

Bridlington Health Forum (Jean Wormwell)

Question 1:

Chief Medical Officers (CMO) report: Health in Coastal Communities Professor Whitty's report states that the health and wellbeing of coastal populations has been long neglected and overlooked. The report demands that service provision must be rebalanced between inland (York) and rural, coastal (Bridlington) communities. What steps are YFT taking to reverse the transfer of services away from Bridlington Hospital and to restore them there?

Answer:

The Trust welcomes Professor Whitty's report as it reflects many of the issues we have sought to raise nationally over number of years regarding the unique challenges of small coastal and rural hospitals. We hope that this report will further raise the profile of the issues relating to funding and support. We remain committed to providing services in Bridlington for the local population, and NHS services are available within the town. We continue to look at what services the population of Bridlington needs and offer those in a local setting where possible, which may be the hospital, other community settings, or virtually if appropriate. Creating a Healthy Bridlington, the ongoing programme of work that is being led by East Riding of Yorkshire Council on behalf of system partners, is an important part of this work and the Health Forum have been actively engaged in this.

Question 2:

Within the context of the CMO's report Proposed removal of Stroke Services from Scarborough Hospital. Removal of Stroke Services from Scarborough Hospital will disadvantage all coastal residents, especially Bridlington's. Will YFT please detail in full how they will ensure equality of access to Stroke Services for Bridlington residents?

Answer:

There has not been a HASU at Scarborough Hospital since 2015 and the service that was in place prior to this would not meet current requirements for a HASU. Under the direct access model for stroke, which was introduced as a temporary change last year, patients who would previously have been taken to Scarborough Hospital before being transferred to York are now taken directly to their nearest Hyper Acute Stroke Unit. This could be either York, Hull or Middlesbrough. For Bridlington residents this means that almost all patients are taken directly to Hull.

For further information please see the response to Mr Robert Ward's question below.

Question 3:

Travel times to York HASU far exceed national guidelines. What steps are YFT taking to mitigate the impact of time to travel from Bridlington to York?

Answer: Please see above (Q2).

Question 4:

30,704 YFT patient waiting lists, but YFT slashes surgery at Bridlington Hospital NHS England reports YFT's highest-ever waiting lists for elective operations or treatment in June 2021. Yet recent weeks have seen significant reductions to the number of surgical procedures being performed at Bridlington Hospital. Will YFT please detail in full what steps are being taken to address waiting lists by maximising utilisation of Bridlington's two Operating Theatres?

Answer:

The Acute Care Collaborative comprising the three Acute Trusts in the Humber, Coast and Vale patch has developed and implemented a plan to use theatres for elective orthopaedic cases across combined geographies to address our significant waiting list pressures across the area.

This has resulted in use of the premises at weekends to treat Bridlington, East Riding, North Yorkshire and North/South Humber patients. In the past, the Bridlington theatres have been used to treat Scarborough and North Yorkshire patients.

We want to build on this orthopaedic development with partners in the newly forming East Riding Place to expand the use of Bridlington resource to treat more East Riding patients.

Following a presentation to the Trust's Executive Committee, an internal working group has also been established to ensure that we are maximising surgical elective capacity on the Bridlington site by considering the mix of surgery and procedures that we offer.

Question 5:

Staff morale and retention at Bridlington Hospital. We hear of plummeting staff morale driven by the continued removal of services and surgery away from Bridlington Hospital.

What steps are YFT taking to assure staff and the community of the retention of services, employment and staff value at Bridlington Hospital?

Answer:

Our staff have been under significant pressure throughout the pandemic and have worked through the most extraordinary circumstances. When we were required to stand down the majority of our planned work in March 2020 some staff, including some at Bridlington, were asked to work in different wards and sometimes in different hospitals in order to respond to cases of Covid-19. This has been challenging for many staff, and the prolonged nature of the pandemic is inevitably having an impact on morale for some people. We are doing everything we can to support staff mental and physical health and wellbeing. We do not have a particular retention issue in Bridlington Hospital.

Dr Gordon Hayes

Question:

As a local doctor with 30 years of clinical experience, I am not alone amongst my colleagues in being extremely unhappy to see Scarborough Hospital being stripped of a huge amount of local healthcare service provision for the 200000 residents in its catchment area since York Trust took over in 2012. This is necessitating patients (and their relatives and carers) to attempt to make lengthy journeys from our relatively geographically isolated area to other hospitals for both routine and urgent healthcare, often in the absence of accessible public transport and at impossible times.

One of the services that has been lost is out-of-hours ophthalmology, which I experienced first hand as a patient at the end of 2020.

I have previously suffered a torn retina in my eye which required laser repair. Early one Friday evening at the end of last year I experienced sudden onset recurrent symptoms which I had been advised required a fairly rapid ophthalmological assessment.

I telephoned 111 - who advised me to attend my nearest Emergency department within two hours.

