encourage patients to access primary care intervention prior to attending A&E.

The Use of A&E for Cases That Could Be Better Treated Elsewhere

Members could cite anecdotal evidence about cases where people had presented at A&E even though their case was better suited to a visit to a GP practice. Members believed that this was due to a number of factors: concerns that a patient could not wait to visit a GP, access to GP services out of hours and awareness about what health services were being delivered by different parts of the health service.

Some of the information detailed above about inappropriate attendance and re-attendances at A&E confirm Members anecdotal evidence.

Phil Mettam, Chief Operating Officer, NHS Bassetlaw was asked about the availability of GP appointments. Phil confirmed that there is a GP out of hours facility that is co-located at the A&E Department at BH. The idea of this service is to ensure patients with more minor illnesses/injuries can be seen by a GP rather than taking the time of the A&E Department. Members found that this service is available between 6.30 pm and 8.00 am Monday to Friday and for 24 hours at weekends and Bank Holidays. The service can be accessed by ringing your GP which will result in you being automatically transferred to the out of hours service or being given the out of hours number to ring.

The successful use of this service relies on the public being aware that it exists and how to access it. Once a patient has presented at A&E they won't be referred in to the GP service co-located at the hospital site. There is potentially an education/information issue to be addressed here.

[6] Febrile - an elevation of the body temperature; a fever

In addition to this out of hours service that is co-located alongside the A&E Department at Bassetlaw Hospital, patients can also attend the Westwood 8 - 8 Primary Care Centre this is covered later in the report at section 4.3.

Recommendation 4:

- The Health Panel welcomes the investment of over £1m in the Accident and Emergency Department at Bassetlaw Hospital and the external review of this function. The panel requests that the details of the report are made known to the Health Panel as soon as possible.

Inpatient/Outpatient Services

Our Concerns at the Start of the Review

- The number of GP referrals to Bassetlaw Hospital had dropped putting at risk hospital run clinics
- The financial driver of the incentive scheme
- The fragmentation of service delivery – due to GP practices setting up separate businesses offering a range of health care services
- Communication systems and the need to repeat personal information at different stages of the patients' journey

The Evidence – What We Gathered

GP Referrals into Bassetlaw Hospital

The review looked at inpatient and outpatient services across the board rather than at specific specialisms. GP outpatient referrals have dropped in the last year at Bassetlaw Hospital by 6% overall, but in some areas such as pain management the drop in referrals has been as much as 28%. These significant reductions could make out-patient clinics unviable.

The panel were keen to find out why there had been such a drop in referrals and if it was because GPs and patients were choosing not to use Bassetlaw Hospital. The review found that NHS Bassetlaw/BCO had introduced an incentive scheme approximately 18 months ago. The BCO designed the programme to drive efficiency in primary care using funds from the 2010-11 practice-based commissioning local enhanced service budget.

The aim of the incentive scheme is to reduce inappropriate referrals, emergency admissions and the prescription bill by using cheaper alternatives. *(The BCO consider an inappropriate referral to be a referral that is unnecessary and where a patient can be dealt with in a more efficient and effective way).* The idea is that the patient is treated in the setting that best meets their needs. The BCO were keen to point that there is no bar on referring patients into a hospital but that this should only happen when treatment and advice cannot be secured within the primary care setting. The BCO stated that Bassetlaw Hospital is the hospital of choice for Bassetlaw patients and for GPs unless a specific specialism, not offered at Bassetlaw, is required. However, it should be noted that ultimately the patient can decide where he/she is treated.

Ron Calvert, Chief Executive of DBHFT confirmed that the hospital is working to adapt. It wishes to be responsive and to provide services that are required by commissioners and the community.

Despite the reassurances about the incentive schemes Members remained concerned that more routine access to consultants was a loss as their level of specialist expertise and knowledge could not be replicated within the primary care setting.

Financial driver of the GP Incentive Scheme

Members were concerned that if GPs received an additional financial incentive to treat patients within a primary care setting rather than refer to secondary care patients may lose the opportunity to see specialists.

Dr Kell, Chair of the BCO, was adamant that in no circumstances would the financial incentive get in the way of patient care. If a patient needed to be referred to secondary care they would be. He said 'We are keen for decisions to be made in the consulting room between patients and their GPs. Any patient needing a referral will be referred'.

There is not only a financial driver to reduce referrals to secondary care. Primary Care Trusts/Clinical Commissioning Groups have performance targets around the number of referrals they make into secondary care. Historically Bassetlaw has not performed well against these targets but since the introduction of the incentive scheme it has moved from the third quartile to the second quartile when compared nationally with other commissioners.

Members noted that there were significant financial savings to be made by reducing referrals to secondary care. Members wanted to monitor the longer term impact of the incentive scheme.

Fragmentation of Services

Members were concerned about the loss of access to specialist consultants as a result of the new GP Incentive Scheme. The BCO and NHS Bassetlaw were keen to reassure Members that patients could access specialist advice within a primary care setting. GPs with specialist knowledge would make themselves available to the network of GP practices in Bassetlaw not just within their own practices.GP practices have also ensured that doctors can seek a second opinion from a GP colleague within their practice if they require one.

Communication

A recurring theme of the review from the patient representatives was the lack of communication between departments. Patients felt distressed when they were asked for their personal details and medical history repeatedly. The experience of patients at Bassetlaw Hospital appears to be better than at larger hospitals. A patient representative that attended an extra-ordinary meeting of the Overview and Scrutiny Committee said that "communication and sharing of information was much worse when you are transferred from Bassetlaw to another hospital. They make you feel like a number passing through". She thought that the service in Bassetlaw was more personal.

The panel identified that the practice of repetition of personal information and medical history did cause upset and distress and it's an experience many of them have had. The development of an effective communication system is a very important issue.

Recommendation 5:

- In light of the drop in outpatient referrals to Bassetlaw Hospital the panel recommends that NHS Bassetlaw supplies the Council with information on patient referrals on a six monthly basis that shows: -
    - the care pathways of patients
    - trends in referral patterns
    - how referral practises in Bassetlaw compares with other similar areas

Recommendation 6:

- That Bassetlaw Hospital develops a communication system between staff and departments so that patients only have to provide their information once on admittance.

4.1.1 To establish how the need to achieve identified QIPP savings is influencing decisions on service provision at Bassetlaw Hospital.

Our Concerns at the Start of the Review

- The scale of financial savings required by the QIPP and potential impact on services
- The panel were concerned that as commissioners and providers are faced with making efficiency savings through the Quality Innovation Productivity and Prevention programme (QIPP), the provision of services may be based on the cost rather than the quality and patient requirements.

The Evidence – What We Gathered

Scale of Financial Savings at Bassetlaw Hospital Required by the QIPP

The Chairman of the DBHFT Chris Scholey explained that the drive for quality brings about financial efficiencies as well as improvements to the quality of our performance. There have been two new services offered each year over the last ten years at Bassetlaw Hospital. In the NHS generally, until a year ago, we had 4% additional funding per year. Now, efficiencies are being monitored by the Department of Health through the QIPP and the hospital must realise savings of 0.5% which in 2010/11 was £10.2m, £19m in 2011/12 with a further £13m of savings needing to be made in 2012/13.

The hospital owns many facilities which are not related to healthcare services, e.g. buildings and land. The Trust would like to make better use of these facilities to help increase income generation that will contribute to the QIPP savings.

Last November the hospital was re-organised into Clinical Units. This meant that the clinicians, leading on services are responsible for the cost and quality of service delivery. “There has been a significant improvement in efficiency and financial management as the Clinical Units are run like individual businesses” according to Chris Scholey

Scale of Financial Savings Required by the QIPP for NHS Bassetlaw

The Review heard that for 2011/12 Bassetlaw PCT/CCG had to achieve an efficiency target of £5.7m from an allocation of £200m. Phil Mettam said "the PCT do not provide services it commissions them. Therefore the challenge will be to ensure a focus on quality and securing local services. Next year there will be a further efficiency programme with different issues to consider and we will be trying to manage this in a difficult climate".

