

AGENDA MANAGEMENT SHEET

Name of Committee

Adult Social Care and Health OSC

Date of Committee

12th October 2010

Report Title

Future Model for Emergency and Urgent Care Services at the Hospital St Cross

Summary

Following the University Hospitals Coventry and Warwickshire NHS Trust's notice to NHS Warwickshire that they could no longer provide urgent care services at the Hospital of St Cross in its current form, NHS Warwickshire has proposed two options for the future model of urgent care services for the hospital. This went out to public consultation on the 26th July and will finish on the 18th October 2010. A Councillor Task and Finish Group was set up to review the consultation process and consider the two options suggested by NHS Warwickshire. This is a report of their findings and their suggested recommendations for NHS Warwickshire and Hospital of St Cross Rugby.

For further information please contact:

Alwin McGibbon
Overview and Scrutiny Officer
Tel: 01926 412075
alwinmcgibbon@warwickshire.gov.uk

Michelle McHugh
Overview and Scrutiny Manager
Tel: 01926 412144
michellemchugh@warwickshire.gov.uk

Would the recommended decision be contrary to the Budget and Policy Framework?

No.

Background papers

Consultation Document

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees

☐

Local Member(s)

☒ N/A

Other Elected Members

☒ Cllr Les Caborn, Cllr David Shilton, Cllr Sid Tooth, Cllr Kate Rolfe

Cabinet Member

☒ Cllr Bob Stevens, Cllr Izzy Seccombe

Chief Executive

☐

- | | | |
|---------------------------|-------------------------------------|------------------|
| Legal | <input checked="" type="checkbox"/> | Alison Hallworth |
| Finance | <input type="checkbox"/> | |
| Other Strategic Directors | <input type="checkbox"/> | |
| District Councils | <input type="checkbox"/> | |
| Health Authority | <input type="checkbox"/> | |
| Police | <input type="checkbox"/> | |
| Other Bodies/Individuals | <input type="checkbox"/> | |

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- | | | |
|---|-------------------------------------|-------|
| Further consideration by this Committee | <input checked="" type="checkbox"/> | |
| To Council | <input type="checkbox"/> | |
| To Cabinet | <input type="checkbox"/> | |
| To an O & S Committee | <input type="checkbox"/> | |
| To an Area Committee | <input type="checkbox"/> | |
| Further Consultation | <input type="checkbox"/> | |

Agenda No

Adult Social Care and Health Overview and Scrutiny Committee - 12th October 2010.

Future Model for Emergency and Urgent Care Services at the Hospital of St Cross

Report of the Strategic Director Customers, Workforce and Governance

Recommendations

The Committee to:

1. Consider the Task and Finish Group's report on the future model for emergency and urgent care services for Rugby.
2. Consider and agree the recommendations of the Task and Finish Group
3. To suggest any further recommendations they may wish to make.

I. Introduction

- 1.1 A Task and Finish Group of councillors was set up to look at the consultation process and the options being proposed by NHS Warwickshire. This is a report on their findings and their recommendations for NHS Warwickshire and the University Hospitals Coventry and Warwickshire on what urgent care service would best meet the needs of Rugby residents.

DAVID CARTER
Strategic Director Customers,
Workforce and Governance

Shire Hall
Warwick

09 September 2010

Future Model for the Delivery of Urgent and Emergency Care Services at the Hospital of St Cross Rugby

Executive Summary

The current urgent care arrangements at the Hospital of St Cross provide around the clock urgent care, but does not provide a comprehensive 'Accident and Emergency' service. The current term 'Accident and Emergency (A&E)' is misleading and the signage for the hospital could potentially put people at risk.

With changes to the way A&E and urgent care services are provided over the last ten years the University Hospitals Coventry and Warwickshire NHS Trust (UHCW) gave notice that it cannot continue to provide urgent care services at the Hospital of St Cross in its current form.

With this NHS Warwickshire (PCT) identified several options on how urgent care services could be provided at the Hospital of St Cross and two of these went out to public consultation on the 26th July. The consultation finishes on the 18th October 2010.

The two options under consideration are either:

1. The service becomes a 24 hour emergency nurse practitioner led service offering substantially the same services as currently

Or

2. The service becomes an 8am to 10pm emergency nurse practitioner-led service with medical backup offering substantially the same services as currently during those hours.

NHS Warwickshire also proposes to rename the Accident and Emergency (A&E) service at the Hospital of St Cross to reflect the services it offers.

A Task and Finish Group of councillors was set up to look at the consultation process and the options being proposed by NHS Warwickshire. The councillors on this Task and Finish Group were:

Cllr David Shilton (Chair)
Cllr Jerry Roodhouse
Cllr Claire Watson
Cllr Sally Bragg (Rugby Borough Council)

The Task and Finishing group held a planning meeting on the 27th July 2010 where they agreed the scope of the review (**Appendix A**). The following is a report on their findings and their recommendations for NHS Warwickshire (PCT) and the University Hospitals Coventry and Warwickshire (UHCW) on what urgent care service would best meet the needs of Rugby residents.

