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# A consultation on proposals for building a sustainable future for the Friarage Hospital in Northallerton

13th September 2019 - 6th December 2019



# Who are we?

As the organisation responsible for buying and planning the majority of health services across Hambleton, Richmondshire and Whitby areas including those at the Friarage, the Clinical Commissioning Group is statutorily responsible for public consultation on proposed significant service change. We have a specific role in planning service change and any proposals for significant change must be carried out in line with the requirements for significant service change set out by law (in s.13 Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs).

## Building a sustainable future for the Friarage Hospital

**The Friarage Hospital in Northallerton is at the heart of healthcare in Hambleton and Richmondshire. It is highly valued by the people it cares for and by the staff who work there.**

Since it became part of South Tees Hospitals NHS Foundation Trust in 2002 over £40 million has been invested in the hospital's facilities and environment, including building the ward block, a new MRI scanner, and the recent opening of The Sir Robert Ogden Macmillan Centre. These investments are testament to the important role the hospital plays in caring for local people. All partners involved in providing care at the Friarage Hospital want it to remain as the hub for local hospital health services.

### **What are the challenges?**

Healthcare is constantly changing and evolving with the development of new treatments,

equipment and medication, as well as changes to national guidance on how services should operate and how clinical staff should be trained.

Over recent years the Friarage Hospital has had to adapt to those changes. A national drive to ensure people get rapid and life saving treatment has seen the creation of large specialist centres for a range of conditions. This means that anyone in Hambleton and Richmondshire who needs life saving trauma or stroke care, for example, will be taken straight to specialist centres for treatment rather than first going to the Friarage Hospital for assessment and then being transferred for specialist care.



This change undoubtedly saves lives. And as the specialist centres have developed so has the way the NHS trains its clinical staff. Doctors, nurses and other health professionals are increasingly specialising in particular conditions, and their training is now concentrated around the large specialist centres.

There is also a national shortage of highly skilled healthcare staff, and those that are working in the NHS are generally more attracted to the larger specialist centres where they can work as part of bigger teams, and see more patients to rapidly develop their skills and experience. But that poses a challenge to the future of district general hospitals, such as the Friarage Hospital.

In recent years we have reacted to those changes by looking at the impact on individual services at the Friarage Hospital, and altering the way services are provided to ensure local people can still receive high quality, safe care. Changes to maternity services and the care of children in its paediatric service are just two examples of how the Friarage Hospital has had to adapt to meet the challenges facing the NHS.

But we do not want to continue to make ad-hoc changes to services at the hospital. We want the Friarage Hospital to remain as the hub of local hospital healthcare in Hambleton and Richmondshire, and to do that we have to look at the whole hospital and how it operates to ensure it has a sustainable future.

That is why we are now consulting on:

- our vision for building a sustainable future for the Friarage Hospital, and
- how urgent care could be delivered in the future.

## Why do we need to change?

To be classified as an accident and emergency department (A&E) a service must be led by consultants and have 24 hour access to resuscitation facilities, with associated support from anaesthetists.

However, since 2017 South Tees Hospitals NHS Foundation Trust has been raising concerns about how workforce shortages, particularly amongst anaesthetists, is impacting on its ability to provide 24 hour safe, high quality accident and emergency, anaesthetics and critical care services, which are all interlinked.

The Friarage Hospital is not accredited for training doctors in emergency medicine or anaesthesia. Trainee doctors are crucial to the running of services, and without them the hospital has struggled to provide sustainable, safe and high quality care.

Doctor input into accident and emergency at the Friarage Hospital has been reliant on locum doctors covering up to 41.7 per cent of shifts. In recent years the number of people using the service has also dropped from 1,800 to 1,600 per month, with the busiest times being Saturday, Sunday and Monday mornings.

The critical care unit at the Friarage Hospital had been run by consultant anaesthetists with critical care skills, Modern Consultant anaesthetists are now specialised in either critical care or surgical anaesthesia and this adds to the workforce challenge to staff our services safely. So the service has been reliant on the good will of a small number of anaesthetists to enable it to continue.

In Autumn 2017 work began to develop a more sustainable model for the future of these services at the Friarage Hospital, and the Royal College of Anaesthetists (RCoA) and the Royal College of Emergency Medicine (RCEM) were invited to review services at the Friarage Hospital.



