

Grantham A&E

Background:

- The opening hours of Grantham A&E department were restricted for patient safety reasons in August 2016 due to a shortage of middle grade doctors across Lincolnshire's three A&Es.
- Opening times were originally restricted to 9am to 6.30pm, but extended by an extra hour to 8am and 6.30pm 7 days a week in March 2017.
- ULHT committed to reviewing the decision when it reached the threshold of having 21 middle grade doctors across its three A&Es.
- At the Trust Board meeting November 2017, the ULHT Board recommended that the department re-open overnight, pending a review of staffing by NHS Improvement
- NHS Improvement asked the East of England Clinical Senate to carry out this review

Staffing:

- Opening hours of Grantham A&E were restricted due to a shortage of middle grade doctors across our three A&E departments.
- At the time, the Trust required 28 middle grade doctors to staff its three A&Es.
- In August 2016, we had only 11.6 middle grade doctors.
- We said we would review the opening hours of the Grantham department when we reached 21 middle grade doctors.
- Since then, we have been successful in recruitment efforts and in November 2017 had 22 middle grade doctors.
- However, the staffing situation is volatile and constantly changing as we are still very reliant on short-term agency doctors, many of whom only work occasional shifts.
- A review of staffing for emergency care has since suggested that we require a minimum of 38 middle grade doctors to safely staff our three A&Es.

November Trust Board:

- On Tuesday 7 November, United Lincolnshire Hospitals NHS Trust (ULHT) Board agreed they wanted to reopen Grantham A&E 24 hours a day over the winter.
- NHS Improvement asked that the final decision on the opening be deferred by one month, in order to allow for an independent review of staffing to be carried out.
- This review, carried out by the East of England Clinical Senate, was looking at the staffing model for all three A&Es, to ensure that before Grantham is reopened overnight, safe staffing levels can be maintained over the busy winter months.

Frequently asked questions:

1. Please can you give us an overview of the emergency department services at ULHT?

ULHT currently provides three emergency service departments running 24 hours per day, 7 days per week (09:00 to 18:30 at Grantham since 17.8.16 and increased to 08:00 to 18:30 since 27.03.17). The regional major trauma centre is located at Nottingham University Hospitals NHS Trust, Queens Medical Centre campus. This is where patients needing the services of a major trauma service are directed.

Lincoln County Hospital

The Emergency Department (ED) at Lincoln provides unrestricted access to A&E services 24/7 with an in-patient infrastructure to support most clinical emergencies. It can receive patients by air ambulance.

Pilgrim Hospital, Boston

The ED at Pilgrim provides unrestricted access to A&E services 24/7 with an in-patient infrastructure to support a range of clinical emergencies. It can receive patients by air ambulance.

Grantham and District Hospital

The ED at GDH provides unrestricted access to A&E services 24/7 from 8am to 6.30pm since 27.03.17. However, because of the limited in-patient infrastructure, the ED is restricted in its ability to support a full range of emergencies that normally would be expected to be treated in an ED. It cannot receive patients by air ambulance.

The health community (East Midlands Ambulance Service and local general practitioners) are aware that patients with certain medical conditions should not be taken or sent GDH (Appendix 1).

Patients who require treatment and management beyond that available at GDH are transferred to LCH, PHB or Nottingham University Hospitals.

2. Attendances to A&Es at ULHT

There has been no significant change to the overall average attendance to A&E departments at LCH and PHB since the reduced opening hours at GDH from August 2016. The average number of attendances at PHB has increased slightly from 161 to 165, an increase of 4 per day; however the average attendance at Grantham has reduced by 25 per day, without having a significant impact to LCH or PHB.

3. What have you been doing to recruit more A&E doctors?

We have long been trying to recruit additional emergency care doctors in the face of a national shortage, including by offering rates of pay that are above national allowed levels to attract agency doctors. We have a rolling advert for emergency care doctors on NHS jobs to cover all vacant posts and we interview all suitable candidates. We have also offered an innovative job role, enabling part time working for doctors with funded study for PhD or Master's degrees.

4. Why doesn't Grantham A&E currently accept the type of patients Lincoln and Pilgrim does?

The infrastructure at Grantham only allows its A&E department to be able to deal with a very limited range of conditions. The hospital isn't busy enough, or have a "critical mass" of patients to have a broader range of services. Emergency and specialist services need to see a minimum number of patients to have the right skills to treat patients. They need to see those types of patients on a regular basis - so it's like a Formula One pit stop. The more they practice, the better the results. Grantham is a small hospital which services a small catchment population, and the hospital reflects this.

5. Have you been putting Grantham patients at risk as they have had to travel further with life threatening conditions to receive care?

No. Currently Grantham people with life threatening conditions aren't treated at Grantham, regardless of the time of day. They are taken by ambulance to Lincoln, Pilgrim or Nottingham. If a person who lives on Manthorpe Road has a heart attack today, the ambulance will take them straight to the Lincolnshire Heart Centre in Lincoln. And because of this they are more likely to survive than if they were taken to Grantham. This will continue.