Findings

1. The Task and Finish Group agreed that the current term Accident and Emergency (A&E) is misleading and potentially puts people at risk.
2. From the meeting it was clear that the General Practitioners (GPs) did not have a consensus view on the future direction for the urgent care services at Rugby. This raised concerns about the sustainability of the service especially when the future commissioning arrangements will be the responsibility of GPs.
3. The Task and Finish Group had concerns that the PCT had not explored all potential options especially the possibility of using Out of Hours (OOHs) for medical cover. The Hospital of St Cross had considered this as an alternative option especially if OOHs can provide an extra GP to help with medical cover for minor injuries and minor illnesses, rather than using middle grade doctors or consultants. The Task and Finish Group recognise that this has not been an option offered by NHS Warwickshire, but would like it to be considered in the final decision making process.
4. Councillors that visited Loughborough Walk-In Centre were very impressed with what was provided and it was apparent that Emergency Nurse Practitioners (ENPs) were very capable and have the skills to be able to effectively provide urgent care. However from the information given at Loughborough and the Hospital of St Cross is if 24/7 ENP option is chosen there needs to be interim arrangements where medical cover is retained until enough ENPs have completed their training and have used these skills to become fully experienced in urgent care. Also there needs to be a sufficient number of ENPs employed at Rugby to enable them to continue the on-going training required to maintain these skills.
5. The visit and subsequent discussions at the meeting indicated that the public did not always use A&E services appropriately which placed a strain on the services provided. Also with the history of A&E Services being provided at St Cross some people with serious conditions still turn up at Rugby which puts them at risk because the hospital does not have the full range of services. Councillors consider whichever option is chosen that information should be widely available about the services being provided at the Hospital of St Cross and when patients should go to A&E at the University Hospital in Coventry. This will help potential patients use urgent care/walk-in arrangements and A&E services more appropriately.
6. The West Midlands Ambulance Service (WMAS) appeared to have sufficient guidance on how to deal with serious trauma cases however, it was not so clear for less serious conditions. Whichever option is chosen clear guidance should be made available to the WMAS to ensure patients attend the most appropriate hospital for their condition.
7. From the consultation document and the previous NHS Warwickshire (PCT) Board papers there appears to be no clear name for the service which could lead to confusion on what is being provided even though NHS Warwickshire has stressed there will be no real change to the services offered.

8. Suggest the PCT & UHCW could use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be.
9. The Task and Finish Group still had concerns regarding the consultation document and the way it is presented to members of the public especially the possible difficulties of having to resort to sticky tape before being able to send their responses back to the PCT.
10. There is some ambiguity on whether facilities such as x-ray, CT scans will be available 24/7, 7 days a week which needs clarification to ensure any patients attending at the weekend are not finding they should have travelled to Coventry or have to wait until Monday to have an x-ray.
11. There are still media concerns around the increase in attendances of people with serious conditions at A&E Department, University Hospital in Coventry since the select committee meeting which raises issues around the current capacity of the hospital in being able to meet the needs of the residents of Warwickshire and Coventry.

Recommendations

The Task and Finish Group recommends:

1. NHS Warwickshire to ensure the road signage around Rugby is changed to indicate to the public that there are no A&E facilities at the Hospital of St Cross and this is implemented as a matter of urgency
2. Remain unconvinced that 24/7 medical support is not required, but suggest there should be at least a 24/7 service with medical cover during the day.
3. NHS Warwickshire to investigate the option of Out of Hours providing an extra GP or using Rugby GPs to treat minor injuries and minor illnesses with the support of UHCW.
4. A service review of the Urgent Care or Walk-in Centre, whichever name is chosen, is conducted by UHCW on an annual basis to ensure it continues to meet the needs of the Rugby population
5. If the 24/7 option with ENP cover is chosen that medical cover continues whilst training is being implemented and to ensure the ENPs have gained sufficient qualifications to manage the Urgent Care Unit/Walk-in Centre.
6. Whichever option is chosen that UHCW widely publicise what services are available via the media, GP surgeries, libraries, Hospital of St Cross Website by providing an easily printable, short leaflet. This should contain what conditions are treated or not treated at Rugby and clarification on what services will be available and at what times such as x-ray, CT Scans.

7. Whichever option is chosen that WMAS to be given clear guidance on what will be available at Hospital of St Cross.
8. In line with the proposals outlined in the new NHS White Paper, NHS Warwickshire and UHCW to liaise with Rugby GPs and draw together an action plan to ensure the service remain sustainable and report to Adult Social Care & Health OSC in six months time.
9. The PCT & UHCW use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be. The name chosen should be clearly defined with information about the conditions the Hospital of St Cross will treat.
10. NHS Warwickshire to ensure that all future consultation documents are changed, as suggested previously by Health OSC, to ensure the public can respond more easily when sending back their comments/suggestions back to the PCT. Adult Social Care & Health OSC to monitor future consultation documents to ensure these changes take place.
11. With concerns being raised about recent increase in attendances in the A & E Department at the University Hospital in Coventry that an urgent review of A&E services at Coventry is carried out by UHCW to identify what has caused this increase in attendance to see if there are any measures that could be taken to resolve this matter.

1. Introduction

- 1.1 The organisation of emergency and care services in Rugby has changed significantly. Advances in medical treatment has created a networked pathway of care for patients with life threatening conditions which are diverted away from the Hospital of St Cross so they can receive the most up to date treatment. A Walk in Centre was developed to see patients with minor illness but the change in case mix and activity volumes has left Rugby with a patchwork of urgent and emergency care services that are not easily described and understood by all members of the public. The service over time has become clinically limited and is no longer sustainable over the long term and cannot meet the standards for staffing expected of a full accident and emergency service. University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has formally given notice to NHS Warwickshire that the service cannot continue in its current form.
- 1.2 NHS Warwickshire Board considered the following potential options (Table A) below for a new model of service for emergency and urgent care in Rugby with the involvement of local GPs and hospital staff. On the grounds of clinical safety and patient choice local GPs and hospital staff agreed three of the options were viable. Following NHS Warwickshire Board meeting two options were agreed to go out to public consultation, either an 8am to 10pm service supported by a doctor or a 24 hour Emergency Nurse Practitioner Service. The option of an 8am – 8pm Emergency Nurse Practitioner service was dropped as it offered less patient choice than either of the other two options.