The Chairman of the BCO, Dr Kell, said that "price would have some influence on commissioning decisions; however they were conscious of keeping services local. The new responsibilities of GPs mean that they will have to ensure value for money and reduce waste as well as provide new local services".

Members again have identified the achievement of efficiency savings required by the QIPP as a topic for the Annual Public Forum – see Recommendation 16.

4.2 Communication/Patient and Public Involvement - To ensure that the public understand what services and service standards they can expect to be delivered by Bassetlaw Hospital and that this is communicated by NHS Bassetlaw and other key players

Our Concerns at the Start of the Review

- Lack of timely communication with the public about service changes
- Absence of a communications protocol between Bassetlaw Hospital and NHS Bassetlaw/BCO
- The need to develop more innovative ways to communicate with the public
- To confirm the role that elected Members can play in health communications

The Evidence – What We Gathered

Communication with the Public

The Hospital Trust provides information in a number of ways. A new website was launched last September and they are currently working on updating the site. Each Clinical Service Unit and Directorate has an identified person who is trained and responsible for maintaining and uploading new information for their area. Patients can access information about what they can expect when they go into hospital for a procedure. Each leaflet is found by looking for the condition and provides specific information about the treatment and the services available.

The Patient and Public Information Group meet to consider new information leaflets or updates for DBHFT. Patients are consulted about the leaflet. Once the version is finalised it is put on the website and printed and distributed. Every month all new patient information is included in the staff briefing.

There is a Trust members' newsletter that is circulated to members of the Trust. Anyone who resides in the District can be a member.

Press Releases are provided by the Communications Manager. There is also a regular column in the Worksop Guardian and occasionally special supplements.

NHS Bassetlaw has a website; they provide a large number of information leaflets about services. They have also produced a guide to local services. The site is also a gateway to other service providers including the BCO.

Communications Protocol between Bassetlaw Hospital and NHS Bassetlaw / BCO

The Health Panel found that there does not appear to be any joint mechanism for informing the public about service changes by the commissioners and the hospital. Also there does not appear to be a joined up approach to educating the public about services. For example, the 'Choose Well' leaflet is (Appendix 7) available on the PCT website and at GP practices but is not available at A&E.

More Innovative Ways to Communicate

The Health Panel believe that other methods of communication to further promote the health services available should be explored. In particular communication channels should be identified to ensure key messages can be communicated effectively to the whole community and specific target audiences. All the changes in healthcare and the increased complexity of information make the use of user friendly information even more important.

BCO has made great strides since it was formed and the panel is aware that there is a lot of work still to be carried out before the BCO fully replaces the PCT in April 2013. The BCO is currently developing its consultation and engagement programme. During the review the Health Panel took part in the consultation on the BCO Commissioning Intentions for 2012/13. The Chair wrote on behalf of the panel to provide some feedback on the consultation process and possible improvements for future consultation. The BCO are developing a Patient and Public Engagement Strategy, which will include establishing a structure for future involvement of the local community in shaping local services.

The Role of Elected Members in Health Communications

NHS Bassetlaw, the BCO and DBHFT are keen to work with the Council. It is recognised that Members are well placed to voice community concerns and aspirations for the District and the Health Panel welcomes the opportunity to work more closely with the BCO.

The panel considered it would be very useful to maintain regular open discussions with health providers and commissioners. An Annual Public Forum will accommodate this and allow Members to hear about developments and changes being planned.

Recommendation 7:

- That the DBHFT proactively promotes, in a user friendly way, the services it provides and standards of service patients can expect to:-
    - Bassetlaw Commissioning Organisation
    - Yorkshire and the Humber Postgraduate Deanery
    - Bassetlaw District Council
    - Local Community
    - Democratically elected representatives

Recommendation 8:

- That the BCO and DBHFT jointly communicate with the public when service modifications are planned.

Recommendation 9:

- That the BCO and the DBHFT advise the panel of how they would wish to formalise their links with the District Council, building on the foundations already laid. The panel strongly recommends that the BCO considers having a representative from Bassetlaw District Council on its Board.
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Recommendation 10:

- The Health Panel recommends that the 'Choose Well' leaflet is distributed and used more widely. That NHS Bassetlaw/BCO explores other methods of educating the public alongside Bassetlaw District Council about the gateways to accessing services.

4.3 Community Services - To establish how hospital community outreach services are to be improved to address identified deficiencies.

Our Concern at the Start of the Review

- Hospital community outreach services were under-developed

The Evidence – What We Gathered

Community Outreach Services are hospital based services provided in community locations such as local clinics or GP surgeries. These services were identified by Dr Brooke as an area for development. He reported that there was limited outreach into the community for children and families with disabilities and long-term conditions.[7] The report highlighted the necessity to increase community provision as a standard integrated community pathway for patients.

The Trust is working out what is needed to support parents and how the medical workforce can be adjusted to provide paediatric services in the community. Once these pathways are established, (led by acute consultants), patient pathways can be confirmed.

The panel understands that the vacant Consultant Paediatrician post at Bassetlaw Hospital will also include a community element which would also improve Community Outreach Services by providing clinics in the more rural settings. The recruitment process is now underway. It is anticipated that new appointments will be in place by late summer 2012.

[7] Options for the delivery of Safe, High Quality Sustainable Health Services for Bassetlaw Children

As an interim measure, DBHFT has approved the appointment of a locum post to cover the intervening period and an appointment is expected by early March 2012.

The Panel supported the development of community outreach clinics as a means of offering easier access to services rather than patients having to travel to hospital which can prove difficult and costly. This would be of further benefit if the clinics were co-ordinated so that patients could access services that complement each other at the same time.

Recommendation 11:

- The Health Panel encourages the further development of the Hospital Community Outreach Services. It is recommended that they work closely with other relevant service providers in the area, so that complementary services are delivered seamlessly.

4.31 Community Services to seek clarity on the future delivery of PCT community services.

Our Concerns at the Start of the Review

- Who was going to be delivering Community services?
- Would services remain local?
- Would the staff remain local?
- Would the current level of investment and quality of services continue?

The Evidence – What We Gathered

Who was going to be Delivering Community Services?

The contract was awarded to Nottinghamshire Healthcare NHS Trust with effect from October 2011. The GPs were very positive about Nottinghamshire Healthcare Trust because of the enthusiasm and energy shown to engage GPs and their Practices. NHS Bassetlaw was confident that the Trust could deliver the contract effectively because they had a track record in this area. (Details of the services provided are at Appendix 8).

Retaining Local Service and Staff

Paul Smeeton, Chief Operating Executive for Nottinghamshire Healthcare Trust, stated that they were delivering similar services in Nottinghamshire. The organisation is focussed on retaining separate geographical areas. The Trust also assured the Committee that local staff would still provide the services in Bassetlaw.

Would the Current Level of Investment and Quality of Services Continue?

Phil Mettam, Chief Operating Officer for NHS Bassetlaw stated that they 'had invested a lot in community services and the transfer of services has seen broadly the same investment. There is good interim care from community matrons and there has been investment in community equipment. Many of the services provided are of the highest quality'.

Nottinghamshire Healthcare Trust has to meet a range of performance measures. Some are nationally mandated measures and others are local measures to ensure quality and value for money. Monthly performance reports showing activity and quality are provided for NHS Bassetlaw. Since transfer service standards have been maintained and Nottinghamshire Healthcare Trust is confident that they will be able to continue this.

The panel were encouraged by the positive start made, however, as this contract is in its infancy Nottinghamshire Healthcare Trust are asked to provide updates at the Annual Forum.

Recommendation 12:

- That the level of investment for community services should continue. Regular updates should be provided by Nottinghamshire Healthcare Trust to the Council's Annual Public Forum.(see recommendation 16)

Westwood 8 - 8 Primary Care Centre. (known as the Manton Walk in Centre)

Our Concerns at the Start of the Review

- Patients without appointments not being given immediate access to a GP
- The NHS contract with Westwood
- Name of the Centre which raises patient expectations

Patient Access to GPs and the Westwood 8–8 Contract

Members looked at the range of out of hours services and found that the Westwood 8 - 8 Primary Care Centre which is locally known as the Manton Walk in Centre can only see ten people a day on a walk in basis. The Centre's contract only allows this number of patients to attend the Centre without an appointment. If the contract quota to see ten patients without an appointment has been met anyone else attending the Centre would be advised to call the next day to make an appointment. If the matter was urgent they are advised to go to the Accident and Emergency Department.

