

Humber Acute Services Review Options Development

Judgement of the Citizen's Panel

13th March 2020

Potential service models for Northern Lincolnshire

Models 1-3 have mirror image site options.

	Northern Lincolnshire Site 1			Northern Lincolnshire Site 2		
	UEC	Obstetrics	Paediatrics	UEC	Obstetrics	Paediatrics
0	Hot	Hot	Hot	Hot	Hot	Hot
1	Hot	Hot	Hot	Warm	Cold	Cold
2	Hot	Hot	Hot	Cold	Cold	Cold
3	Hot	Hot	Hot	Warm	Warm	Warm
4	New Northern Lincolnshire Hospital with UEC, Maternity, Paediatrics					

0 = current hospital services in Northern Lincolnshire



What do we mean by hot, warm, cold?

Urgent and Emergency Care	
Hot	Emergency Department with on-site access to all the clinical specialties and support services to allow it to function 24/7. Co-located frailty service.
Warm	Hospital would have an emergency department but this would provide a different service offer behind the 'front door'. Co-located frailty service.
Cold	No emergency department, but patients with urgent but not life threatening conditions could be seen in an Urgent Treatment Centre (UTC) setting.
Maternity Care	
Hot	Obstetric led delivery unit (OLU) catering for all but the highest risk deliveries.
Warm	An enhanced risk stratification process to prioritise lower risk births.
Cold	No inpatient obstetrician led maternity service provision. A midwifery led unit can be offered – service development can be patient-led.
Paediatric Care (acute non specialized paediatric medicine and surgery)	
Hot	Acute paediatric service encompassing inpatient care, short-stay and emergency provision.
Warm	Hospital would maintain access to acute paediatric care but not provide inpatient beds for ongoing treatment.
Cold	No acute or in patient paediatric provision but patients could be seen in an UTC setting.

Access and Transport Assumptions

Urgent and Emergency Care (adults and children)

Hot Existing patient flows for attendance and admission.

ED Attendances in 2018/19 to each Northern Lincolnshire site were:

Adults – 57.5 and 56.5k Children – 13.9k and 14.5k

Unplanned admissions were:

Adults – 23.3k (both sites) Children – 5.6k and 5.6k

Warm **70%** of current patient attendances will continue to be supported by an emergency department which provides a different service offer behind the ‘front door’ and co-located frailty service.

The exact percentage will be updated at a later stage of the Review, based on:

- The number of patients and specific needs of patients.
- Operational considerations such as rotas and transfer protocols

Assumptions have been ratified by the Independent Clinical Lead for the Humber Acute Services Review and Program Delivery Group and will be updated as detailed work is undertaken to refine the clinical service models and supporting infrastructure such as buildings, digital and transport.

Cold **20%** of current patient attendances to emergency care services will in future be supported in an urgent treatment centre. Based on a balance of evidence, ambulance transport and patient preferences:

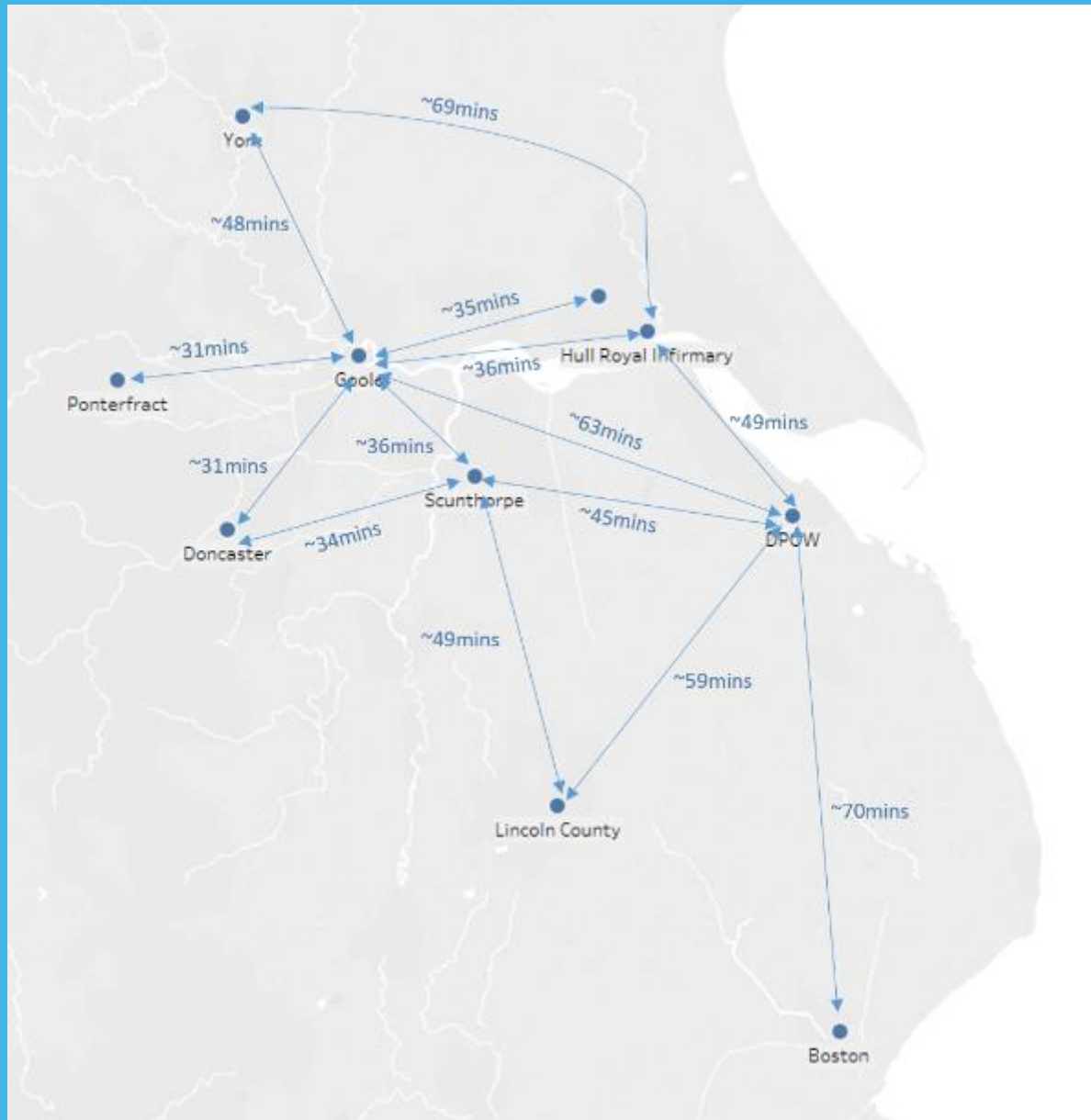
- 11% of A&E attendances nationally leave without requiring treatment and 39% receive advice and guidance only – sources below.
- Patients transported by ambulance will still travel to the emergency care service.
- Patient preference is likely to influence attendances meaning some will choose to travel to the emergency care service.

- Sources: <https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>
- <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2016-17>

Access and Transport Assumptions

Maternity Care	
Hot	<p>Existing patient flows. Maternity admissions in 2018/19 at each Northern Lincolnshire site were:</p> <p>1.6k and 2.3k</p>
Warm	<p>94% of births continue:</p> <p>All but high risk births can be supported by an obstetrics-led unit with an enhanced risk stratification model:</p> <ul style="list-style-type: none">• Babies not requiring any neonatal care – 88% of all births• Babies requiring level 1 neonatal care – 6.1% of all births <p>Assumptions will be refined as detailed work is undertaken later in the Review to determine enhanced risk stratification pathways and learning from other units, for example in the North West of England.</p> <p>Source: Y&H Neonatal Network Report 2018/19</p> <p>Babies not requiring any neonatal care – 88%</p> <p>Babies requiring level 1 neonatal care – 6.1%</p> <p>Babies requiring level 2 neonatal care – 5.9%</p> <p>Babies requiring level 3 neonatal care – 0.3%</p>
Cold	<p>5% of births continue:</p> <p>35% of all births are deemed low risk - of those low risk births 12% are determined to be supported by a midwifery led unit and the remainder would be supported by an obstetrics led unit. This means that 95% of all births at the existing sites would transfer to an obstetrics led unit.</p> <p>Universal assumptions based standard distribution of births in the NHS, validated by HUTH and NLAG Clinical Leads. Can be updated as detailed work is undertaken with patient groups to determine service model for midwifery led births.</p>

Travel distances by car



Travel access to individual sites – 30 minute public transport

	Humber resident population with access	Humber residents: % in most deprived decile	Number of Humber residents excluded	Excluded residents: % in most deprived decile	Number from outside Humber who can access
Diana Princess of Wales, Grimsby	109,000 (12%)	37%	796,000 (88%)	20%	5,600
Scunthorpe General	85,000 (9%)	18%	821,000 (91%)	22%	0