Table A

Option	Description	Proposal and Key Deliverables
1	Maintain current medically led limited A & E service at the Hospital of St Cross	<ul style="list-style-type: none">• Service continue to be delivered as they are now• Duplication of resources and poor value for money will continue• Clinical and operational risks outlined above will continue
2	Designate the Hospital of St Cross as a Minor Injuries Unit	<ul style="list-style-type: none">• Provides a limited range of services for patients having accidents• Minor illness would be managed through patients own GPs and/or the GP Out of Hours service• All 999 attendances directed to the University Hospital
3	Provide a nurse-led urgent care centre at the Hospital of St Cross	<ul style="list-style-type: none">• Integrated service that is nurse-led with clearly defined clinical pathways for minor injuries and minor illness• Medical support provided by GPs via patients own practices or Out of Hours service• Access to daily Acute Medical Clinic at University Hospital and other diagnostic services• Advisory support available form University Hospital supported by PACS digital imaging service• All 999 attendances directed to University Hospital• Limited hours model opening hours at times
3a	Service operates 24hrs/7 days a week	
3b	Service operates 7 days a week from 08:00-22:00	

		when service is in most demand
4	Provide a nurse-led urgent care centre with medical staff back up at the Hospital of St Cross	Integrated service that is nurse-led supported by on site middle grade doctors from 08:00 to 22:00, GPs out of hours for the 24/7 model Clearly defined clinical pathways for minor injuries and minor illness
4a	Service operates 24hrs/7 days a week	Access to daily Acute Medical Clinic at University Hospital and other diagnostic services
4b	Service operates 7 days a week from 08:00-22:00	Medical support on site to advise on decisions and referrals as necessary All 999 attendances directed to University Hospital Limited hours model targets opening hours at times when service is in most demand

1.3 The clinical risks associated with removing all access to urgent and emergency care at the Hospital of St Cross are considered to be extremely high and in particular much greater than the risks associated with the current service provision and therefore has not been considered as an option.

1.4 The two options are now out for public consultation which started on the 26th July 2010 and ends on 18th October 2010.

2. Benefits and Disadvantages of the Options

Table B provides a brief outline of the advantages and disadvantages for each of the options identified by NHS Warwickshire which supported their decision to consult on to two options they chose for the consultation.

Table B

Option	Advantages	Disadvantages
1	<ul style="list-style-type: none"> Not publicly contentious Reduced access for patients to services in Rugby for patients accessing services overnight 	<ul style="list-style-type: none"> Continuation of the current clinical and operational risks due to shortfall in medical staffing structure Service will continue not to be meet expected standards for urgent care services Service continues to exhibit duplication and poor cost effectiveness
2	<ul style="list-style-type: none"> Easy to describe the model to the public 	<ul style="list-style-type: none"> Potential for minor illness to still attend the service despite the description and hence some clinical risks Limited clinical case mix would result in service that is difficult to staff Reduced access for patients to services in Rugby Requires additional capacity in primary care to accommodate urgent access for patients with medical illness

3a	<ul style="list-style-type: none"> • Retains a service for both minor illness and minor injury at the Hospital of St Cross • Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public • Reduces the possibility of patients inappropriately presenting at the Hospital of St Cross • Creates a sustainable clinical service in terms of workforce and delivery of expected standards 	<ul style="list-style-type: none"> • Lack of flexibility of staffing to respond to unexpected attendances of patients with more serious conditions • Lack of medical support in the department may make nursing posts more difficult to recruit
3b	<ul style="list-style-type: none"> • Retains a service for both minor illness and minor injury at the Hospital of St Cross • Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public • Reduces the possibility of patients inappropriately presenting at hospital of St Cross • Creates a sustainable clinical service in terms of workforce and delivery of expected standards • Aligns services and staffing to match times of greatest demand and so improves cost effectiveness of the services 	<ul style="list-style-type: none"> • Lack of flexibility of staffing to respond to unexpected attendances of patients with more serious conditions • Lack of medical support in the department may make nursing posts more difficult to recruit to • Reduced access for patients to services in Rugby for patients accessing services overnight
4a	<ul style="list-style-type: none"> • Retains a service for both minor illness and minor injury at the Hospital of St Cross • Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public • Reduces the possibility of patients inappropriately presenting at Hospital of St Cross and provides some flexibility of staffing to respond to unpredictable exceptional circumstances • Creates a sustainable clinical service in terms of workforce and delivery of expected standards • Availability of support makes nursing posts more attractive and hence easier to staff 	<ul style="list-style-type: none"> • Service continues to have some duplication due to level of staffing for low volumes of patients therefore poor cost effectiveness
4b	<ul style="list-style-type: none"> • Retains a service for both minor illness and minor injury at the Hospital of St Cross • Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public 	<ul style="list-style-type: none"> • Reduced access for patients to services in Rugby for patients accessing services overnight

	<ul style="list-style-type: none"> • Reduces the possibility inappropriately presenting at the Hospital of St Cross and provides some flexibility of staffing to unpredictable exceptional circumstances • Creates a sustainable clinical service in terms of workforce and delivery of expected standards • Availability of support makes nursing posts more attractive and hence easier to staff • Aligns services and staffing to match times of greatest demand and so improves the cost effectiveness of the services 	
--	--	--

3. Option Appraisal and Risk Analysis

Non – Financial Benefits Appraisal

3.1 Each of the options was evaluated against criteria developed by clinicians and were designed to ensure that the proposed options:

- Focuses on improving patient outcomes
- Considers patient choice
- Has support from GP commissioners
- Is based on sound clinical evidence

Table C shows a summary of the resultant scores for each option

Table C

Rank	Option	Score
1	4b	724
2	4a	715
3	3b	708
4	3a	699
5	1	356
6	2	290

3.2 They were also risked assessed against clinical and operational risks. These risks reflected the current level of risk with any other areas of risk that may be generated as a consequence of changes to the current system. The summary of the risk analysis is set out in Table D below.