On attending the Emergency department at Scarborough Hospital I was advised there was no longer an out-of-hours ophthalmology service located there and was signposted to York Hospital where our 'local' service was now based.

I phoned the Emergency department at York Hospital prior to travelling over to specifically check there was a duty ophthalmologist available who could see me if I arrived there. This was confirmed.

I was driven to York from Scarborough by a family member (I could not drive myself in the circumstances) where I eventually arrived over an hour later. I checked in at the Emergency department, was subsequently assessed by a nurse, and then waited for over two hours - only to be told in the early hours of Saturday morning that the duty ophthalmologist could not see me then as previously stated, but that they required me to return early the next morning.

I was driven back to Scarborough, arriving home at 2am on Saturday morning - and wearily driven back to York at 8am to get to York Hospital in time for my appointment.

The medical assessment I received when I saw the ophthalmologist was fine. But the access system and travelling involved (a total of 5 hours and 160 miles) were absolutely appalling. I was very lucky to have someone who could drive me to York, and at times when public transport would be difficult if not impossible to find. Many others would not have been so fortunate and would have been unable to access this healthcare.

In the light of Professor Whitty's recent report into inequalities in healthcare for coastal communities, could the Governors please comment as to whether they feel this is a reasonable, practical and equitable way for Scarborough and East Coast residents to now access a core medical service which has previously been provided at Scarborough Hospital? - and what York Trust should do to reinstate accessible healthcare provision and equitable staffing and resourcing for Scarborough Hospital and East Coast residents?

Answer:

This question was also raised at the North Yorkshire Health Scrutiny Committee meeting on 10 September 2021, and the following response given. The Trust is unable to comment publicly on individual cases. In general terms, it is simply not viable to provide out of hours or specialist

care for every specialty on every site with the resources we have. With regard to ophthalmology, there has not been a 24/7 on site emergency ophthalmic service at Scarborough Hospital for over 10 years, and shared arrangements have been in place since that time in order to provide a service for people in the Scarborough area. There is a shared on call rota between the York and Scarborough teams, and ophthalmology elective care and outpatient services have been sustained.

There has been continual investment in the East Coast ophthalmic service, including new consultants based at Scarborough, a new Bridlington clinic and a vastly expanded Malton clinic, with significant capital input. We continue to develop the service in order to improve the quality of care for all of our patients.

Mr Robert Ward

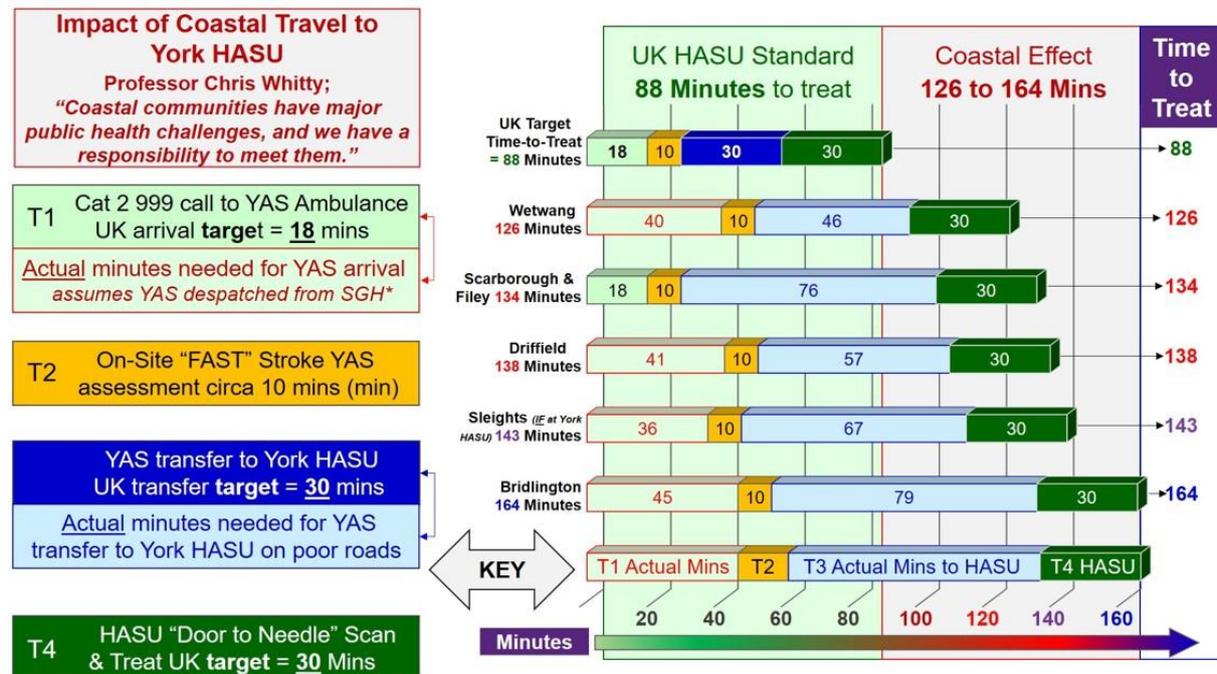
Question:

Prior to any decision being made about permanently moving Scarborough Stroke Services to York, I wish to raise these points with your governors, the Trust and relevant parties who oversee such significant changes in local services. I and others have raised these issues at county and CCG level to no avail. It is important that the Governors and the York Trust are working with and for the local population of Scarborough and its residents, in the absence of a wider public consultation this opportunity has not been afforded to many voices in this town and neighbouring seaside towns.

