



## FREQUENTLY ASKED QUESTIONS

### **Will the Friarage Hospital close?**

No. The Friarage Hospital will not close - it is an integral part of local health and the wider system.

### **What changes were made in March 2019?**

The A&E department at the Friarage was designated as an Urgent Treatment Centre, open 24/7. Critical care, and patient pathways and procedures dependent on critical care were relocated to the James Cook University Hospital. The Friarage was no longer able to accept medical admissions overnight.

### **What difference will this make to patients who would have been seen in A&E under the previous arrangements?**

The majority of patients who would have previously been seen in A&E will still be treated at the Friarage Hospital under the new model of an Urgent Treatment Centre. The changes affect those who arrive by ambulance, or those who arrive outside of the opening hours, and those who are, or become, too unwell and potentially need emergency surgery or critical care.

Patients arriving by ambulance can go direct to Clinical Decisions Unit at the Friarage if their needs can be met at the Friarage. There is a triage phone call between the ambulance crew and the consultant on duty to ensure that patient is conveyed to the right place to get the treatment they need.

### **What are the options that are being consulted on?**

Based on clinical review and what people told us during engagement, the clinicians considered scenarios and developed deliverable and sustainable options for urgent and emergency care which were:

#### **OPTION 1**

A 24 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

#### **OPTION 2**

A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 8am to midnight

#### **Both options also include:**

- A consultant-delivered acute medical service, seven days a week
- Repatriation of patients to the Friarage for care closer to home
- Elective (planned) surgery for day case and short stay inpatients





## **Will the number of beds reduce at the Friarage Hospital? What is going to happen to the wards at the Friarage?**

There has been no change to the number of medical ward beds at the Friarage, but the number of surgical beds has reduced. The number of beds at the Friarage is regularly reviewed to ensure that there is sufficient capacity to meet the needs of population and the changing clinical models and new developments.

## **How many patients at the Friarage will be affected?**

We know that approximately nine in 10 patients would not be affected by the change to an Urgent Treatment Centre model. That is borne out by the data we've seen since the South Tees Hospitals NHS Foundation Trust introduced the urgent temporary model in March 2019.

## **What clinical conditions can be cared for at the Friarage?**

All patients for admission are triaged and assessed by a consultant. Patients will be admitted to the Friarage hospital wherever possible based on a full clinical assessment of the individual. Typical conditions include breathlessness and chest pain, abdominal pain, acutely swollen limbs and joints, frailty and delirium.

## **Will any patients be admitted overnight at the Friarage?**

Under the proposed arrangements, new referrals are not accepted overnight between 6.30pm and 8.30am Monday to Friday, or between 4.30pm and 8.30am at a weekend. This is the same as the model that has been in place since March 2019.

## **What's the medical cover that will be in place overnight at the Friarage?**

Overnight, a consultant physician will be on call and no more than 30 minutes from the hospital; there will be two junior doctors and two nurse practitioners on duty to support the ward teams to provide safe care and to respond to any illness or emergency.

## **How will emergencies be responded to, in and out of hours?**

There will be an Advanced Life Support team on site, 24/7. Patients that need to be transferred to another hospital will be transferred by emergency ambulance and accompanied by trained staff, according to their clinical need. The Critical Care Outreach Team will remain as now, on site, 8am to 8pm, seven days a week.

## **Will the amount of planned surgery reduce under the new model?**

Outpatient, day case and short stay surgery will continue and we are looking at how we can increase this type of surgery at the Friarage. The use of theatres at both James Cook and the Friarage needs to be maximised, where there is capacity in order to improve waiting times. There are no plans to reduce surgery at the Friarage, but to utilise it to make use of the skills and facilities at the hospital and improve local access.





## Why is it difficult to recruit staff to work at the Friarage Hospital?

The Friarage Hospital is one of the smallest district general hospitals in the country, serving a rural population of around 144,000 across Hambleton and Richmondshire. Workforce recruitment challenges and changes in medical education are making it increasingly difficult to safely staff emergency services at the Friarage Hospital. There are national shortages of doctors in many specialties including anaesthesia and emergency medicine and also changes in the European and global recruitment market. Medical education reforms have led to increasing specialisation with fewer doctors in non-training 'staff' posts, and those doctors who are in training need to experience the full range of clinical scenarios.

The workforce challenge is not unique to the Friarage Hospital or South Tees Hospitals NHS Foundation Trust which runs services at the Friarage Hospital. For example, in the North East of England 26 per cent of Emergency Medicine Consultant posts remain unfilled.

## Why can't the hospital Trust recruit anaesthetists?

The workforce problems we have in recruiting anaesthetists are local, national and regional. Nationally only 42 per cent of training spaces are filled for anaesthetists as medical students choose to train in other disciplines. Locally only half of the training posts in anaesthesia are filled in Yorkshire and the Humber, with the North East only slightly better at 67 per cent (RCoA, 2017).

There are also fewer doctors with generalist skills, as training becomes more specialised, driven by the Royal Colleges, resulting in fewer doctors available with the necessary skills to work at smaller hospitals, like the Friarage.