Table D

Rank	Option	Score
1	3a	56
2	3b	58
3	4b	59
6	4a	57
6	1	57
6	2	83

All those ranked 6 above generated at least one red risk

- 3.3 Those identified as a red risk were excluded from consideration as a preferred option. The preferred option for NHS Warwickshire on the basis of the maximum non-financial benefits identified Option 4b and the preferred option on the basis of the least risk identified Option 3a.

4. Select Committee Meeting – 27th August 2010.

- 4.1 A select committee meeting was held on the 27th August 2010 to discuss in more detail the options being proposed with representatives from NHS Warwickshire (PCT), West Midlands Ambulance Service (WMAS), the Hospital of St Cross Rugby and Rugby GPs. The following is a summary of what was discussed at this meeting.

5. NHS Warwickshire

- 5.1 Councillors opened the discussion with concerns about the space and the difficulties older people may have in folding and sealing their responses to send back to NHS Warwickshire. They had already raised these concerns in previous consultations. The PCT replied that they had noted councillors concerns and would endeavour to review the consultation process, but unfortunately they did not have the time to change the format for this particular consultation. Another concern raised was why the contact information regarding obtaining the consultation document in other languages was only in English. The PCT responded that they would look into this matter, but felt it was an oversight on their part.
- 5.2 The PCT provided a brief outline on the services being planned for Rugby residents and the proposals for urgent care at Hospital of St Cross, Rugby. A health line for Warwickshire is being accelerated and is likely to be in operation before the national helpline. The helpline will be accessed by phoning 111 this will be an alternative to 999 which will be for emergencies only.
- 5.3 The original four options were reduced to two due to the risk assessment process showing a red risk if medical cover was retained. NHS Warwickshire considered that the combined option of having medical cover during the day and not at night was also a red risk.
- 5.4 The two options under consideration are either:
3. The service becomes a 24 hour emergency nurse practitioner led service offering substantially the same services as currently
- Or
4. The service becomes an 8am to 10pm emergency nurse practitioner-led service with medical backup offering substantially the same services as currently during those hours.

- 5.5 NHS Warwickshire also proposes to rename the Accident & Emergency service at the Hospital of St Cross to reflect the services it offers.
- 5.6 NHS Warwickshire provided the following responses to councillor questions:
- a) The training of Emergency Nurse Practitioners(ENPs) takes a year at university with a further year to consolidate the training given and put it into practice.
 - b) There were 455 admissions into Hospital of St Cross of the 17800 patients seen at Hospital in 2009/10
 - c) Looking at the options and taking into consideration the proposed new housing for Rugby, NHS Warwickshire considers this would equate to a population growth of 20,000 approx which may result in an additional 3,712 A&E attendances annually, on average 8 in a 24 hour period.
 - d) Any patients that have to be admitted to the UHCW with major trauma or major medical/surgical conditions would be transferred back to St Cross when well enough so they can continue with their treatment before returning home.
 - e) The options will provide similar services to those already being provided even with the existing medical arrangements. There are no plans to change the work arrangements for existing staff.
 - f) A good, well trained ENP is well skilled in emergency medicine whereas a doctor, especially a locum, may not have these skills. However representatives from the NHS were keen to stress that having a doctor currently is not a risk, but they perceive it would be a risk for the future, if it continues.
 - g) They consider a 24/7 consistency of outcome does not mean there is a need for 24/7 services
 - h) NHS Warwickshire have concerns that the public may still present at Hospital of St Cross. They have taken this into consideration and want the public view on this. However cover would still be available from the University Hospital at Coventry. Hospital of St Cross does have computer links with the University Hospital where x-rays and scans in Rugby can be shared with doctors in Coventry to help with diagnosis.
 - i) Councillors raised concerns that if the 24/7 service was no longer available and there is a locked door after 10pm, how would doctor cover be provided? People accessing the OOHs service would not be given an appointment after this time. They can visit a patient's home if required or patients would be asked to attend the Walk in Centre in the morning. Others requiring treatment for minor injuries that can't wait would be referred to the University Hospital in Coventry.
 - j) Recent media coverage suggested that the A&E Department at the University Hospital in Coventry did not have the capacity to accommodate the people

from Coventry and Warwickshire that require treatment. Apparently concerns were raised regarding 550 attendances in a 24 hour period. A consultant from the UHCW explained she was working that day and they did manage to accommodate all patients in A&E that attended and was not unusual to see that number of patients when it's very busy. Problems did occur when placing patients into appropriate setting either admission onto a ward or arranging discharge. However the situation is not helped when approximately a third of patients use A&E inappropriately. In Rugby's instance this is only 1 or 2 a day. They consider the Warwickshire Helpline will help to reduce these numbers, the adoption of a whole system approach to care with GP's and the setting up of a virtual ward in Rugby.