6. Why is it so difficult to recruit doctors to Lincolnshire?

There's a national shortage of doctors, so all areas will struggle to recruit.

Historically Lincolnshire has struggled to attract people to work in the county including schools, social workers, private industry. The NHS is no exception, and emergency medicine is challenged most of all.

We don't run big teaching hospitals. Many big teaching hospitals at the centre of speciality training rotations, such as Queens Medical Centre, Nottingham and Leicester Royal Infirmary are relatively protected from the shortages, as they can keep the speciality trainees ('registrars') working with them for most of their rotations.

We are the largest acute trust that doesn't have its own medical school. A high proportion of medical students continue to live and work where they trained, which would benefit the full range of specialities.

The main group of people who apply for A&E middle grade posts outside a speciality training post are overseas graduates. Recruiting from the EU is an option but getting visas for non-EU doctors is extremely difficult and time consuming. Many of these will leave and get onto a speciality training program as soon as they can, as they can earn more money as a GP or a consultant than they can as a specialty and associate specialist (SAS) doctor. Many other overseas doctors also leave and join locum agencies where they can earn a lot more money.

It's stressful and antisocial working in A&E, compared to other specialities, and many people are put off for these reasons.

7. Patients

Where should patients go if they need treatment if A&E isn't open?

Many illnesses can be better treated by people visiting their local pharmacy, calling 111, visiting a GP, GP out of hours services, or attending a walk in centre or a minor injuries unit. During the hours of 6.30pm and 8am, if you are concerned and need medical advice please contact NHS 111.

What will happen in an emergency if a patient needs A&E?

If you are concerned and need medical advice, please contact 111.

8. Who are the East of England Clinical Senate?

The East of England Clinical Senate is one of 12 clinical senates in England. They were established in 2013 with a key function to conduct independent clinical review panels, providing an expert clinical view on service reconfiguration options and decisions focussing on patient outcomes.

9. What were the East of England Clinical Senate's recommendations?

The report produced by the East of England Clinical Senate includes a foreword from the Chair of the Senate Panel, Dr Bernard Brett. Within this forward, Dr Brett states that the unanimous view of the panel was that it was not in the interests of short term or longer term patient safety to re-open the Emergency Department on Grantham Hospital on a 24/7 basis at this time. It was also the unanimous view that any changes to service provision on the Grantham site, should, if possible, be linked to the longer-term plans for urgent care across the Trust and that these plans should be developed with appropriate stakeholders and public consultation as soon as possible.

In addition to the above and in summary the key recommendations coming out of the review from the Clinical Senate panel include:

Recommendation 1:

- The panel does not support the reopening of the 24/7 A&E department at Grantham Hospital on the grounds of potential adverse impact on patient safety at A&E Departments at all three hospitals.
- The panel strongly recommends, on the grounds of patient safety, United Lincolnshire Hospitals NHS Trust Board reconsider its proposal to extend the current A&E service opening hours at Grantham and District Hospital.
- The Panel recommends that the Trust should continue to provide an A&E service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed.

Recommendation 2:

- The panel recommends that in order to make it clear for patients and the public the type of service available at GDH A&E, the Trust look to re-labelling or re-naming the department, and ensure that it communicates that widely. The panel further recommended that the terminology 'A&E Centre' is not applied to GDH in any further model.

Recommendation 3

The panel recommended that the Trust should move to a single A&E team with a focus on standardised clinical pathways and processes across the three sites, removing any unnecessary variation and providing enhanced training opportunities.

Recommendation 4:

The panel recommended that the Trust and CCG have clear alignment with the Lincolnshire STP, developing a system approach to urgent and emergency care, and planned care for patient and the public. The Trust and STP should move to public consultation on an agreed future model as quickly as possible

Recommendation 5:

- The panel recommended that the United Lincolnshire Hospitals NHS Trust works with the local the CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, the public, patients and local elected representatives have an opportunity to input on the development and decision

regarding the final model for urgent and emergency care across the Trust's three sites, and not only for the Grantham site

- The panel recommends that the communication and engagement strategy develop plans to ensure that any changes to the designation, opening times and pathways related to emergency care provision are clearly communicated with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

10. Who are NHS Improvement?

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.

<https://improvement.nhs.uk/>

11. What advice have NHS Improvement given following the report from the East of England Clinical Senate?

A letter from Jeffrey Worrall, Delivery and Improvement Director – Central & South Midlands, NHS Improvement was received by the Chief Executive, Jan Sobieraj on December 5th following Mr Worrall's receipt of the report from the East of England Senate.

In his letter to Mr Sobieraj, Mr Worrall states:

“The Report produced following the review was detailed and outlined 4 clear recommendations, most notably that the A&E Department at Grantham should remain closed overnight and to not extend the current opening hours. One of the key reasons for the recommendation is on the grounds of patient safety.

Due to the ongoing concerns around the delivery of A&E services at Lincoln County and Pilgrim Hospital and specifically the sustainability of your staffing model, NHS Improvement strongly advises that the Trust Board follow the recommendations in the report”.