Travel access to individual sites – 30 minute car drive

	Humber resident population with access	Humber residents: % in most deprived decile	Number of Humber residents excluded	Excluded residents: % in most deprived decile	Number from outside Humber who can access
Diana Princess of Wales, Grimsby	180,000 (20%)	25%	726,000 (80%)	21%	47,000
Scunthorpe General	189,000 (20%)	10%	716,000 (80%)	25%	146,000

Assessing changes to the nearest hospital for the populations currently using DPoW and SGH

Option number	Northern Lincolnshire Site 1			Northern Lincolnshire Site 2			UEC	Obstetrics	Paediatrics
	UEC	Obs	Paeds	UEC	Obs	Paeds			
1	Hot	Hot	Hot	Warm	Cold	Cold	Least change for affected communities (approximately 70% of attendances and admissions continue)	Significant change for affected communities- 5% of births will be supported in a midwifery led unit and all antenatal / postnatal care can be supported	Significant change for affected communities (approximately 20% of children can be seen in urgent care setting)
2	Hot	Hot	Hot	Cold	Cold	Cold	Significant change for affected communities (approximately 20% of adults can be seen in urgent care setting)	Significant change for affected communities- 5% of births will be supported in a midwifery led unit and all antenatal / postnatal care can be supported	Significant change for affected communities (approximately 20% of children can be seen in urgent care setting)
3	Hot	Hot	Hot	Warm	Warm	Warm	Least change for affected communities (approximately 70% of attendances and admissions continue)	Least change for affected communities - all but high risk births requiring level 2 neonatal services continue to be supported	Least change for affected communities (approximately 70% of attendances and admissions continue)
4	New Northern Lincolnshire Hospital with UEC, Maternity, Paediatrics						Most change as it affects the majority of communities in Northern Lincolnshire (approximately 20% of adults can be seen more locally in urgent care setting)	Significant change for affected communities- all births would be supported in a new hospital setting.	Most change as it affects the majority of communities in Northern Lincolnshire (approximately 20% of children can be seen more locally in urgent care setting)



Method

Facilitators discussed each service model for UEC, maternity and paediatrics in relation to each option (option 1-4). Facilitators made reference to the table on slide 2 for consideration of access and transport matters. Facilitator made reference to the notes marked in black text. The views of the Citizen's Panel members are captured in blue text.

The Citizen's Panel discussed each option – first in relation to access and transport and second in relation to patient experience.

In some instances the service models are duplicated and combined differently in order to produce the different options – in these cases the facilitators made the Citizen Panel members aware of the duplication and gained agreement to utilise the same judgements of the group. This is clearly indicated on the subsequent slides in red text.

Comments about access and transport and patient experience have been used to score each options against these two Review criteria – other more general comments have been included to build context around patient views about each option.

Source:

will add link(s) when finalised



Evaluation of Options

FACILITATOR NOTES

Option 1	Site 1			Site 2		
	UEC	Obs	Paeds	UEC	Obs	Paeds
K1 & 8 Q1 & 8	Hot	Hot	Hot	Warm	Cold	Cold

ACCESS Will I be able to get there?	UEC	<p>Least change overall – patients can still access emergency care services in Scunthorpe and in Grimsby. Citizen’s Panel highlighted in November there’s greater reassurance for the public in having a ‘hospital front door’.</p> <p>March 2020 - Citizen’s Panel emerging themes:</p> <p>Concerns raised around the impact on critical patient outcomes due to increased travelling times. Concerns were raised around whether an already stretched ambulance service could cope with further demands and pressures of transferring patients between ‘Hot’ and ‘Warm’ sites. Concerns were raised about the increased costs families would incur to travel and park at the different sites. The Citizen’s panel felt this option could be confusing for patients not knowing which site would be the most appropriate to access for their clinical needs.</p>
	Maternity	<p>Significant changes to where women have their baby, even with a standalone midwifery led unit available at their current hospital.</p> <p>March 2020 - Citizen’s Panel emerging themes:</p> <p>This option raised significant worries amongst the group, particularly in relation to traveling times, patient safety and delays in access to specialist clinicians. Ultimately, reputation will overrule location, with examples that patients will travel further to an alternative site because they believe it offers a better service. Transport options and infrastructure would need to be radically improved across the entire region to support this option Patient’s must still have a choice about where they access maternity services</p>
	Paeds	<p>Children can access ED in Scunthorpe and in Grimsby but would travel if they required assessment by a paediatrician or inpatient care. Children could also be seen in the UTC setting. Citizen’s Panel in November session highlighted this could be confusing for patients.</p> <p>March 2020 - Citizen’s Panel emerging themes:</p> <p>It was recognised that option would have a big impact on the distances some families would have to travel to access paediatric care. Concerns were raised that this option could be confusing for parents as to which site is the most appropriate to access.</p>



Evaluation of Options

	Site 1			Site 2		
Option 1	UEC	Obs	Paeds	UEC	Obs	Paeds
K1 & 8	Hot	Hot	Hot	Warm	Cold	Cold
Q1 & 8						

EXPERIENCE
Will the service meet my needs and will I have a good experience?