6. West Midlands Ambulance Service

- 6.1 Following councillors questions West Midlands Ambulance Service (WMAS) confirmed that diagnosis by telephone is not always correct as it is very dependent on the information given by the person on the other end of the phone. If insufficient detail is given chest pain may be diagnosed as indigestion rather than a more serious heart attack. However the paramedics are trained to adapt to such situations.
- 6.2 They explained from the time the patient is assessed to admission takes approximately 2 hours and the WMAS gave an example of a patient with chest pains. The crew would be required to travel to the patient and assess them takes 15 to-20 minutes, then the crew would travel with the patient to the University Hospital which takes a further 20 to 30 minutes, then with handover time of approximately an hour adds up to 2 hours for the whole process. However they have had situations where it has been longer.
- 6.3 For life threatening conditions there are very clear protocols at Rugby St Cross, but with the less serious conditions it is not quite so clear. The WMAS consider it is Important that services being provided at St Cross are clear for them.
- 6.4 There is access to diagnostics at St Cross such as bloods, radiology and an on call service day and night. A CT scanner is also available.
- 6.5 WMAS can deliver the service efficiently as long as a whole system approach is taken.
- 6.6 WMAS provided the following responses to councillors' questions
 - I. West Midlands Ambulance Service has no concerns with their crews/ staff abilities. They have a very good triage service.
 - II. When 999 is called there is are clear pathways in place to indicate which hospital WMAS should take patients such as major trauma would go to University Hospital in Coventry. However these pathways need to be reinforced.
 - III. When a patient calls 999 ambulances are managed dynamically, where the nearest available ambulance is sent to assist.

- IV. It takes an ambulance approximately 20 minutes to travel from Hospital of St Cross to Coventry. They could go a little faster but not when there is a patient on board.
- V. Paramedics have a different grade to Emergency Nurse Practitioners (ENPs) and are called Emergency Care Practitioners (ECPs). ECPs can assess and discharge patients after providing treatment. There are 25 ECPs at the moment. Commissioners for WMAS are reviewing these numbers to see whether they will employ more in the future.
- VI. Finally councillors wanted confirmation of what the golden hour covers following a serious trauma. WMAS responded that the golden hour includes the stabilisation of patients prior to admission.

7. Hospital of Rugby St Cross

- 7.1 The Director of Operations Emergency Medicine Division has worked at Hospital of St Cross over the last two and half years and has been reviewing the services it offers.
- 7.2 The future for the hospital is very good but there is a need to clarify what urgent care services the public can expect at the hospital. They see 25,000 patients annually 12,000 of these are through the Walk in Centre. Most are seen during the core hours with only 1 or 2 patients after midnight. The hospital has been phasing in ENPs for some time they now have some fully qualified staff at the A & E and Walk in Centre with some new trainees starting university courses at the Coventry and Warwickshire site. The new ENPs were initially supervised by doctors, but they are now supervising themselves. Leicestershire, Birmingham and Heartlands Hospitals have a large number of ENPs. An ENP can prescribe, order their own investigations and provide treatment within an agreed set of protocols.
- 7.3 There is a drive to provide acute trauma at one site, centralised at Coventry & Warwickshire University Hospital. The recruitment for A&E services at smaller hospitals is increasingly difficult because most staff would rather work at major centres. Even though there were a number of attempts to redesign the posts at Rugby to make them more attractive the unit has been covered by locum (temporary) doctors and the University Hospital.
- 7.4 The training for A&E was removed from Hospital of St Cross in 1997 because it was recognised as no longer suitable in giving the breadth of training required for emergency medicine. Children have not been treated at the unit since 2005.
- 7.5 There is also a shortage of middle grade doctors and St Cross is only permitted to have middle and senior grades working in A&E.

8. Key Points Arising from the Discussion with Hospital of St Cross and the Rugby GP Representative

- 8.1 If the 24/7 proposals were adopted it was considered appropriate to have doctors to support ENPs, but it is important that the model should be unambiguous.
- 8.2 Hospital of St Cross gave GPs the assurance that they will still be able to admit patients. However patients that require admission should be referred to the patient admissions service. This would bypass Rugby's urgent care services and avoid any unnecessary delays. The hospital does have high hopes that the virtual ward will help reduce unnecessary admissions.
- 8.3 St Cross plan to have 8-10 ENPs so if GPs do refer patients with the minor injuries or illnesses there will be cover.
- 8.4 To solve the problem of not having access to middle grade doctors the Hospital of St Cross consider Out of hours could provide 2 doctors. One GP to deal with the Out of Hours and the other GP to provide cover for minor injuries and illnesses when required. PCT raised concerns that this could be perceived as another option, but St Cross considers the GPs could provide cover to deal with minor injuries & minor trauma. However, it was considered important that there are clear messages to the public on what is and what is not available.
- 8.5 If the 8am to 10pm option is provided, OOHs would still be available but patients are required to phone for an appointment they cannot access this service by turning up at the walk in centre. The Out of Hours currently operates from 8am to 9.30pm.
- 8.6 The main difference between junior doctors and ENPs is that junior doctors are medically trained to have a broader understanding of a wide range of conditions and can assess patients and carry out the appropriate treatment. ENPs are trained to treat conditions via a set of protocols, but if the symptoms don't fit these protocols the ENP has to refer the patient to a doctor for treatment. ENPs can prescribe appropriately to conditions they been trained to treat, but not morphine, whereas junior doctors can prescribe any drugs that are required to treat the patient.
- 8.7 GPs in Rugby have worked at Hospital of St Cross, A & E services. They work in practice based commissioning. They have been involved in the dialogue with the proposed options for St Cross and are also involved in the proposals outlined in the new NHS White Paper. They consider that there are benefits with either of the proposals being suggested but they consider it is essential that whichever option is chosen it is not ambiguous.
- 8.8 The GP's were divided 50/50 about the options being proposed and whether there should be medical cover. They have not provided a particular steer either way.