The review learned that the Westwood 8 - 8 Primary Care Centre evolved from a national initiative called the Equitable Access Programme that would provide 100 new GP practices across 50 PCT areas. Each PCT was asked to commission at least one GP health centre in their area to be open 8 am to 8 pm seven days a week. These new services had to combine an 'open access' element i.e. enabling any member of the public to access primary care services (for either urgent or routine needs) at the centre[8].

Danum Medical Services Limited (DMSL) currently manages the Westwood 8 - 8 Primary Care Centre in Worksop, Doncaster and Scunthorpe along with the Out of Hours GP service at Doncaster Royal Infirmary. Each 8 - 8 NHS Health Care Centre contract has been developed by a PCT. The contract for the Westwood 8 - 8 Primary Care Centre was developed by NHS Bassetlaw to provide an equitable access GP led service for Bassetlaw registered and unregistered patients. The Westwood 8 - 8 Primary Care Centre also provides a regular GP service where a patient can register with the practice.

The ten "walk-ins" a day are required to be seen within 30 minutes as part of a key performance indicator. In practice, the ten "walk-ins" are seen fairly early in the day therefore those arriving later in the day may not receive the same service. The contract is monitored by NHS Bassetlaw on a quarterly basis.

NHS Bassetlaw agreed that the demand for the walk-in requirement was greater than the contract allowed. The contract is approximately half way through its term. However NHS Bassetlaw would not favour more investment but agreed it was necessary to find a way for the system to work more efficiently.

Name of the Centre – Raising Patient Expectations

The Centre is known as the "Manton Walk in Centre" and is publicised under this name on key websites. This raises the public's expectation that they can be seen without an appointment. Members had anecdotal evidence of patients experiencing problems with accessing the centre and of confusion about what level of service could be expected from the Centre.

[8] Department of Health

Recommendation 13:

- That the purpose of the Westwood 8 - 8 Primary Care Centre is clarified and that this is effectively communicated to the public.
- That the NHS Bassetlaw/BCO modifies the contract for the Westwood 8 – 8 Primary Care Centre so that more than ten people can be seen daily on a ”walk-in” basis.

4.4 Sustainability of Bassetlaw Hospital - To find out how Bassetlaw Hospital can remain viable through creative workforce planning. To find out how the anticipated shortage of junior doctors is going to be managed and what succession planning there is in place for consultants reaching retirement age.

Our Concerns at the Start of the Review

- A small district hospital is vulnerable in the current climate
- A clear workforce plan needs to be in place

The Evidence – What We Gathered

Earlier sections of the report cover in detail staffing issues i.e. the supply and training of Junior Doctors, the lack of middle grade Doctors, the age profile of Consultants, the need to market the Trust with the Deanery and with prospective employees.

At the conclusion of the final extra-ordinary meeting of the Overview and Scrutiny Committee Ron Calvert, Chief Executive of DBHFT was asked about his assessment of the future of Bassetlaw Hospital. He replied ‘We do want to remain a sustainable hospital”. Ron explained that prior to him taking up the post at the Trust he carried out his own research. One of the factors that influenced his decision to come to Bassetlaw was the positive links with local commissioners and the fact that the hospital appeared to be valued by local commissioners.

Ron stated that the hospital ‘did not want to resist change’ and that the hospital did not need to be a specialist in all areas for example stroke patients go from Bassetlaw to Doncaster for the acute phase of their treatment and then return to Bassetlaw for continued treatment. Ron explained that Bassetlaw Hospital has the advantage of being part of a larger Trust. DRI with greater patient numbers can attract and recruit consultant and senior medical staff that would not necessarily come to Bassetlaw if it was a stand alone hospital. Ron’s vision was to use this advantage to Bassetlaw’s benefit and rotate key staff across the two sites.

Ron confirmed that 'if there is a shared commitment between commissioners and the hospital there will be opportunities in the final Health Bill to negotiate tariffs to reflect local circumstances. Tariffs need to be appropriate to particular circumstances e.g. geographically isolated services. This could be an advantage to Bassetlaw. Ron offered a few words of caution saying 'there are no guarantees – commissioners will be critical to the future'.

Members were encouraged with the pragmatic approach that the Trust is taking to the challenges presented to them under the leadership of a new Chief Executive. Members hope that the Trust will continue to remain responsive to the challenges they face and that where possible local commissioners and patients will continue to choose Bassetlaw Hospital for their treatment.

Recommendation 14:

- That the hospital promotes the unique benefits of working in a small district hospital with the Deanery as an incentive for Junior Doctors To Come To Bassetlaw.

4.5 Access to services - To ensure that Bassetlaw people can access hospital services at locations other than Bassetlaw Hospital. To establish what investment there will be to improve the current offer of shuttle bus services between Bassetlaw Hospital and Doncaster Royal Infirmary and the current offer of community transport.

Our Concerns at the Start of the Review

- Lack of transport in rural areas
- Inflexibility of the shuttle bus service
- Cost of travelling to BH and DRI
- The most vulnerable are hardest hit by transport costs

The Evidence – What We Gathered

DRI is 20 miles from BH. The DBHF's shuttle service between BH and DRI is available between 9.00 am – 5.00 pm Monday to Friday. The starting point for the shuttle is Bassetlaw Hospital and patients have to make their way to this site for onward travel to DRI. Access to BH can be difficult as Bassetlaw is a large rural district with limited public transport. There is also a local public bus

service to Doncaster from Worksop and Retford run by Stagecoach East Midlands, but it requires a change of bus to get to DRI and the journey time is around two hours (from both Worksop and Retford).

Currently there is a free shuttle bus link running throughout the day between DRI and BH for patients and staff (Monday to Friday 8 am to 4.30 pm excluding Bank holidays). The Trust operates an in-house Courtesy Car service to transport patients, staff and equipment in and around the local community.

The Voluntary Community Car Scheme is operated by volunteer drivers in both Retford and Worksop and rural areas. Journeys by car cost 47p per mile with a £2.50 booking fee. Last year 2700 journeys were undertaken using community transport. Users of this service are not able to access public transport and could not get to hospital without this service. Whilst the scheme does cater for other social journeys most of the trips are for GP appointments, day rehabilitation, inpatient/outpatient appointments and for friends and relatives visiting hospital.

The PCT uses the Voluntary Community Car Scheme for community services, in particular day rehabilitation and pulmonary rehabilitation. The majority of these people are unable to access public transport due to their health problems. The journey times are considerably reduced using this service, compared with the ambulance service and it is more cost effective.

Patients unable to access the out of hours service provided by Bassetlaw Health Partnership (a multi-agency partnership that proactively focuses on health and social care partnership initiatives in Bassetlaw) can be provided with free transport using a taxi company (R Cars). The company takes the patients to the primary care centre at Bassetlaw Hospital and returns them home. Given the rural nature of the District, it is not deemed appropriate to transport patients after 11.00 pm. After this time a visiting service by Specialist Support Practitioners is in operation.

The Health Panel were well aware of the access issues and felt that existing provision is inflexible. People are unable to use the shuttle bus to visit family in the evenings and at weekends. The shuttle bus is only able to take one wheelchair. There is no service from Retford Hospital for people on the east side of the District to link into.

It was raised that the commissioners had to take responsibility to ensure access for all. **It was suggested that patients should be assessed and transport should be included in the care package** for those who were vulnerable and had to go to Doncaster for treatment. It is distressing for families without transport when they are unable to visit their loved ones because of travel costs or lack of access to transport. This should be addressed.

Recommendation 15:

- That the level of investment be maintained for providing transport from Bassetlaw to DRI and that consideration is given to:
  - further investment to support rural transport to Bassetlaw Hospital
  - extending the Link service between Bassetlaw to DRI on evenings and weekends.