## Why were changes made in March 2019?

In February 2019 the Trust was overtaken by service safety pressures and was forced to make temporary changes to services at the Friarage Hospital. Despite many efforts to recruit key medical staff over the last 18 months the gaps in staffing were creating significant risk. This temporary arrangement came into effect on 27 March 2019.

## Why are you not consulting on a return to a full A&E?

The assessment of all partners, including all clinical groups was that:

- Providing any form of an emergency department model would require on-site provision of Critical Care, including access to consultant level anaesthetic and airway management support
- Recruitment to support a sustainable rota for the Friarage Critical Care Unit had been repeatedly unsuccessful over a significant period of time
- Continued support to the Friarage Critical Care Unit from James Cook Hospital could not be guaranteed without significantly undermining the Critical Care service at James Cook University Hospital, resulting in a more significant impact.



Taking this into account, this is not considered to be realistic or deliverable for the Friarage Hospital. As a result, Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) will not consult on the provision of this, as this model cannot be achieved and it would be dishonest of the CCG to suggest that a 24/7 A&E department model is viable for the Friarage Hospital.

## **Will the treatment of children with minor injuries be able to continue with the proposed models? What about very sick children?**

The 24/7 Urgent Treatment Centre will be able to treat children with minor illnesses (such as fever, rashes, asthma) as well as minor injuries. Very sick children will be required to attend an alternative hospital, via ambulance, as they do now, so that they can access the more specialist care they need.

## **How can we maximise the number of patients at the Friarage Hospital?**

We will promote the Urgent Treatment Centre, including minor illness for children. We will maximise day case and short stay surgery. Patients from James Cook who live locally will be transferred to the Friarage Hospital once their condition has improved, for the remainder of their hospital stay. We will bring as many diagnostic and outpatient services to the Friarage as possible. However, once patients are well enough to go home or to another care setting we will work with partner agencies to ensure that patients are cared for in the right place for their needs.

## **How will transport links between the Friarage and James Cook sites be improved? Will the shuttle bus be brought back?**

South Tees Hospitals NHS Foundation Trust is developing a transport plan with NHS Hambleton, Richmondshire and Whitby CCG, which will consider transport for staff, patients and visitors. The detail has yet to be agreed and this may involve a shuttle bus. We are discussing this with North Yorkshire County Council.

## **What about the impact on Darlington Memorial Hospital?**

County Durham and Darlington Foundation Trust is aware of the impact these changes may have on the number of patients attending Darlington Memorial Hospital Emergency Department or requiring admission there. The impact of the urgent temporary changes made in March 2019 has been monitored so that the right resources are allocated.

## **How will hospital services cope with the increasing local population, given the housebuilding and expansion of Catterick Garrison?**

NHS Hambleton, Richmondshire and Whitby CCG, together with our NHS partners, are in regular dialogue with district councils about population estimates in the medium to long term. We are very aware of the major housebuilding activity that's currently taking place and the largescale rebasing of military personnel and their families to Catterick Garrison that's on the horizon. The configuration of hospital services is not just based on the needs of the population now, but the needs of the population in the future.



## How are you consulting with local people and affected groups?

During the consultation we will:

- Provide a range of opportunities for people to be involved regardless of who you are or where you live, including widely publicised public events in a range of locations across the area, online and face-to-face surveys, engagement with seldom heard groups and public focus groups
- Provide the consultation information in clear and simple language and a variety of formats to make sure everyone can access it
- Run the consultation for at least 12 weeks at varying times of the day/week and provide regular reminders about progress and the closing date
- Work closely with a range of local individuals and groups to make the most of all opportunities to reach people
- Carefully manage the money spent on the consultation to deliver good value for money
- Use the feedback to inform decision-making
- Share the feedback received during consultation with local people

## Have you carried out an Equality Impact Assessment on these proposals?

Hambleton, Richmondshire and Whitby CCG have undertaken full impact assessments:

- Equality impact assessment
- Quality impact assessment
- Privacy impact assessment; and
- Sustainability impact assessment

All assessments have been shared and evaluated by NHS England and the Yorkshire and Humber Clinical Senate. Copies of each can be provided by the CCG upon request.

## Will adopting either of these options save money?

The proposals have never been about saving money. The options cost similar to the current model. The changes that have been put forward are about making best use of the resources that are available to provide the highest standards of care possible for the people of Hambleton and Richmondshire. In particular, to ensure that we are investing in services that are safe and sustainable in the longer term.

## What will happen after the consultation?

At the end of the consultation, NHS Hambleton, Richmondshire and Whitby CCG will analyse the responses and produce a formal report. We will also welcome an independent report from Healthwatch North Yorkshire.

The CCG will log all communications and engagement activity (including materials circulated, feedback, survey responses and number of event delegates) and regularly analyse these to ensure the methods, tools and techniques remain appropriate.



# Building a sustainable future for the Friarage



South Tees Hospitals  
NHS Foundation Trust



The report may identify a strong outcome or feeling; however it will not be considered a 'public vote' on which the CCG's Governing Body is required to act. The outcome of the report will be used to inform the Governing Body's final decision which will have been through the CCG's Council of Members (made up of representatives from the 22 local GP practices) where the outcome of which is then reported to the NHS England and the North Yorkshire Scrutiny of Health Committee.