- 8.9 The 24/7 service is considered not sustainable with medical cover, but the suggestion of Out of Hours being able to provide a second GP has provided an alternative option.
- 8.10 Concerns were raised about the sustainability of OOHs providing 2 doctors - it was considered important that this option was robust. There are only 6/7 patients per night on average with population growth of 20,000 would only create 1-2 patients extra per night.
- 8.11 Consideration need to be given on whether having an extra doctor to provide medical cover would provide value for money. ENPs can see 95% of all cases.
- 8.12 The NHS White Paper suggests that GPs will be expected to provide night cover but they are not keen to go back to how things were before and want to continue commissioning OOHs Service.
- 8.13 GPs endorsed operational safe options
- 8.14 Whichever option is agreed information about the changes to the service and what Urgent Care the Hospital of St Cross provides will be communicated to the public? UHCW and PCT communication teams will pick this up after the consultation
- 8.15 Councillors asked NHS Warwickshire to provide information on how many patients use the Out of Hours service at night and attendances by postcode broken down by ward.
- 8.16 Also NHS Warwickshire provided a list of public meetings that they have held with the public and key stakeholders during the consultation period.

9. Visit to Loughborough Walk in Centre Minor Injuries and Illnesses Unit

- 9.1 Councillors Watson and Roodhouse visited the Loughborough Walk-In Centre in Leicester. They found it difficult to find as there was no road signage at all. They were informed that NHS Leicestershire County and Rutland (PCT) did not allow any signage or advertising of the centre. Those that needed to attend were advised by NHS Direct on where to go, others find out by word of mouth.
- 9.2 The Walk-In Centre is a new purpose built building, built along side a medical centre with a large car park at the rear. Parking was FREE!
- 9.3 Adults and children of any age can attend the Walk-in Centre. Patients arrive directly into Reception and give details to the receptionist.
- 9.4 The screening nurse sees patients (triage) to determine:
- whether the complaint is an illness or an injury
 - urgency of complaint
 - whether there is a need to see a clinician or not

Patients are then taken into consultation rooms for treatment.

- 9.5 They do accept patients brought in by ambulance but the ambulance service are aware of the type of conditions that can be treated at the centre. Patients arriving by ambulance are screened by a nurse in the ambulance, if there is a need to transfer the patient to an A & E Department the ambulance can transport them directly, without causing unnecessary upset or distress to the patient.
- 9.6 There are X-ray facilities available on site, with the services of a radiologist to report the results, from 8.30am – 5pm (closed 1hr for lunch). This can cause a problem during the weekends for patients requiring this service. However those that want to can attend an A&E Department, others 'grin and bear' it with treatment to help them over the weekend until Monday. X-rays are not given to children under 5 years.
- 9.7 Senior nurses are prescribing nurses so can dispense medicines as required, but the centre does not have a pharmacy. There have been some instances where patients trying to avoid waiting at a GP surgery have attended asking for repeat prescriptions, but these are turned away. The services were occasionally inappropriately used by patients such as pretending to have an 'asthma attack' in the hope of a replacement as their inhalers were nearly empty.
- 9.8 A security guard is present late in the evening and throughout the night. As well as being available at the centre he also escorts the nurses to the car park when their late shift finishes. There was a 12 camera CCTV system in place covering all aspects of the centre.

The conditions **seen** at the Walk-In are:

- Sore throats, earache
- Bites and Stings
- Minor breaks
- Minor cuts and wounds
- Muscle and joint injuries
- Suturing (stitches)
- Skin complaints – rashes and skin infections
- Minor eye injuries – foreign bodies and conjunctivitis
- Urinary infections – e.g. cystitis and women's problems such as thrush

The conditions **not** seen are:

- Overdoses
- Neck injuries
- Stab wounds
- Chest wounds
- Multiple injuries
- Life threatening injuries
- Dislocated joints
- Dental problems

- 9.9 The nurses working in this environment are required to be “independent, proactive and strong willed” as there is no chance to lead anyone. They also require a large amount of training which is paramount to run the centre effectively. They spend the equivalent of nearly 4 months a year in training (statutory and professional). Nurses are banded by their experience. They are either trained to treat illnesses or injuries, although most are dual trained:
- 9.10 There are 6 nurses on an early and late shift and 2 on the night shift. Each shift requires 3 ENPs (Band 7 or above) one to act as the Screening Nurse and the other 2 along with the 3 Emergency Nurses (Band 6) available to treat the patients. Screening can be hectic (depending on number of patients) and so the position needs to be rotated throughout the shifts. Nurses always ask the patient if they are happy to be treated by a nurse and most are.
- 9.11 An OOHs facility is available on the same site but is run separately. The two GPs that provide this service are not based on the site, but are on call at the times outlined below. They are only paid for being on call and for the time when called out, but not for the shift. The service is available from 6.30pm to 8.00am Monday to Friday and all day Saturday and Sunday. The Walk-In staff can take phone calls and call out the GP as required. There are 3 clinical sessions held in the centre by GPs during the day to see patients from the OOHs service.
- 9.12 The councillors that attended consider the Walk-In Centre seems to work well being purpose built. They see between 60 -70,000 patients during the year; averaging about 1200 per week as in Rugby there is a marked reduction during the night.
- 9.13 The nurses are very well qualified and patients seem happy with their treatment many preferring to attend the centre than going to A&E.
- 9.14 The nearest A&E Departments are based in Leicester Royal Infirmary (about 12 miles away), Queens Medical Centre at Nottingham (about 20 miles away) and at Derby.
- 9.15 There is a very minor medical centre at Loughborough University but most of the injured attend the centre, therefore there is a drop in numbers during the summer time (also partly to the “Leicester fortnight”)