Other Recommendations

This review has provided an opportunity to understand the current situation and the challenges commissioners and providers face in the light of major changes to the NHS structures and stringent efficiency targets. Members value the links made with the Doncaster Bassetlaw Hospitals Foundation Trust, NHS Bassetlaw, Bassetlaw Commissioning Organisation and others involved in the review. Members want to continue to build on this foundation and have recommended that Bassetlaw District Council should facilitate an Annual Public Forum, where providers, commissioners and elected Members can liaise and provide each other with updates on key health service issues.

NHS Reforms

Members were concerned about the speed that national reforms to the NHS are being progressed. The Health Panel Members were divided about the merits of increasing competition within the health sector. There were also different opinions about the GP commissioning model. This is such a fundamental change that Members again would wish to be kept appraised of how the reforms are working in practice at is Annual Public Forum.

Assessment and Treatment Centre

The Assessment and Treatment Centre (ATC) will provide faster diagnosis and treatment for patients. An ATC can ensure reductions in the length of hospital stays are achieved and that care plans are started earlier. An ATC can also ensure that patients do not go into hospital if they do not need to and will provide a better interaction between primary and secondary care by linking services.

The ATC will be a bedded unit where patients can stay overnight if they need to and will be open every day throughout the year. It will be based on the Bassetlaw Hospital site and can be referred in to by a GP or commissioning professional, e.g. community matron or a therapist from Accident and Emergency if a patient needs more care or complex care. Patients will undergo a multi-

disciplinary assessment led by a medical consultant from the hospital. Therapists, community nurses etc. will work together to assess the patient in conjunction with senior decision makers. They will ensure specialist advice is available with specialist consultants. Protocols will be in place so that GPs are kept up to date with patients' progress. There will be access to diagnostic tests and imaging to ensure each patient has a medical care plan in place while in the ATC and as their treatment progresses.

Treatment will start (and possibly finish) at the ATC. Patients will be discharged into the most appropriate setting or as a default the ATC will try and get them home where it can. A patient may be admitted to hospital or another care bed, e.g. a nursing home, but will not be moved to another waiting place.

The resources required for the care of each patient will be prepared by the ATC e.g. requirements for therapy or home support. Plans will be in place to support the patient where it is needed. There will be close links with GPs and community services who will share records between them. Community nurses will also be able to access these records and feed in information for others to see.

The ATC was not up and running at the time of the review. The panel supports the concept and will keep a watching brief to see how it performs once it is operational.

The panel considered it would be very useful to maintain regular open discussions with health providers and commissioners. The Forum will accommodate this and allow Members to hear about developments and changes being planned.

Recommendation 16:

- That Bassetlaw District Council facilitates an Annual Public Forum involving local commissioners, health service providers and elected Members to give progress reports and information about service developments. To include:

• Plans/key service changes • Update on service improvements – including Paediatrics and Maternity Services • Report on the Community Outreach service, including the Community Paediatric Consultant • The development of the Assessment Treatment Centre • An update on QIPP • Update from NHS Bassetlaw and the BCO about the new commissioning arrangements • An update about how the new health structures are	• Performance information about fractured neck of femur especially once the incentive scheme has ended. • Community Services performance data. • Report on the improvements to the Accident & Emergency Department. • Report on the recruitment and retention of Junior Doctors • Update on the contract for the Westwood 8 - 8 Primary Care Centre • Outcomes from the Falls Prevention service

working in practice	

Ambulance 999 Service

During the review this issue arose and could not be fully scrutinised because the review had concluded and it was outside of the panel's scope. However Members felt strongly that the current 999 call policy and procedure should be highlighted. Members were advised that the current system has been in place for three years and 999 calls are answered by call handlers not medical staff who go through a script to code the call. If calls are not coded as an emergency a nurse calls back from the ambulance service to triage the person. He/she can upgrade the patient at any time during the call. He/she then assigns the practitioner or ambulance (see appendix 9.). Callers are told that if the person deteriorates and their circumstances are different to the detail previously presented they should re-dial 999.

There is an eight minute response time for emergencies like a heart attack and up to four hours for non-urgent cases. There has been a change since April 2011 relating to national tolerance targets. The criteria have changed and now more cases are classified as non-urgent following a triage call. .

Members had anecdotal evidence that patients had been left waiting for up to four hours for an ambulance. The panel therefore recommended that this service should be further scrutinised.

Recommendation 17:

- That the OSC consider a one day review on the Ambulance Service and changes to the 999 call policy and procedure in the 2012/13 work programme.

5. Conclusion

The ‘Review of the Future of Services at Bassetlaw Hospital’ has been one of the most in depth and ambitious pieces of work carried out by the Health Panel and the Overview and Scrutiny Committee at Bassetlaw District Council. The review involved an intensive period of evidence gathering over a three month period between September 2011 and November 2011. The review challenged Members and officers to work in a new way and was reliant upon the full co-operation of health service managers, clinicians, and patient representatives. The Health Panel and the Overview and Scrutiny Committee are grateful for this support, without which they would not have been able to access the information that they have, and get answers to the questions that were concerning Bassetlaw people.

One of the first questions that Members received a clear answer on was the future of Maternity Services at Bassetlaw Hospital. Members were delighted to receive the re-assurance that the maternity service will remain as a consultant led service at Bassetlaw. Members believed that this outcome was the only safe and sensible option for this service.

Overall the review has shown us that there is a commitment locally to retaining a high performing district hospital. This commitment is shared by health service providers, commissioners and patients in Bassetlaw. It appears that Bassetlaw is still the hospital of choice unless specific specialisms are required which cannot reasonably be offered in a small district hospital.

This does not mean that there are not real threats to the hospital in the medium to longer term. The recently introduced incentive scheme for GPs, which is aimed at reducing the need for hospital referrals, favouring treatment within primary care settings, if possible, could present a threat to the long-term sustainability of Bassetlaw Hospital – particularly if similar schemes are adopted by other commissioners.

Members were encouraged, however, to see that the hospital is embracing this new competitive environment. The Trust’s new Chief Executive, Ron Calvert, is widely quoted within the report and is demonstrating that to survive you have to adapt. The strategy appears to be to deliver the best possible quality of services that resources will allow and to make sure that people know what the hospital can offer when they are making choices about treatment. The hospital is also committed to providing the services that commissioners want and are prepared to pay for.

The hospital and commissioners are adapting to the demands of new structures and doing this at a time of severe budget constraints. Locally we are responding to these challenges and structures/working arrangements are much more advanced than in other localities.

Looking more at the detail Members found that the hospital and commissioners are aware of where service improvements need to be made. Where possible some of these changes are already being made.

Some challenges are not in the control of either the hospital or the commissioners – for example the projected national shortage of Junior Doctors that are key to the hospital's sustainability. Similarly the European Working Time Directive is a major challenge over which the hospital has no control.

One of the over-riding benefits of the review is the relationship that has been forged between Bassetlaw District Council and the health sector.

Members were also pleased to note that there is a strong working relationship between the Trust and the commissioners – something that is not present in all areas. This relationship will be key in moving forward.

At the time of the review Bassetlaw Hospital had been at the centre of a media storm about its future. Communicating openly with the public about potential major service changes is seen as vital by Members. For its part Bassetlaw District Council Members are keen to assist health service providers and commissioners with this communication challenge. Members are rooted in their communities and often have levels of access to Bassetlaw people that others do not.

Members would like to continue working with the health sector in Bassetlaw to build on the positive links that have been made through this recent review. As such we are suggesting an Annual Public Forum where the two sectors can meet and where progress reports on a range of pertinent issues can take place.

What Members have learnt through the review is that health services are constantly changing and evolving – as such it was hard to actually choose to conclude the review at a particular point in time. That is why we believe the on-going relationship is so important.

As a Council working with partners in our area to secure the best possible quality of life for our residents is part of our mission and we hope we will be able to continue to work positively with our health partners.

Like all parts of the public sector we are being squeezed to deliver more with less resources and we are very aware of the challenges that the health sector faces. The choices that health service providers face are particularly challenging because the issues of health and well-being are so emotive.

As we drew the review to conclusion Members had a sense of optimism about Bassetlaw Hospital's future and a sense of realism about the scale of the challenges they face.