The RCoA concluded that locum doctors were not the long-term solution to the staffing issues, workforce arrangements to support anaesthetic services at the Friarage Hospital were not sustainable, and urgent action was required. The RCEM acknowledged that local urgent and emergency services was a high priority for local people, service commissioners and the Trust, but it advised that the current arrangements could not continue. It recommended either closing the A&E department at night, or re-designing the services as an Urgent Treatment Centre.

For six months the Trust worked with clinicians, patients, carers and key partners on devising options for the future of accident and emergency care services, as well as wider hospital services, to develop a new model of working.

Plans were in place to begin public consultation on the proposals. However, in March 2019, due to patient safety concerns, the Trust made the difficult decision to suspend A&E services at the hospital and instead open a 24-hour Urgent Treatment Centre on a temporary basis. The decision was prompted by increasing workforce pressures, which made it impossible to provide safe anaesthetic cover at both James Cook and the Friarage hospitals.

Since then the Friarage Hospital has:

- been operating an Urgent Care Treatment centre, including treatment for children with minor illnesses;
- triaged 999 and GP emergency calls prior to their arrival at hospital,
- carried out all surgery needing critical care at James Cook
- provided transport for repatriation of patients from James Cook, and been supported by additional emergency ambulance resources

Early experience of the model in practice has been incredibly positive and supportive of the assumptions from the models developed by the clinical teams.

Due to national workforce shortages the Trust does not believe it will be able to permanently recruit to the posts needed to re-open A&E with 24 hour critical care and associated support from anaesthetists. So we are consulting on the future of local urgent care.

## How we arrived at our options for consultation

In 2017, the Trust and the CCG undertook a programme of engagement including a series of 12 public engagement events held across Hambleton and Richmondshire, questionnaires and meetings with interest groups. We explained the challenges of sustaining the traditional service model at the Friarage Hospital and sought feedback on what was most important to the public and stakeholders to inform the development of the future model.

Clinical working groups then developed these scenarios (clinical modelling) and appraised these against best practice, workforce, activity and financial criteria, and those which were important to patients and staff. This process was overseen by a clinical steering group which included representation from senior leaders and clinicians in primary care and the ambulance service as well as the Trust and CCG.

Throughout this process each option and scenario was assessed against the same criteria of:

- safety/quality;
- accessibility;
- feasibility;
- affordability;
- clarity for the public (where to go and when); and
- opportunity for integration

The clinical steering group concluded that potential sustainable options for urgent and emergency care were:



**1. Replace the emergency department with a 24/7 Urgent Treatment Centre (UTC), dealing with approximately 90 per cent of urgent and emergency presentations**

**2. Replace the emergency department with a UTC as above, but closed overnight (opening 8am to midnight)**

## Why we did not take forward the A&E model

The original business case model was developed in 2018 before the need to implement the temporary urgent care model in March 2019. The clinical modelling included assessment of the previously existing service. This included review reports provided by national health bodies, such as Royal Colleges. In their report, the RCEM highlighted concerns that the Friarage A&E is badged to the public as a Type 1 A&E department but actually offers a more limited A&E service. The workforce challenges were recognised by the RCEM, particularly recruiting sufficient doctors.

The RCEM concluded that the A&E department was not considered sustainable due to medical and nursing workforce recruitment difficulties, essential co-dependencies (critical care) and decreasing volume of demand.

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

- Providing any form of an A&E model requires on-site provision of critical care, including 24/7 on site senior 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 could not be guaranteed without significantly undermining the Critical Care service at James Cook, with a wider patient impact

Taking this into account, maintaining the previous A&E model department is not considered to be realistic or deliverable for the Friarage. This has been confirmed by the CCG Governing Body and in discussion with NHS England at the strategic review of service change. As a result, HRW CCG will not consult on the provision of a Type 1 A&E department, as this model cannot be achieved, and it would be dishonest of the CCG to suggest that a 24/7 A&E is viable for the Friarage Hospital. So we are seeking your views on our vision for the future of our hospital and on local urgent care options:

**Option 1 - Replace the emergency department with a 24/7 Urgent Treatment Centre (UTC) model, dealing with approximately 90 per cent of urgent and emergency presentations**

**Option 2 - Replace the emergency department with a UTC as above, but closed overnight (opening 8am to midnight)**

## Our vision for Friarage Hospital

The many developments that we have seen in healthcare in recent years mean that people are generally living longer, and the population of Hambleton and Richmondshire is relatively healthy when compared to many other parts of the country.

A significant proportion of our local population is over 50 and as people age they are often living with long term conditions and become increasingly frail. So we developed our 'Fit 4 the Future' programme, which sets out our ambition to improve the health and wellbeing of our local population by putting care close to home at the heart of our decision making.