10. Findings

- 10.1 The Task and Finish Group agreed that the current term Accident and Emergency (A&E) is misleading and potentially puts people at risk.
- 10.2 From the meeting it was clear that the General Practitioners (GPs) did not have a consensus view on the future direction for the urgent care services at Rugby. This raised concerns about the sustainability of the service especially when the future commissioning arrangements will be the responsibility of GPs.
- 10.3 The Task and Finish Group had concerns that the PCT had not explored all potential options especially the possibility of using Out of Hours (OOHs) for

medical cover. The Hospital of St Cross had considered this as an alternative option especially if OOHs can provide an extra GP to help with medical cover for minor injuries and minor illnesses, rather than using middle grade doctors or consultants. The Task and Finish Group recognise that this has not been an option offered by NHS Warwickshire, but would like it to be considered in the final decision making process.

- 10.4 Councillors that visited Loughborough Walk-In Centre were very impressed with what was provided and it was apparent that Emergency Nurse Practitioners (ENPs) were very capable and have the skills to be able to effectively provide urgent care. However from the information given at Loughborough and the Hospital of St Cross is if 24/7 ENP option is chosen there needs to be interim arrangements where medical cover is retained until enough ENPs have completed their training and have used these skills to become fully experienced in urgent care. Also there needs to be a sufficient number of ENPs employed at Rugby to enable them to continue the on-going training required to maintain these skills.
- 10.5 The visit and subsequent discussions at the meeting indicated that the public did not always use A&E services appropriately which placed a strain on the services provided. Also with the history of A&E Services being provided at St Cross some people with serious conditions still turn up at Rugby which puts them at risk because the hospital does not have the full range of services. Councillors consider whichever option is chosen that information should be widely available about the services being provided at the Hospital of St Cross and when patients should go to A&E at the University Hospital in Coventry. This will help potential patients use urgent care/walk-in arrangements and A&E services more appropriately.
- 10.6 The West Midlands Ambulance Service (WMAS) appeared to have sufficient guidance on how to deal with serious trauma cases however, it was not so clear for less serious conditions. Whichever option is chosen clear guidance should be made available to the WMAS to ensure patients attend the most appropriate hospital for their condition.
- 10.7 From the consultation document and the previous NHS Warwickshire (PCT) Board papers there appears to be no clear name for the service which could lead to confusion on what is being provided even though NHS Warwickshire has stressed there will be no real change to the services offered.
- 10.8 Suggest the PCT & UHCW could use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be.
- 10.9 The Task and Finish Group still had concerns regarding the consultation document and the way it is presented to members of the public especially the possible difficulties in having to resort to sticky tape before being able to send their response back to the PCT.
- 10.10 There is some ambiguity on whether facilities such as x-ray, CT scans will be available 24/7, 7 days a week which needs clarification to ensure any patients

attending at the weekend are not finding they should have travelled to Coventry or having to wait until Monday to have an x-ray.

- 10.11 There are still media concerns around the increase in attendances of people with serious conditions at A&E Department, University Hospital in Coventry since the select committee meeting which raises issues around the current capacity of the hospital in being able to meet the needs of the residents of Warwickshire and Coventry.

11. Recommendations

The Task and Finish Group recommends:

- 11.1 NHS Warwickshire to ensure the road signage around Rugby is changed to indicate to the public that there are no A&E facilities at the Hospital of St Cross and this is implemented as a matter of urgency
- 11.2 Remain unconvinced that 24/7 medical support is not required, but suggest there should be at least a 24/7 service with medical cover during the day.
- 11.3 NHS Warwickshire to investigate the option of Out of Hours providing an extra GP or using Rugby GPs to treat minor injuries and minor illnesses with the support of UHCW.
- 11.4 A service review of the Urgent Care or Walk-in Centre, whichever name is chosen, is conducted on an annual basis by UHCW to ensure it continues to meet the needs of the Rugby population
- 11.5 If the 24/7 option with ENP cover is chosen that medical cover continues whilst training is being implemented and to ensure the ENPs have gained sufficient qualifications to manage the Urgent Care Unit/Walk-in Centre.
- 11.6 Whichever option is chosen that UHCW widely publicise what services are available via the media, GP surgeries, libraries, Hospital of St Cross Website by providing an easily printable, short leaflet. This should contain what conditions are treated or not treated at Rugby with clarification on what services will be available and at what times such as x-ray, CT Scans.
- 11.7 Whichever option is chosen that WMAS to be given clear guidance on what will be available at Hospital of St Cross.
- 11.8 In line with the proposals outlined in the new NHS White Paper, NHS Warwickshire and UHCW to liaise with Rugby GPs and draw together an action plan to ensure the service remain sustainable and report to Adult Social Care & Health OSC in six months time.
- 11.9 The PCT & UHCW use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be. The name chosen should be clearly defined with information about the conditions the Hospital of St Cross will treat.