6. Appendices

Appendix 1 – Survey information

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The Future of Services

www.bassetlaw.gov.uk 11

at Bassetlaw Hospital

"There is a huge amount of public concern surrounding the Future of Services at Bassetlaw Hospital, so much so that this was the only health topic submitted to the Committee for review.

"As a District Council, we have a community leadership role to fulfil and by conducting an open and transparent Scrutiny Review into the future of services at Bassetlaw Hospital we can help the public to address their concerns. The review will be an open process and we will be shortly announcing details of the scrutiny panel, the scope of the review and future meeting dates."

As well as the scrutiny review, residents can have their say by completing the questionnaire on the right or by visiting www.bassetlaw.gov.uk/hospital and filling it online.

To see what residents think about the future of services at Bassetlaw District General Hospital, Bassetlaw News asked local people for their views. Their feedback is on these pages.

Councillor Giff Wynne, Chairman of Overview & Scrutiny Committee

Doncaster Royal Infirmary

Definitely against any transfer of services to Doncaster. I don't see why we shouldn't have our own facilities. I think we should make sure everybody has full access to what they need. How would folks get there? It's not convenient and there's no parking. I'd rather go to Worksop than Doncaster. You would have to rely on someone else to get there. It's a right trek from Clarborough, you can't go on the bus and if you lived in Wheatly, it would take you all day to get to Doncaster.

Mrs Dorothy Carter
Clarborough

Have your say…

We would like to know your views on any transfer of services currently available at Bassetlaw Hospital to Doncaster. The following questionnaire can be returned to The Editor, Bassetlaw News, Queen's Buildings, Potter Street, Worksop, S80 2AH.

Alternatively you can complete the questionnaire online at www.bassetlaw.gov.uk/hospital

1. Do you believe the transfer of any hospital services to Doncaster will be of benefit to patients?

Yes ❑ because

No ❑ because

2. Is there adequate public transport to enable you to visit friends and relatives in Doncaster Hospital especially in the evening?

Yes ❑ because

No ❑ because

3. Do you think that services such as Maternity, Accident and Emergency (A&E) and Paediatrics as currently provided should continue at Bassetlaw District General Hospital?

Yes ❑ because

No ❑ because

4. Do you think that any proposed changes to services at Bassetlaw Hospital are designed to benefit patients?

Yes ❑ because

No ❑ because

5. Do you think that any proposed changes to services at Bassetlaw Hospital are designed to save money?

Yes ❑ because

No ❑ because

6. Given that a patient can visit any hospital of their choosing dependent upon the treatment needed, do you think your choice of services would be severely restricted should any services be moved from Bassetlaw to Doncaster?

Yes ❑ because

No ❑ because

7. The population of Bassetlaw is 105,000 people. Do you think an area this size needs a hospital with Bassetlaw's current level of services?

Yes ❑ because

No ❑ because

We want to know your views on the Proposed Transfer of Services from Bassetlaw District General Hospital to Doncaster. The following questionnaire can be returned to The Editor, Bassetlaw News, Queen's Buildings, Potter Street, Worksop, S80 2AH.

Alternatively you can complete the questionnaire online at www.bassetlaw.gov.uk/hospital

Questions on the survey

1. Do you believe the transfer of some hospital services to Doncaster will be of benefit to patients? Yes □ because…… No □ because……
1. Would public transport enable you to visit loved ones in Doncaster especially at night Yes □…… No □……
1. Do you believe that services such as Maternity, Accident and Emergency (A&E) and Paediatrics should continue at Bassetlaw District General Hospital? Yes □…… No □……
1. Do you think the changes are aimed at providing a better service? Yes □…… No □……

1. Do you think the changes are designed to save money?

   Yes □……

   No □……

1. Given that a patient can visit any hospital of their choosing dependent upon the treatment needed, do you think any services should be moved from Bassetlaw to Doncaster?

   Yes □……

   No □……

1. The population of Bassetlaw is 105,000 people. Do you think an area this size needs a hospital with Bassetlaw's current level of services?

   Yes □……

   No □……...

Results of the Survey

Number	Question	Yes	No	No answer/don't know	Ticked Both
1	Do you believe the transfer of any hospital services to Doncaster will be of benefit to patients?	15	237	2	1
2	Is there adequate public transport to enable you to visit friends and relatives in Doncaster hospital especially in the evening?	12	238	2	
3	Do you think that the services such as Maternity, Accident and Emergency (A&E) and Paediatrics as currently provided should continue at Bassetlaw District General Hospital?	245	7		
4	Do you think that any proposed changes to services at Bassetlaw Hospital are designed to benefit patients?	17	229	1	2
5	Do you think that any proposed changes to services at Bassetlaw Hospital are designed to save money?	225	23	4	
6	Given that a patient can visit any hospital of their choosing dependent on the treatment needed, do you think your choice of services would be severely restricted should any services be moved from Bassetlaw to Doncaster?	234	18		
7	The population of Bassetlaw is 105,000 people, do you think an area this size needs a hospital with Bassetlaw's current level of services?	246	6		
	Total responses as at 12.08.11 = 252				

Appendix 2

Bassetlaw Maternity Unit

The Bassetlaw Maternity Unit provides a range of services for women and their families living in the Bassetlaw area and is also a popular choice for birth for women who live in the surrounding areas.

In 2011, 1600 babies were born at Bassetlaw Maternity Unit. Caesarean sections rates at Bassetlaw are consistently below the national rate.

The Maternity Care Team include midwives, nurses, midwifery support workers and obstetricians, whilst many women receive care from midwives, some women will require the involvement of other team members during their care. Women with specific health needs will have a lead obstetrician co-ordinating their care and may need care from other health professionals, these include anaesthetists, paediatricians, specialist doctors, nurses and physiotherapists. Scanning facilities are available at both Retford and Bassetlaw Hospitals.

Obstetricians have specific sessions attached to the Labour Ward and a Consultant Obstetrician is available over the 24 hour period. Emergency equipment is available in all birth rooms. Facilities are available for planned and emergency caesarean sections.

A 24 hour epidural service is available for women who choose to have an epidural for labour.

A range of options for antenatal care is available with care being provided in the community in GP surgeries, Children's Centres and at Retford and Bassetlaw Hospital. The Early Pregnancy Assessment Unit (EPAU) service provides care for women who have additional needs in early pregnancy and the Pregnancy Assessment Centre (PAC) provides care for women with additional needs during later pregnancy. Healthy lifestyle is promoted and specialist support and advice is available about diet, exercise and smoking cessation.

The service offers a comprehensive education programme for parents to be and other family members. This includes workshops in active birth, birth pool information, homebirth, aromatherapy, twins, birth options after caesarean section, breastfeeding and specific

sessions for Grandparents, Dads and life after birth. Aqua natal sessions are run by specially trained midwives in the local sports centres. Workshops are well attended and evaluate positively.

Women can choose to have their baby at home supported by community midwives. The number of women choosing home birth is increasing together with the number of women choosing to use birth pools at home.

Women choosing to have their babies in hospital have a range of options for birth. The Labour Ward has five birth rooms which are spacious and include birthing aids to support active labour and birth. Wall bars to support squatting positions, birth mats, birth balls and beanbags are available in each room. One of the birth rooms offers a 'home from home' environment for birth and also provides additional facilities for partners to stay overnight. All birth rooms have ensuite facilities.

The use of water for relaxation during labour has become increasingly popular, a 'plumbed in' birth pool facility is available in one of the birth rooms for women who wish to use water during labour, some women also choose to birth their babies in the pool. Cordless telemetry monitoring to monitor baby's heartbeat in labour is available which supports the birth pool as an option for women with specific care needs during labour.

The philosophy of women centered care supports women and their families to celebrate birth and there is no restriction in the number of birth partners women can have with them during labour and birth. Some women may choose to go home a few hours after the birth of their baby and receive support and care from the Community Midwifery team.

Women who need additional support and care in hospital after their baby's birth receive care on Ward A2. This is a combined antenatal and post natal ward. Ward A2 has 18 beds with three single rooms and four bedded bays. Partners are encouraged to stay overnight if they wish to do so and are supported in helping to care for their baby.