This is very much in line with the NHS Long Term Plan, which was published last year and sets out the national approach to ensuring a sustainable and safe NHS for the next ten years. The plan focuses on:

- boosting out of hospital care,
- reducing pressure on emergency hospital services,
- improving population health,
- giving people more control over their health and more personalise care when they need it.

We know from talking to local people about Fit 4 the Future and other changes to services at the Friarage Hospital in recent years, that local people are concerned about:

- being able to access the right care when they need it,
- the distances they have to travel to access healthcare, particularly for more rural communities,
- potentially less local services being available in the future,
- the impact of population growth, particularly an increasingly elderly population and meeting the needs of families as part of the development of Catterick Garrison.

We want to make sure that local people are able to access the right care when they need it, and as close to home as possible. We recognise that with the changes to healthcare this may mean having to travel outside the immediate area for specialist life saving care, but we want to make sure people can return home as soon as possible for ongoing treatment or rehabilitation.

We are working with colleagues across North Yorkshire and the Tees Valley to ensure our services are complementary and to build the capacity and wider resilience of services.

Taking all these factors into account we have developed a vision for the future of the Friarage Hospital that will ensure its sustainability for the

next 10 to 15 years. We would also like your views on options for urgent and emergency care to ensure services can be safely and sustainably provided in the future. We have identified two preferred options and would like your views on these alongside any alternatives. All suggested models will be considered using the same criteria and your views will help to inform our decision making. Our proposed model would include:

- consultant-led medical care with daily admissions,
- access to urgent care or treatment,
- access to acute assessment and ambulatory care,
- daily inpatient care for people that do not need specialist services,
- a full range of diagnostic services,
- integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so,
- short stay elective surgery and day cases, for a number of specialities, including orthopaedics, urology, breast surgery and gynaecology,
- prompt transfer to and from specialist services at other hospitals, and
- a full range of outpatient services.

This new model of hospital services would mean that 90 per cent of people who were being cared for at the Friarage Hospital previously would continue to do so. However, in the future critical care would only be provided at James Cook.



## Key messages

- Friarage Hospital will not be closing
- 9 out of 10 people will continue to receive healthcare in Northallerton
- An innovative and sustainable model for our hospital - fit for the future
- Enables the balance to be struck between local access and specialist care
- Maximising local access to high quality services
- Supporting older people with care closer to home
- Meeting the needs of the changing population

## Have your say

The challenges facing the NHS are complex and they are affecting health care services across the country. But as one of the smallest district general hospitals in the country these challenges are particularly acute for the Friarage Hospital.

Maintaining the status quo is not an option. There are simply not enough staff with the specialist skills available to run Friarage Hospital as it has operated in the past.

All partners involved in providing care at the hospital remain committed to the Friarage Hospital having a sustainable future. The options being put forward represent the best opportunity for it to remain at the heart of local hospital health care in Hambleton and Richmondshire for the next 10 to 15 years.

The options have been developed in partnership with staff, patients, carers, and local organisations. They take into account national policy, advice and guidance on the provision of clinically safe, high quality services. They are also

in line with the NHS Long Term Plan and our Fit 4 The Future aspirations, and they reflect what the people of Hambleton and Richmondshire have told us is important about their healthcare.

While we think these options are the best for the future of the Friarage Hospital, we want to give all local people, staff, patients, carers and partner organisations the opportunity to tell us what they think about the proposals.

From 13th September 2019 to 6th December 2019 we will be running a full consultation on:

- our vision for building a sustainable future for the Friarage Hospital, and
- two options for how urgent care could be delivered in the future.

You can have your say on our proposals by completing the online survey at:

[www.friarageconsultation.eventbrite.com](http://www.friarageconsultation.eventbrite.com)

or attending one of our public events. Details are available at: **[www.hambletonrichmondshireandwhitbyccg.nhs.uk](http://www.hambletonrichmondshireandwhitbyccg.nhs.uk)**

All comments received during the consultation period will be carefully considered by our Council of Members before a final decision is made by our GP Governing Body. We expect decisions on the future of the hospital and options for how urgent care will be provided in the future to be made early 2020.

Hambleton, Richmondshire and Whitby Clinical Commissioning Group is leading this consultation, but the proposals have been developed in partnership with South Tees Hospitals NHS Foundation Trust, Yorkshire and Humber Clinical Senate, and NHS England.



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