APPENDIX 1

The Mid Yorkshire Hospitals NHS Trust

MEETING OF THE KIRKLEES HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – 9 OCTOBER 2018					
AMBULATORY EMERGENCY CARE (AEC) AT DEWSBURY DISTRICTHOSPITAL (DDH)					
Paper Author & Job Title:	Sharon Scott Deputy Director of Operations		**Responsible Director:**	Trudie Davies Chief Operating Officer	
Purpose ***(Highlight)***	**Approval**	**Decision**	**Assurance and Information**		
			To receive and discuss	**To receive**	
Action Required	To receive and discuss				
Does this paper mitigate risk included in the Trust Risk Registers? ***please outline***					
Resource implications					
Legal and Equality and Diversity implications					
Trust Strategy	Keep our patients safe at all times				**X**
	Provide excellent patient experience and deliver expected outcomes				**X**
	Be an excellent employer				**X**
	Be a well-led and governed Trust with sound finances				**X**
	Have effective partnerships that support better patient care				**X**
	Provide excellent Research, Development and Innovation Opportunities.				**X**

AMBULATORY EMERGENCY CARE (AEC) AT DEWSBURY DISTRICT HOSPITAL (DDH)

SITUATION

Ambulatory care facilities are an important part of secondary care provision, particularly as we move into the winter period. Given the overall workforce challenges (in line with national pressures) within MYHT, the Trust needs to consolidate services to the site where there is the greatest volume of work.

Therefore to ensure a consistent and clinically safe service, ambulatory care facilities will now be provided on the Pinderfields Hospital site until such time that a reliable workforce can be appointed.

This initiative will be evaluated throughout the winter period, with a joint CCG/Trust impact assessment undertaken by the end of January 2019 to agree the longer term plan for the ambulatory emergency care service.

BACKGROUND

AEC is same day emergency care, offering patients easy access to diagnostic tests, consultants and specialist staff. It provides safe care which is designed around patient's needs. The service is consultant led with a multidisciplinary team support, including a full range of hospital based specialties working together to deliver acute care to patients.

All patients must be referred and clinically accepted by the AEC team. The service is open to adults requiring emergency care who are referred by their GP and patients redirected from A&E.

The AEC unit at DDH sees on average 9 patients per day.

The AEC unit at Pinderfields sees on average 32 patients per day.

ASSESSMENT

Reasons for the service change

Ambulatory care services are led by a multi professional team of Doctors (Acute Physicians), Advanced Nurse Practitioners (ANP) and Nurses. There is a national shortage of Acute Physicians.

At MYHT, 50% of the Consultant workforce is made up of locum consultants (5.5/ 10.5), which causes the service to be operationally challenged from a workforce perspective. This causes the service to have a high degree of unreliability for referrers, staff and patients. In addition, the cost of running a service in this manner does not present value for money.

In practical terms, locum Doctors do not need to commit to a long term contract and have flexibility in their working commitments which makes it difficult to plan for robust service provision.

The Dewsbury AEC unit was temporarily closed with ambulatory care consolidated at the Pinderfields site on 25 December 2017 until 5 March 2018 then again due to workforce constraints on the 31 July 2018 to date.

During this time period there were no escalations of concern and 1 complaint from a patient related to the need to travel to Pinderfields rather than Dewsbury hospital.

Consideration has been given to alternative service models that could be delivered to continue to deliver AEC at DDH.

The following narrative describes the initiatives that have been explored and rationale for the associated decision.

1. **Can MYHT provide sole Advanced Nurse Practitioner (ANP) presence at DDH?**

   The ANP service is currently too junior to provide this with immediate effect. The team currently has 2 band 8a ANPs who can independently assess, treat and discharge patients, one of these staff members manages the team leaving 1 available. The 8a ANPs also have to support our cohort of 11 trainee ANPs who are between year 1 and 2 of the 3 year advanced practice course. We expect to have a fully functional ANP team by 2021 (subject to the training programme and retention).

2. **Partnership working with the Walk in Centre to support local review of some specific conditions**

   The concerns of the NKCCG regarding patients having to transfer to Pinderfields for further assessment of minor medical conditions was recognised in a review meeting with Dr Kelly. It was clarified that the intent of the centralisation of services was not intended to move patients whose episode of care could be completed on the Dewsbury site. With less congestion at the Dewsbury ED it is anticipated that for certain conditions assessment or treatment of patients would be able to remain at Dewsbury and have their care finalised there. This would apply to both the ED itself and the walk-in-centre.

3. **Hot Clinics** - these are clinic which provide same day or next day access to a Consultant at MYHT

   We are reviewing all of the “hot clinic” provision that exists and aim to increase this as able at speciality level. For example, there is already good access to this service in Surgery at both Pinderfields and Dewsbury hospital.

4. **Return Reviews** - these are patients who need to return to hospital after an initial review in AEC

MYHT will explore the possibility of routine reviews of patients taking place more locally rather that at Pinderfields. This may be on the Dewsbury site or may include processes such as tele-review or derogation of reviews back to primary care with appropriate advice from the medical team.

What plans are being developed to address the underlying causes for closure?

Despite the national shortage of Acute Consultants MYHT will continue to actively identify and recruit to substantive Acute Physician posts and look to alternatives to provide medical cover i.e. further expansion of Advanced Nurse Practitioner roles.

Next steps to include timescales for reopening the Unit

Centralisation of ambulatory care at Pinderfields will be subject to continuous evaluation throughout the winter period, with a joint CCG/ Trust impact assessment undertaken by the end of January 2019 to agree the longer term plan for the ambulatory care service.

SUMMARY

- Centralising AEC on the Pinderfields site offers a more resilient service across Ambulatory Care and the rest of the Acute Medicine directorate ensuring that the service can consistently offer high quality care to patients in A&E, on the Acute Assessment Unit and outlying wards. This is extremely important as we enter the winter period which is busier than at other times of year.

- Patients who self-present to A&E at Dewsbury and are assessed as requiring the input of ambulatory care services will be transferred to Pinderfields in a timely manner with appropriate care via hospital transport.

- There is no change in process for GPs and no requirement for GPs to take any new action when referring as the central call handling service will continue to direct patients according to need.

- Patients from the North Kirklees and Pontefract area will receive their care at Pinderfields hospital where there is improved access to specialty services. Where local services are available these will continue to be provided on the most appropriate site.

- Continued evaluation and a further impact assessment will take place by the end of January 2019.