Community Midwives provide postnatal care at home, in GP's surgeries and Children's Centres. Some women may need to see their GP or Obstetrician as part of their postnatal care plan. Specialist breast feeding support is provided by Community Midwifery Assistants and peer support groups are held in the Childrens Centres.

Women and their families can also receive support from a Supervisor of Midwives. Supervisors of Midwives are available to provide support, advice and assistance to midwives within their daily practice and are also happy to speak to women and their families regarding their options for care and any other concerns or queries.

Appendix 3

Special Care Baby Unit

The Special Care Baby Unit has eight cots with one holding cot for babies to be stabilised prior to transfer. Bassetlaw Hospital is part of the North Trent Neonatal Network, within the network which covers South Yorkshire, North Derbyshire and Northern Lincolnshire there are nine hospitals of different levels of care for babies. Bassetlaw is the only Special Care Baby Unit in the network. This unit takes babies over 32 weeks gestation and above. Further information is available in Appendix 4.

The Paediatric Service is interconnected with the Maternity Service and changes to the Paediatric Service would impact on the Special care Baby Unit.

Level 3 - Neonatal Intensive Care (NNIC)

There are two hospitals in the network with a NNIC these are the regional units and are both in Sheffield, Jessop Wing of the Sheffield Teaching Hospitals and Sheffield Children's Hospital NHS Foundation Trust Neonatal Surgical Unit. These hospitals take babies under 24 weeks gestation. Sheffield Children's Hospital also takes those babies with cardiac and surgical needs.

Level 2 – Neonatal Unit (NNU)

There are six hospitals including Doncaster Royal Infirmary with a NNU across the network. Doncaster is 20 miles from Bassetlaw. These units take babies that are 26 weeks gestation and above for short-term intensive care.

Level 1 – Special Care Baby Unit

Bassetlaw is the only Special Care Baby Unit in the network. This unit takes babies over 32 weeks gestation and above. It sometimes takes some younger babies although they usually require high dependency and are transferred. There was 41% occupancy between April 2010 and September 2011.

Babies are transferred into Bassetlaw from other areas to make high dependency cots more available. Babies booked in at Bassetlaw are repatriated following specialised treatment.

Map of North Trent Neonatal Network

Children's Ward

The Children's ward at Bassetlaw has 22 beds in total. The facilities in the unit are generous and there are treatment rooms to accommodate the rapid access clinics. There are examination rooms. There are two bays consisting of six beds and there are ten

single rooms. Four of these rooms are allocated for adolescents and a teenage activity room. There is also an enclosed secure outdoor play area.

There is an average of 2,450 admissions per year, two thirds live in Bassetlaw. Last year there were 33 emergency general surgery (i.e. appendectomies) and 290 fractures. No surgery is carried out on children under three; these are transferred to the Sheffield Children's hospital as are seriously ill children and those in need of intensive care. There are five Consultant posts at Bassetlaw (one post is vacant at present) and eight Consultant posts at Doncaster.

The medical and nursing team provide overnight support to A&E if required.

All staff are trained to level 2 safeguarding standards in respect of child protection. Currently a retired senior consultant is covering the role of designated doctor for child protection across NHS Doncaster and Bassetlaw.

Appendix 4 - Performance information for Fractured Neck of Femur.

Before introduction of changes

1st Jan – 31st Mar 2011 **DRI** (As on 4th April) Total achieved all best practice tariff criteria **22%**

1st Jan – 31st Mar 2011 **Bassetlaw.** (As on 4th April) Total achieved all best practice tariff criteria **5%**

	DRI		BASSETLAW	
	Quarter 1 (Apr, May, June)	**Quarter 2** (Jul,Aug,Sept)	**Quarter 1** (Apr, May, June)	**Quarter 2** (Jul,Aug,Sept)
Total pts.	99	85	47	23
Geriatric assmt.<72hrs	87	76	35	16
MDT assessment	98	85	47	22
Falls assessment	98	83	47	23
Bone protection medication	96	83	45	21
36 hrs to surgery	68.7%	78.8%	59.6%	69.6%
No. achieving BPT	60%	67%	42.6%	52.2%
Extra income	53,400	50,730	17,800	10,680
Lack of theatre space	8	4	6	3
Medically unfit	14	7	4	2
Orthopaedic unfit	4	3	7	0
others	3	1	0	0
Deaths with in 30 days of op (National average: **8.2%**	10.2% (6)	0%	3.4% (1)	12.5% (2)
	5.5%		**6.7%**	

4

Appendix 5 – Fracture Neck of Femur Incentives

The criteria for the Best Practice Tariff

1. Admitted using an assessment protocol
2. Admitted under the joint care of an (ortho) geriatrician
3. Time to surgery under 36 hours
4. Assessed by a geriatrician within 72 hours of admission
5. Postoperative multi-professional rehabilitation team
6. Fracture prevention assessments (falls and bone health)

Appendix 6- Falls Prevention

Nottinghamshire Healthcare NHS
NHS Trust
Positive about integrated healthcare

Bassetlaw Health Partnership

Community Falls Prevention Team

The Team was established in 2004 with the purpose of reducing the number of falls in the population of Bassetlaw, which result in serious injury and to ensure effective treatment and rehabilitation for those who have fallen.

Aim of Service
To offers holistic, multi-factorial assessments and individualised interventions for those who have fallen, are considered at high risk of falling, or have a fear of falling to:

- Reduce the number of falls in the district of Bassetlaw through awareness raising and rehabilitation.
- Contribute to the reduction in the number of fractured neck of femurs throughout Bassetlaw.

Service objectives

- To reduce the number of unnecessary hospital attendances and admissions for falls, fragility fractures and in particular FNOF in people aged 50 and over.
- To maximise secondary prevention of further falls and fractures.
- To provide evidence based interventions for patients who have fallen or who are at risk of falls.

Individual Assessment & Intervention
The team adopt a multi-professional, multi-agency, co-ordinated approach to meet the rehabilitation needs of a person and their family/carer. Inter-agency working ensures the patient receives the right care, in the right place at the right time. Team members are specialist allied health practitioners who provide detailed falls assessments and multifaceted interventions primarily in the patient's own home.

Primarily the assessment and intervention process has a preventative focus by considering multi-factorial risk factors but because of the holistic nature of the assessment a problem orientated approach is often required.

Following the multi-factorial risk assessment discipline specific assessments and interventions are then completed as required. Intervention is continued whilst the patient continues to progress or where onward referral to other services is appropriate for further progression or maintenance.

When intervention ceases patients are reviewed after 12 weeks via a telephone call. As a preventative measure a re-referral into the service can be raised if the need is identified, likewise onward referrals and signposting to other services will be provided as required. If a referral back into service is not required the case will be closed to the service.

Preventing falls in later life

In addition to the individual assessment and intervention of patients the service is committed to raising awareness of falls and fracture prevention in later life across the general public and key personnel. This element of the service delivery is achieved through a rolling programme of training and education, health promotion events and awareness raising amongst the general public and key groups, this is achieved through:

- Regular attendance at Health Fayres
- Support of Age UK's National Falls Prevention Campaign
- Bespoke education and awareness raising sessions with community groups & clubs

Access to regular falls prevention and awareness training sessions is available to those working with older people, including colleagues from within Adult Social Care & Health, as well as the independent and voluntary sectors.

Support and intervention is also available to residential establishments who work with those at risk of falls. This intervention offers support to develop targeted action plans for how falls prevention strategies can be developed and includes bespoke training, review and re-design of risk assessments, protocols and procedures, and developing information sharing systems.

The service is a pathway organisation for the First Contact Signposting Scheme which facilitates identification and referral into the service of those who have suffered a fall in the last six months or who are concerned about their risk of falling. Being a pathway organisation for this scheme supports the identification of patients who require intervention to reduce the risk of falls and fractures.

Developments in 2012/13

In line with the services commitment to falls and fracture prevention plans are in place to see the following developments in 2012/13;

- Integration of a Specialist Nurse to facilitative early/proactive intervention to patients to reduce falls and fracture risks
- Establish robust systems to identify patients with poor bone health or fragility fractures to facilitate access to the service for promotion of good bone health and falls prevention
- Identification of Falls Champions within key services and establish support systems

Community Falls Prevention Team

The team's current staffing level is 5.9 WTE. This includes Occupational Therapists, Physiotherapist's, Community Care Officer, Dietician and Rehabilitation Assistants. The staffing level of the team has been static for the last four years but enablement funds will see an additional 1.4 WTE into the team during 2012. This will include a Nurse Specialist and additional Rehabilitation Assistant hours.