- I read that at the heart of NHS England's values is promoting equality and addressing health inequalities. One of their key values is to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities
- I strongly believe, on transport of stroke patients and consequent family travelling times alone, for a permanent change of site for stroke services for Scarborough and local areas we are suffering inequalities due to the 'coastal effect'. Please see attached graphic.
- This area can be best served by citing a HASU on the East coast within the 30 min travelling distance criteria used in other stroke reconfigurations in London, Manchester and Birmingham etc.
- This is a viable alternative that could be run alongside the new A & E investment currently proposed in Scarborough.
- I urge York Trust, Governors and Commissioners to only use this direct method as a continued temporary method until this can be achieved for stroke patients on the Coast.
- Without strong public engagement and consultation all that remains for us is worry and anxiety for ourselves and our families.
- Reading in NHS guidance: good governance and clear and effective public decision making are critical to effective major/significant change programmes. Sadly wider public consultation has not happened.
- I believe there needs to be a greater vision for equitable services for our coastal communities
- To quote from NHS Constitution: The NHS has a duty of "pay particular attention to groups or sections of society where improvements in health and life

expectancy are not keeping pace with the rest of the population. As recently highlighted in Professor Chris Whitty's report into Coastal towns. This is reflected in the National Service Act of 2006 (as amended by the Health & Social Care Act 2012).

- Our CCG's and NHS England have legal duties to reduce health inequalities.
- I am looking for your decisions to support these aims for our coastal town.



Answer:

In 2015 a change was introduced to the stroke service, and since that time anyone attending Scarborough Hospital's emergency department with a suspected stroke is transferred to York Hospital where they can benefit from the expertise and treatment offered in the Hyper Acute Stroke Unit.

In May 2020, a temporary change was introduced to adopt a direct transfer model. This means that patients suffering a stroke will now bypass the intermediate step of going to Scarborough Hospital's emergency department, and will instead be taken directly by ambulance to their nearest hospital with a hyper-acute stroke unit. This may be York, Hull or Middlesbrough and will be dependent on which is to closest to where the patient is picked up.

The rationale for this is that the most important elements in the initial response to stroke are:

- *Prompt recognition of signs and symptoms (as summarised in the FAST mnemonic) and call 999*
- *Assessment and stabilisation by a trained paramedic crew where an ambulance has been called*
- *Access to a fully configured and staffed Hyper Acute Stroke Unit (HASU). These units should treat at least 600 patients per year*
- *Rapid access to CT scan to confirm diagnosis and aid treatment planning including timely delivery of thrombolysis where appropriate*

This change means that patients will now access such a unit directly, rather than going via an emergency department in a hospital that does not have a hyper-acute stroke unit.

This model of care is already in place in many other parts of the country, with The

NHS Long Term plan notes the following: There is strong evidence that hyper acute interventions such as brain scanning and thrombolysis are best delivered as part of a networked 24/7 service. Areas that have centralised hyper-acute stroke care into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements. This means a reduction in the number of stroke-receiving units, and an increase in the number of patients receiving high-quality specialist care.

The current stroke pathway for Scarborough patients brings the quality of care for the Scarborough population closer to the nationally recommended standards. Although in responding to incidence of stroke time is of the essence, national standards, based on clinical evidence, are based on timely delivery of key indicators rather than reference to a golden hour.

Considering the transport times from the Scarborough area to Scarborough Hospital (an average of 22 minutes for the Scarborough Hospital catchment), the time involved in assessment and diagnosis at Scarborough Hospital, likely time waiting for an ambulance to be available for transit to the HASU in York, and then the ambulance journey itself, the new direct admission model is likely to see patients accessing specialist care more quickly than before and thus improve outcomes. The service data shows that in 2019 Scarborough area patients would typically access a HASU within 6 hours. As of the current service even with an average ambulance transfer time of 52 minutes, patients are much more likely to arrive at a HASU within 4 hours.

The ambulance service previously would take patients to Scarborough Hospital and then have to transfer them as emergency patients from Scarborough to York. With the direct admission model the number of total ambulance journeys has reduced and the direct admission model is likely to provide more availability of emergency ambulance capacity. Yorkshire Ambulance Service were fully involved in discussions regarding delivery of stroke services for the Scarborough population and the direct admissions model to York was their preferred option.