UEC	<p>Better access to specialist services seven days a week, reducing time waiting to see the right specialist and spending less time in hospital. Increased likelihood of transfer to see a specialist.</p> <p>March 2020 - Citizen’s Panel emerging themes: It was recognised this option could allow patients to be seen in a timely manner with quicker access to specialist doctors which in turn would improve patient experience This option could also help hospitals meet clinical standards which again would help improve patient experience Opportunities were identified for specialist teams to work closer together to provide more holistic care in both a hospital and community clinic setting.</p>
Maternity	<p>Increased inter-hospital transfers from standalone MLU to obstetrics unit – significant concern for Citizen’s Panel in November session. More specialists available for neonatal care for babies e.g. low birth weight who need extra care.</p> <p>March 2020 – Citizen’s Panel emerging themes: Concerns were raised around how stressful and traumatic it could be for mothers and babies having to travel to a ‘Hot’ site should unforeseen complications arise at a ‘Cold’ site. It was identified that better communication would need to be improved between clinicians and patients during an emergency to help them understand and accept why they are being taken to the other site Concerns were also raised around how this model could potentially have a negative impact on the experience of dads/families having a mother and baby at different sites, or no provision/facilities to stay over.</p>
Paeds	<p>Most likely to reduce delays in waiting to see a paediatrician. Increased likelihood of transfer to see a specialist.</p> <p>March 2020 – Citizen’s Panel emerging themes: This model could be extremely stressful for children and parents if transfers/travel is required to the other site It was recognised this model could reduce waiting times and allow children to be seen by a specialist faster Concerns around safeguarding were raised should a child present at a ‘Cold’ site would there be the appropriate staff present to deal with the concern. The Citizen’s Panel recognised that the parents of a child with complex needs are happy to travel further to ensure their child received the best care. This is already happening in this area with parents traveling to Leeds and Sheffield.</p>



Evaluation of Options

FACILITATOR NOTES

	Site 1			Site 2		
Option 2	UEC	Obs	Paeds	UEC	Obs	Paeds
L1 & 8 R1 & 8	Hot	Hot	Hot	Cold	Cold	Cold

ACCESS Will I be able to get there?

UEC	<p>Greatest change – patients cannot access emergency care services in either Scunthorpe or in Grimsby, meaning travel or transport to an alternative hospital. Citizen’s Panel in November session highlighted this could be confusing for patients.</p> <p>March 2020 - Citizen’s Panel emerging themes: Members of the Citizen’s Panel did not like this model at all due to the significant impact they see that it would pose; they made it very clear it is not acceptable and want it discounting. Concerns were raised over patient safety with fears more people would die accessing urgent care under this model. Concerns were also raised around how one A&E would cope with the significant increase in footfall and questions were asked as to how feasible this really is. Opportunities to improve access at the ‘Cold’ site were identified, with technology being suggested along with a 24/7 UTC.</p>
Maternity	<p>Significant changes to where women have their baby, even with a standalone midwifery led unit available at their current hospital.</p> <p>March 2020 - Citizen’s Panel emerging themes **comments re-used from Option 1**: This option raised significant worries amongst the group, particularly in relation to traveling times, patient safety and delays in access to specialist clinicians. Ultimately, it was felt that reputation would overrule location, with examples that patients will travel further to an alternative site because they believe it offers a better service. Transport options and infrastructure would need to be radically improved across the entire region to support this option Patient’s must still have a choice about where they access maternity services</p>
Paeds	<p>Children can access ED in Scunthorpe and in Grimsby but would travel if they required assessment by a paediatrician or inpatient care. Children could also be seen in the UTC setting. Citizen’s Panel in November session highlighted this could be confusing for patients.</p> <p>March 2020 - Citizen’s Panel emerging themes **comments re-used from Option 1**: It was recognised that this option would have a big impact on the distances some families would have to travel to access paediatric care. Concerns were raised that this option could be confusing for parents as to which site is the most appropriate to access.</p>