During 2010/2011:

- 748 referrals were accepted into the service (a 17% increase in demand from the previous year).
- 665 Multi-factorial Falls Assessment (MFFA) were undertaken in line with NICE guidance (an annual increase of 25%).

Of those assessed:

- 82% continued to receive a programme of rehabilitation/intervention programme from the Falls Team
- 5% were referred into a Staying Steady balance group
- 6% were assessed and given falls prevention advice but did not require any on-going intervention
- 5% declined any further intervention from the service
- 2% were deemed medically unfit to participate in rehabilitation and referred back to their GP.

In 2010/2011 the service worked towards targets set by NHS Bassetlaw, these included:

- Contacting patients within two working days of the referral being received.
- Completion of 705 MFFA's within the 12 month period.

A service evaluation demonstrated that during 2010/2011:

- 98.4% of patients referred were contacted for triaging of their needs within the two working day target.
- 665 MFFA's were undertaken, achieving 94.3% of the annual target.

Appendix 7.-Choose Well Leaflet

Hangover.
Grazed knee.
Sore throat.
Cough.

Self Care
A lot of illnesses or symptoms can be treated in your home by using a well stocked medicine cabinet (see back page for advice) and by getting plenty of rest.

When and Why?
Self-care is the best choice to treat very minor illnesses and injuries. Choosing well ensures you receive the best possible treatment, leaving emergency services to those who need them most.

Unwell?
Unsure?
Confused?
Need help?
Flu?

NHS Direct
NHS Direct offers confidential health advice and information by telephone and on the internet.
0845 4647* www.nhsdirect.nhs.uk

*Calls to the NHS Direct cost a maximum of 5 pence per minute from a BT landline. Calls from mobiles and other networks may vary. Your service provider may charge a minimum cost per call.
For patients' safety, calls to NHS Direct are recorded.

When and Why?
Contact NHS Direct if you are ill and have any questions about health. Choosing well ensures you receive the best possible treatment, leaving emergency services to those who need them most.

Diarrhoea.
Runny nose.
Painful cough.
Headache.

Pharmacist (Chemist)
Pharmacies can be found locally across Bassetlaw. Your local pharmacist is a highly trained healthcare professional who can give you advice on common illnesses and the medicines you need to treat them. Most now have a quiet area away from other customers where you can speak to the pharmacist more privately.

When and Why?
Visit your local pharmacy when you are suffering from a common health problem which does not require being seen by a nurse or doctor. Choosing well ensures you receive the best possible treatment, leaving emergency services to those who need them most.

Vomiting.
Ear ache.
Stomach ache.
Back ache.
Strains.
Rashes.
Sprains.

GP (family doctor)
GP surgeries can be found locally across Bassetlaw and are usually open from 8am to 6pm. Telephone to make an appointment. An out-of-hours service operates when your surgery is closed. This can be accessed by ringing your surgery and you will either be automatically transferred or a message will tell you which number to ring.

8am to 8pm Primary Care Centre
This service is open every day of the year at Westwood 8am to 8pm Primary Care Centre, Pelham Street, Manton, Worksop, S80 2TR. Drop in or ring 01909 509010 to book an appointment.

When and Why?
Make an appointment with your local GP or 8am to 8pm Health Centre when you have an illness or injury that will not go away. Out-of-hours medical assessment is also available. Choosing well ensures you receive the best possible treatment, leaving emergency services to those who need them most.

Choking.
Chest pain.
Severe bleeding.
Blacking out.

Emergency Department or 999
Bassetlaw Hospital's A&E Department and 999 calls provide immediate emergency care for people who show the symptoms of serious illness or are badly injured. If you call 999 for an ambulance, the telephone advisor will arrange for appropriate assistance for the patient based on the information provided about their illness or injury.

When and Why?
Emergency services are very busy. They should only be used in very serious or life-threatening situations. Choosing well ensures you receive the best possible treatment, leaving emergency services to those who need them most.

Why Choose well?

This leaflet will help you decide if you need medical attention if you get sick. It explains what each NHS service does, and when it should be used.

Choosing well means you will get the right treatment. It also allows busy NHS services to help the people who need them most.

Useful Contacts

Westwood 8am to 8pm Primary Care Centre:
Pelham Street, Manton,
Worksop, S80 2TR
Telephone: **01909 509010**

NHS Direct: 0845 4647

GP out-of-hours service:
This service operates when your family doctor surgery is closed. Contact it by ringing your usual surgery number.

Bassetlaw Hospital:
Blyth Road,
Worksop, S81 0BD
Telephone: **01909 500990**

Useful information for keeping safe and well

Keep a track of your drinking
Recommended guidelines for lower-risk drinking:

Women:
Daily : 2-3 units or fewer.
Weekly: up to 14 units.

Men:
Daily: 3-4 units or fewer.
Weekly: up to 21 units.

And try and have at least two alcohol-free days each week.

Be a good neighbour
Remember to check on elderly and vulnerable neighbours when there is snow or cold weather. They may not be able to get to the pharmacy for medication or to the shops to buy food. Many go for days without seeing anyone and they don't like to ask for help.

Keep stocked up
Be prepared with essential medicines and supplies in case you get ill, such as:

- paracetamol or aspirin
- anti-diarrhoeal medicine
- cough medicine
- indigestion remedy
- plasters
- a thermometer
- antiseptic cream

NHS Bassetlaw

Your guide

to choosing the right NHS service if you become ill or injured this winter

Choose well.

www.nhs.uk

BCO

Appendix 8- Community Services

positive about community services

Bassetlaw Health Partnership

Nottinghamshire Healthcare NHS
NHS Trust
Positive about integrated healthcare

Directorate	Service Line	Service	
Children's Services	• Specialist Children's Services (Community Children's Nursing & Short Breaks Team)	• Paediatrics • Paediatric Learning Disabilities (LD)	• Paediatric Occupational Therapy (OT) • Community Friends Together Service
	• Preventative Health	• Contraception & Sexual Health (CASH) • CASH in Secondary School & FE Colleges • Vaccination & Immunisation Service • Infant Feeding Co-ordinator • Safeguarding Team (Children and Adults, Children in Care Team)	• Emotional Mental Health and Wellbeing Team (EMHWT – CAMHS) • Child Health Department • Health Promotion & Smoking Cessation • LD Prevention • Teenage Pregnancy
	• Universal Services	• Health Visiting	• School Nursing and St Giles
Adult Services	• Podiatry	• Infection, Prevention & Control Team	• Podiatry & Social Foot-care Service
	• Palliative Care	• Hospice (Inpatient and Day Care) • Community Matrons	• Specialist Care (Hospice at Home) • Marie Curie and MacMillan Nursing
	• Adult Nursing	• Community Nursing (Inc. District & Twilight Nursing) • Neurological Specialist Nurses for MS, Epilepsy, Parkinson's Disease	• Community Diabetes Specialist Nursing Support to Care Homes
	• Dental	• Dental Services (Special Care Dentistry)	
Rehabilitation Services	• LTC Rehabilitation	• Long Term Neurological Rehab Service • Pulmonary Rehab Programme • Community OT	• Day Rehabilitation • Community Falls • Stroke Rehabilitation
	• Integrated Schemes	• Rapid Response • Out-of-Hours Service • Integrated Discharge & Continuing Care Nursing	• Residential Intermediate Care • Continuing Care Packages • Specialist Community Matrons for Chronic Obstructive Pulmonary Disease (COPD) & Coronary Hearth Disease (CHD)
	• Clinical Support	• Single Point of Access • Tissue Viability • Continence	• Workforce / Diabetes/ Prescribing • Information Analyst • Admin &Clerical

Table 1: CQUIN Scheme

The Parties agree that Quality Incentive Payments shall be paid monthly and therefore the provisions set out in paragraphs 5 to 13 below shall apply.