- 11.10 NHS Warwickshire to ensure that all future consultation documents are changed, as suggested previously by Health OSC, to ensure the public can respond more easily before sending their comments/suggestions back to the PCT. Adult Social Care & Health OSC to monitor future consultation documents to ensure these changes take place.
- 11.11 With concerns being raised about recent increase in attendances in the A&E Department at the University Hospital in Coventry that an urgent review of A&E services is carried out at Coventry by UHCW to identify what has caused this increase in attendance to see if there are any measures that could be taken to resolve this matter.

Review Topic (Name of review)	NHS Warwickshire –Consultation on future of Accident & Emergency Services at St Cross Hospital Rugby
Panel/Working Group etc – Members	Cllr Dave Shilton (Chair), Cllr Clare Watson, Cllr Sally Bragg. Cllr Jerry Roodhouse- Warwickshire LINK representative.
Key Officer Contact	Wendy Lane NHS Warwickshire & Carl Holland UHCW
Scrutiny Officer Support	Alwin McGibbon
Relevant Portfolio Holder(s)	Cllr Bob Stevens
Relevant Corporate/LAA Priorities/Targets	N/A
Timing Issues	<p>NHS Warwickshire is planning to carry out a public consultation on the future Accident & Emergency Services at St Cross Hospital Rugby from July to end date 16 October 2010). NHS Warwickshire is obliged to consult the Adult Social Care and Health OSC where a proposal involves a potential substantial change or variation in the provision of health services. The Committee will need to respond within the consultation deadline if its views are to be taken into account in formulating future proposals.</p> <p>Draft reports for member bodies are usually required 4-3 weeks before the meeting to allow for consultation. Final reports 2 weeks before the meeting as reports have to be published at least 5 clear working days before the meeting.</p>
Resources	Resources to support the review –a provisional estimate of scrutiny officer support is between 50 to 60 hours or 8-10 days depending on the actual methodology used by the review. This assumes 3 meetings with members i.e. to plan the review, an evidence session of some form and a final meeting to review the evidence and develop the recommendations. Time estimates do not include any site visits or best practice visits but do include arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.
Rationale (Key issues and/or reason for doing the review)	This is part of the statutory role of a Health OSC.
Objectives of Review (Specify exactly what the review should achieve)	To formulate a draft response to the consultation for the consideration of the Adult Social Care and Health OSC at its meeting on 12 th October 2010 to enable the OSC to make formal recommendations to NHS Warwickshire.

<p>Scope of the Topic (What is specifically to be included/excluded)</p>	<p><u>Include</u> The following is included in the scope of the review:</p> <ul style="list-style-type: none"> • Review the proposed options outlined in the Consultation document • Review the consultation process • Level and type of Urgent Care being provided at Rugby • Calibre of cover • HR – level of training provided for urgent care staff • Capacity of UHCW to meet needs of people in Rugby • Ambulance Service – to consider impact of new arrangements at UHCW • Out of Hours – GP's capacity to meet the patient requirements at Rugby <p><u>Excluded</u> The following falls outside the scope of the review:</p> <ul style="list-style-type: none"> • Acute Care resources e.g. theatres, equipment • Personal issues • Car Parks • Concerns over visiting, travelling times, treatment times
<p>Indicators of Success – Outputs (What factors would tell you what a good review should look like?)</p>	<ul style="list-style-type: none"> • Recommendations accepted and implemented to deliver improvements
<p>Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<ul style="list-style-type: none"> • To have sustainable and appropriate accident and emergency health services for people in Rugby.
<p>Specify Evidence Sources (Background information and documents to look at)</p>	<p>Information from Spatial Strategy – expected increase in housing/population Attendances to UHCW A & E by postcode Admissions from Rugby A & E – where were they admitted UHCW or St Cross Capacity at A & E UHCW Best Practice identified elsewhere</p>
<p>Specify Witnesses/Experts (Who to see and when)</p>	<p>University Hospitals Coventry & Warwickshire (UHCW) NHS Warwickshire (PCT) West Midlands Ambulance Service GPs - Out of Hours (OOHs) If possible a representative from a University, Kings Fund to discuss Best Practice elsewhere</p>
<p>Possible Co-Options (Would the review benefit from any co-options e.g. community or voluntary sector representatives?)</p>	<p>None identified.</p>

Specify Site Visits (Where and when)		Visit to A & E Department at Hospital of St Cross, Rugby Visit to Walk-In Centre Loughborough Community Hospital	
Consultation with Stakeholders (Who should we consult?)		Friends of Hospital of St Cross Warwickshire Local Involvement Network - LINK Warwickshire Community and Voluntary Action - WCAVA Warwickshire Race Equality Partnership - WREP	
Level of Publicity (What level is appropriate and what method should be used?)		Raise awareness of WCC Select Committee Meeting at Rugby Borough Council	
Barriers/Dangers/Risks (Identify any weaknesses or potential pitfalls)		Lose focus/scope too big Miss the obvious Raise expectations to unreasonable levels Sustainability of any new initiatives proposed	
Projected Start Date	27/07/2010	Draft Report Deadline	14 th September 2010
Meeting Frequency	3 or 4 weeks	Projected Completion Date	12 th October 2010
Meetings Dates		27 th July, 27 th August and 15 th September 2010	
Committee Reporting Date		Adult Social Care and Health OSC 12 th October 2010	
Cabinet Reporting Date		N/A	
When to Evaluate Impact			
Methods for Tracking and Evaluating			