Evaluation of Options

FACILITATOR NOTES

		Site 1			Site 2		
Option 2		UEC	Obs	Paeds	UEC	Obs	Paeds
L1 & 8 R1 & 8		Hot	Hot	Hot	Cold	Cold	Cold
EXPERIENCE Will the service meet my needs and will I have a good experience?	UEC	<p>Most likely to reduce delays in waiting for emergency care, acute assessment and inpatient/specialist care and should result in spending less time in hospital. Arrival at cold site would require inter-hospital transfer to either Scunthorpe or Grimsby.</p> <p>March 2020 - Citizen's Panel emerging themes: As a collective the Citizen's Panel were strongly against this option and made it very clear they did not like it. Concerns were raised that this option could have a significant negative impact on patient experience as waiting times would increase not only for treatment but also for transport between sites Significant concerns were raised around how under this model one A&E would be able to cope with the increase in footfall when the current 2 A&E's struggle to cope with demand.</p>					
	Maternity	<p>Increased inter-hospital transfers from standalone MLU to obstetrics unit – significant concern for Citizen's Panel in November session. More specialists available for neonatal care for babies e.g. low birth weight who need extra care.</p> <p>March 2020 - Citizen's Panel emerging themes **comments re-used from Option 1**: Concerns were raised around how stressful and traumatic it could be for mothers and babies having to travel to a 'Hot' site should unforeseen complications arise at a 'Cold' site. It was identified that communication would need to be improved between clinicians and patients during an emergency to help them understand and accept why they are being taken to the other site Concerns were also raised around how this model could potentially have a negative impact on the experience of dads/families having a mother and baby at different sites, or no provision/facilities to stay over.</p>					
	Paeds	<p>Most likely to reduce delays in waiting to see a paediatrician. Increased likelihood of transfer to see a specialist.</p> <p>March 2020 - Citizen's Panel emerging themes **comments re-used from Option 1**: This model could be extremely stressful for children and parents if transfers/travel is required to the other site It was recognised this model could reduce waiting times and allow children to be seen by a specialist faster Concerns around safeguarding were raised should a child present at a 'Cold' site would there be the appropriate staff present to deal with the concern. The Citizen's Panel recognised that the parents of a child with complex needs are generally happy to travel further to ensure their child received the best care. This is already happening in this area with parents traveling to Leeds and Sheffield.</p>					

Evaluation of Options

		Site 1			Site 2		
Option 3 E1 & 8		UEC	Obs	Paeds	UEC	Obs	Paeds
		Hot	Hot	Hot	Warm	Warm	Warm
ACCESS Will I be able to get there?	UEC	<p>Least change overall – patients can still access emergency care services in Scunthorpe and in Grimsby. Citizen’s Panel highlighted in November there’s greater reassurance for the public in having a ‘hospital front door’.</p> <p>March 2020 - Citizen’s Panel emerging themes **comments re-used from Option 1**:</p> <p>Concerns raised around the impact on critical patient outcomes due to increased travelling times. Concerns were raised around whether an already stretched ambulance service could cope with further demands and pressures of transferring patients between ‘Hot’ and ‘Warm’ sites. Concerns were raised about the increased costs families would incur to travel and park at the different sites. The Citizen’s panel felt this option could be confusing for patients not knowing which site would be the most appropriate to access for their clinical needs.</p>					
	Maternity	<p>Least change overall – women can still access consultant-led obstetrics care in Scunthorpe and in Grimsby. A small number of higher risk women would plan to have their delivery at the site with neonatal level 2 care.</p> <p>March 2020 - Citizen’s Panel emerging themes:</p> <p>The Citizen’s Panel felt this option did not seem worthwhile as it would not adequately address staffing/rota issues as a ‘Warm’ site would still require high numbers of specialist and skilled staff. However, they did prefer it to the ‘Cold’ option and appreciated this would be more “sellable” to the wider public.</p>					
	Paeds	<p>Children can access ED and paediatrician acute assessment in Scunthorpe and in Grimsby, but would travel further for inpatient care.</p> <p>March 2020 - Citizen’s Panel emerging themes:</p> <p>The Citizen’s Panel do prefer this option to the ‘Cold’ one however were concerned this would be confusing for parents as to which site to access if their child was unwell. Questions were also raised around what happens when a child is too unwell to go home but doesn’t require ‘Hot’ level of care, and the group felt further clarity is needed as to whether children could be repatriated closer to home in an acute care hub for example.</p>					