Summary of goals

Goal Number	**Goal Name**	**Description of Goal**	**Goal weighting** (% of CQUIN scheme available)	**Expected financial value of Goal (£)**	**Quality Domain** (Safety, Effectiveness, Patient Experience or Innovation)
1	Drug devices check	To measure, monitor, and enable reduction in the use of unchecked and potentially dangerous drug delivery devices	5%		Safety
2	Re-admittance following discharge from community setting	% patients re-admitted within 28 days of discharge from community setting (for a related medical condition)	3%		Effectiveness
3	Pressure Sore	Incidence of Grade 2 and above pressure sores & adherence to NICE Guideline 29	5%		Safety
4	Waiting times	To measure, monitor and inform commissioners and providers to ensure waiting times for treatment and therapies are as short as possible	5%		Experience
5	Personal health/care plan	To measure, monitor and inform on the number of patients with LTC that have created a personal health/care plan giving key stakeholders a better view as to its uptake, understanding the degree to which health/ care plans support patients in managing the challenges of living with their condition(s) and facilitating decision making	5%		Effectiveness
6	Living at home post discharge	% of patients discharged from Hospital with an intermediate care or rehab package who are living at home three months post discharge	8%		Effectiveness

7	Completion of IPOCs – all adult expected deaths	Completion of IPOC for all expected adult death	5%		Experience
8	Assessment of family/carers needs – End of Life Care	When a patient is identified as approaching end of life an assessment of the needs of their family and /or designated carers will be made and support provided	5%		Experience
9	E.O.L Carer satisfaction	Increased satisfaction of carers of end of life patients	5%		Experience
10	Falls Risk Interventions	Number of multi-factorial risk interventions conducted as per NICE guidance. Service - Community Falls Team	5%		Safety
11a	Falls Risk Assessments	Number of patients identified by services, (other than the Community Falls Team)	3%		Safety
11b	Falls Risk Interventions	Care plans in place or referrals made for patients identified at high risk of falling (applies to teams other than the community falls team)	3%		Safety
12a	BMI Recording	All children in school reception year will have their BMI recorded	3%		Effectiveness
12b	BMI Communication to GP	All children in school reception year will have their BMI communicated to their GP	3%		Effectiveness
13a	Screening for post natal depression 12a = 30 days	All patients who have given birth will be screened for post natal depression soon after giving birth (30 days)	3%		Effectiveness
13b	Screening for post natal depression 12b = 31 to 90 days	All patients who have given birth will be screened for post natal depression soon after giving birth (90 days)	3%		Effectiveness
14	Record of smoking status	All patients under the care of provider services notes will contain a record of current smoking status (if appropriate)	5%		Effectiveness
15	Nutritional advice	All patients will receive nutritional advice, as appropriate to the service they are accessing. The CQUIN measure applies to the following services, the score will be overall and measured by an audit • Podiatry	5%		Effectiveness

		• All Adult Rehab • All patients on SNAP • Health Visiting • School Nursing			
16	WITHDRAWN				
17	Invest to save initiative Introduction of Tier 1 service (National Childhood Measurement Programme)	% of children measured vs. number of children for whom an intervention has been made	6%		Effectiveness
18a	Invest to save initiative Health Visiting – Healthy Child Programme	All children will receive a three month intervention contact	7.5%		Effectiveness
18b	Invest to save initiative Health Visiting – Healthy Child Programme	All children will receive a 24 month intervention contact	7.5%		Effectiveness
		Totals:	**100.00%**		

Appendix 9 – 999 Procedure

East Midlands Ambulance Service NHS
NHS Trust

999 call handling in our Emergency Operations Centres (EOC)

Each day, we receive more than 1,200 emergency 999 calls – that's roughly one every 48 seconds.

When you make a 999 call and ask for the Ambulance Service, the 999 operator will connect you to our EOC. One of our highly-trained EOC team members will answer your call and when they do it's important for you to stay as calm as possible and answer the questions you're asked in a clear and accurate way.

Our call takers follow a highly developed set of easy to understand questions to categorise emergency calls between those that are most life-threatening, such as patients who have stopped breathing, to those that are not life-threatening such as injuries to finger and toes.

Calls categorsied as Red are immediately life-threatening emergencies and the national target is for us to arrive within 8 minutes from when we received the call (in 75% of cases).

We use sophisticated technology to make sure we alert the nearest available vehicle and pass details of the emergency to the crew so we lose no time. Sometimes we send a fast response vehicle or a community first responder who can get to the scene quicker than a conventional ambulance.

Calls categorised as Green are not immediately life-threatening and we use one of four categories of response - again depending on the type of emergency and seriousness of the incident:

Green 1	Ambulance response within 20 minutes.
Green 2	Ambulance response within 30 minutes.
Green 3	EOC Clinical Assessment Team to call back within 60 minutes
Green 4	EOC Clinical Assessment Team or NHS Direct to call back within 60 minutes.

There isn't a national standard for Green calls but we are working towards a target of reaching 90% of all Green 1 and Green 2 calls within the above time-frames.

We do have to point out that the level of activity (i.e. how many calls our vehicles are responding to) determines how quickly we respond.

After you've given some basic details (such as where help is needed and what appears to be

wrong with the patient) the call taker will ask more questions such as:

- Is the patient awake?
- Is the patient breathing?
- What is the patient's approximate age?
- Is the patient male or female?
- What injury/illness has the patient got and how did it happen (if known)?

While you're answering these questions, other members of our EOC team will have already started to assess what kind of help is needed – based on the patient's presenting symptoms.

At every stage in the process, you'll be advised to call 999 again if the patient's condition gets worse. If this happens, you'll be asked to answer the questions again. We do this to check if the patient's condition has changed and if we need to give a greater priority to the call. We accept this may be frustrating but it is important we do this so we can re-establish the patient details and their clinical condition.

If we categorise your call Green 3, one of our Clinical Assessment Team members will call you back. If we categorise your call Green 4, you will be told that one of our Clinical Assessment Team members or someone from NHS Direct will call you back. In either case, you should keep your telephone line clear and await the call.

When you're called back, a thorough assessment of the patient's condition will be carried out. You'll then be given advice on the best treatment for the patient – such as being cared for at home, being referred to a GP, pharmacy or community based care service.

Appendix 10 - Glossary

Term	Explanation
Clinical Commissioning Group (CCG)	CCG will replace the Primary Care Trusts in April 2013. These groups are made up of GPs and health professionals as well as lay persons. They will be responsible for approximately 80% of the NHS budget and will commission primary and secondary care services.
Fractured Neck of Femur	This is the term used to describe the four different types of break to a hip
Gynaecology	A branch of medicine that deals with the diseases and routine physical care of the reproductive system of women
Obstetrics	A branch of medicine that deals with all aspects of pregnancy and child birth.
Paediatrics	A branch of medicine that deals with development, care, and diseases of children
Primary Care	Primary care is the care provided by people you normally see when you first have a health problem. It might be a visit to a doctor or a dentist, an optician for an eye test or a trip to a pharmacist. NHS “walk-in centres” and the NHS Direct telephone service are also part of primary care. All of these services are managed for you by the local primary care trust (PCT) e.g. NHS Bassetlaw.
Primary Care Trust (PCT)	PCTs work with local authorities and other agencies that provide health and social care locally to make sure that the local community's needs are being met. These organisations currently hold 80% of the NHS budget and must make sure there are enough services for people within their area and that these services are accessible. It must also make sure that all other health services are provided, including hospitals, dentists, opticians, mental health services, NHS “walk-in centres”, NHS Direct, patient transport (including accident and emergency), screening and pharmacies. They are also responsible for getting health and social care systems working together for the benefit of patients within the locality.

Triage	Prioritising patient treatment according to the urgency of their need for care. This is used at Accident and Emergency.
Secondary Care	Secondary care relates to the health care services provided by medical specialists and services provided by hospitals. Access to secondary often from a referral by a primary care service such as a GP. Secondary care can also be elective surgery, acute care (necessary treatment for a short period of time for a brief but serious illness, injury or other health condition). Tests and imaging e.g. x-rays and scans.

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