Evaluation of Options

		Site 1			Site 2		
		UEC	Obs	Paeds	UEC	Obs	Paeds
Option 3 E1 & 8		Hot	Hot	Hot	Warm	Warm	Warm
EXPERIENCE Will the service meet my needs and will I have a good experience?	UEC	Better access to specialist services seven days a week, reducing time waiting to see the right specialist and spending less time in hospital. Minimal inter-hospital transfers. March 2020 - Citizen’s Panel emerging themes **comments re-used from Option 1**: It was recognised this option could allow patients to be seen in a timely manner with quicker access to specialist doctors which in turn would improve patient experience This option could also help hospitals meet clinical standards which again would help improve patient experience Opportunities were identified for specialist teams to work closer together to provide more holistic care in both a hospital and community clinic setting.					
	Maternity	Maintains access to consultant-led obstetrics care and changes this only for a small number of women with high risk births requiring travel in order to improve likelihood of a good birth outcome. March 2020 - Citizen’s Panel emerging themes: The Citizen’s panel preferred this option to the ‘Cold’ site option. It was felt that if communication between clinicians and patients then patient experience may not be negatively impacted under this option The Citizen’s Panel felt assured that risks to patient safety would be reduced as skilled clinicians would be on hand at the ‘Warm’ site to stabilise mother and/or before transfer to a ‘Hot’ site.					
	Paeds	The majority of needs can be met locally – with paediatrician cover available in Scunthorpe and Grimsby in ED and in a dedicated paediatric short stay environment staffed by paediatricians, although workforce may be stretched leading to potential for delays in waiting to see a specialist. Small number of transfers. March 2020 – Citizen’s Panel emerging themes: The Citizen’s Panel liked that this option allowed for an increased provision in local care as they strongly felt care based locally improves experiences. They did however feel that service pressures dictate design and given a choice patients would chose no change over change as change sparks fear.					



Evaluation of Options

		Site 1			Site 2		
		UEC	Obs	Paeds	UEC	Obs	Paeds
Option 4 S1		New Northern Lincolnshire Hospital with UEC, Maternity, Paediatrics					
		Hot	Hot	Hot	Cold	Cold	Cold
ACCESS Will I be able to get there?	UEC	Urgent treatment centres located in Grimsby and Scunthorpe - adults and children with urgent care needs not requiring an ED could continue to travel locally.					
	Maternity	Emergency care, acute assessment, inpatient and critical care, maternity and paediatric services will be located at a site between Grimsby and Scunthorpe which means that the nearest hospital will change for all populations currently accessing the South Bank hospitals – except for those whose care needs can be managed in a UTC.					
	Paeds	<p>March 2020 - Citizen’s Panel emerging themes:</p> <p>The group felt this option was a more equitable one as not one population would be more disadvantaged than the other, in addition, the opportunities brought by a new-build to improve the physical environment and the parking and access were considerable and should be factored into any decision.</p> <p>This option would need huge investment to improve transport links especially in the rural areas of our region without which this option would not work for the population.</p> <p>The Citizen’s Panel recognised that this option would be less confusing for patients as there would only be one site to access, however they felt it needed UTCs at both ends of the patch to support the new single site.</p>					



Evaluation of Options

		Site 1			Site 2		
		UEC	Obs	Paeds	UEC	Obs	Paeds
<p>EXPERIENCE</p> <p>Will the service meet my needs and will I have a good experience?</p>	Option 4	New Northern Lincolnshire Hospital with UEC, Maternity, Paediatrics					
	S1	Hot	Hot	Hot	Cold	Cold	Cold
	UEC	Reduced delays in waiting for emergency care, acute assessment and inpatient/specialist care and should result in spending less time in hospital. Arrival at a UTC would require inter-hospital transfer from Scunthorpe or Grimsby to the new site.					
	Maternity	Would create a large obstetrics unit and midwifery led unit with neonatal level 2 care.					
	Paeds	Reduced delays in waiting to see a paediatrician. Arrival at a UTC would require inter-hospital transfer from Scunthorpe or Grimsby to the new site.					
		<p>March 2020 - Citizen's Panel emerging themes:</p> <p>The Citizen's Panel felt this option could improve overall patient experience the greatest as a new environment would set a positive ethos and culture</p> <p>It was also recognised that staff morale could improve working within a building fit for purpose, and it has already been noted that staff morale affects patient experience</p> <p>Patients and staff would however need additional support with this option with clear information about what is available on the site.</p>					

