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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Our Ref: PR/AH/cw

Date: 2nd November 2012

ABM Headquarters
One Talbot Gateway, Seaway Parade,
Port Talbot
SA12 7BR

01639 683302
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Mr William Powell AC/AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell,

I write in response to your letter dated 10 October 2012 referring a petition received with regard to Acute Medical Services at Neath Port Talbot Hospital.

You have requested our views on the subject of the petition which was as follows:

"We the undersigned call on the National Assembly for Wales to urge the Welsh Government to halt the decision to move all CT2 Doctors from Neath Port Talbot Hospital in the autumn, without prior consultation with the public. This decision will mean that acute medical services will not be provided at the Hospital, and patients will be forced to travel to Morriston in Swansea, or the Princess of Wales in Bridgend for such services. Neath Port Talbot hospital is a state of the art, PFI hospital, and the people of this area want such vital services to be retained at Neath Port Talbot hospital."

The Abertawe Bro Morgannwg University Health Board took the difficult decision to cease the acute medical intake in Neath Port Talbot Hospital on grounds of clinical safety in July 2012. The primary reason for this was a lack of available doctors with the right level of experience and competence to provide acute medical care.

The context to this was that the Wales Deanery alerted the Health Board during 2011/12 that it would not continue to support the placement of core training Year 2 Doctors (CT2) in Neath Port Talbot Hospital from August 2012. The two main reasons for this were the lack of senior supervision for these doctors particularly out of hours, and the limited range of services on site which affected the training experience.

As it was clear this would have major implications for the maintenance of an acute medical service at the Hospital the Health Board explored a number of options to

maintain the acute medical service without relying on these doctors in training as up to 10 doctors were needed to maintain the service. These options included redistribution of senior doctors from other sites, recruitment of specialist non-training Doctors from within the United Kingdom or European Union (EU), or from outside the EU. The Health Board recognised that any such options would not provide a sustainable service and would maintain the service whilst engagement with the public and stakeholders took place on longer term, sustainable proposals for services within ABM and across South Wales through the Health Board's Changing for the Better Programme and South Wales Programme.

The first option of redistributing the 30 Specialist Registrars in Medicine across the four acute hospital sites within ABM was not considered feasible as 24/7 cover requires a minimum of 10 doctors per acute hospital site and there are 30 such doctors in total within the Health Board. Clearly this would have meant all rotas would be unsustainable and this would not have been supported by the Wales Deanery. It was also not possible to substantially increase the number of training posts in Wales at this level.

As a result the Health Board pursued the option of seeking to recruit additional doctors with appropriate clinical experience at a Specialist Registrar grade. A recruitment campaign within the UK/EU was unsuccessful in securing suitable candidates and wider international recruitment was pursued. Initially the response was favourable and we offered 10 candidates posts. However, following pre-employment checks and decisions by individuals not to accept our offer of employment the Board was only able to recruit four suitable Doctors. The Health Board then sought to recruit to the other 6 posts by advertising for clinical fellows. These are research based doctors who provide out of hours medical cover. Unfortunately it was not possible to recruit sufficient doctors in this way to ensure we could continue to provide a safe and reliable emergency medical service at Neath Port Talbot Hospital. This was the clear view of the senior clinicians at the Hospital which led to the report to the meeting of the Health Board in July recommending the urgent transfer of emergency medicine from Neath Port Talbot Hospital. A copy of the report considered by the Board is attached. This report sets out the reasons for the transfer and the engagement with partner organisations that took place, including with the Community Health Council and Neath Port Talbot County Borough Council.

Following the approval of the Board to the proposed transfer a great deal of detailed planning was undertaken over a short timescale to ensure a smooth transition to the revised arrangements from September 2012.

As at the end of October 2012 it is pleasing to report that the revised arrangements are working effectively. Residents from Neath Port Talbot are now receiving acute medical care in other ABM hospital sites and , where appropriate are transferring back to Neath Port Talbot Hospital for onward care, one the most acute phase of their care has been completed. It is important to note that the Hospital has retained the nurse led minor Injuries service and therefore continues to provide urgent care to residents of Neath Port Talbot and further afield. In addition the Hospital continues to provide specialist care and surgical procedures as well as a comprehensive range of out patient services.

The Health Board is currently undertaking a 3 month engagement with the public and partners on our longer term proposals for health and health services locally through Changing for the Better. This is based on a proposal that services are provided to people either in their home or within community settings, recognising that people may need to travel to obtain more specialist care. This engagement is due to conclude in December, following which there will be detailed discussions with the Community Health Council on the need for formal consultation.

I trust this letter has provided you with sufficient information on this matter. Should you wish to be provided with any further details please contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Paul Roberts', written in a cursive style.

Paul Roberts
Chief Executive

Enc.

SUMMARY REPORT		ABM University Health Board
Health Board		Date 5th July 2012 Agenda item 2(ii)
Subject	Urgent Service Change – Acute Medicine at Neath Port Talbot Hospital	
Prepared by	Neil Miles. Programme Manager, Unscheduled Care	
Presented by	Alexandra Howells, Director of Primary, Community and Mental Health Services	

Purpose						
To propose an urgent change to acute medicine at Neath Port Talbot Hospital as a result of a deterioration in medical staffing arrangements.					Decision	x
					Approval	
					Information	
					Other	
Corporate Objectives						
Safety	Quality	Efficiency	Workforce	Health	Governance	
X	X		X		X	
Executive Summary						

MAIN REPORT		ABM University Health Board
Health Board		Date 5th July 2012 Agenda item 2(ii)
Subject	Urgent Service Change – Acute Medicine at Neath Port Talbot Hospital	
Prepared by	Neil Miles, Programme Manager, Unscheduled Care	
Approved by	Alexandra Howells, Director of Primary, Community and Mental Health Services	
Presented by	Alexandra Howells, Director of Primary, Community and Mental Health Services	

PURPOSE

To propose an urgent change to acute medicine at Neath Port Talbot (NPT) Hospital as a result of a deterioration in medical staffing issues from August 2012.

KEY ISSUES

Medical Staffing Shortages

The Wales Deanery notified the Health Board in 2012 that they would be withdrawing CT2 Doctors in training from NPT Hospital from August 2012. The Deanery indicated that they did not consider NPT Hospital as being able to provide suitable training for this grade of doctor because of a lack of senior supervision from a Registrar grade doctor, and the lack of experience provided in a service which only dealt with a selected range of emergency patients.

The CT2 doctors are the most senior doctors present in NPT Hospital out of hours and are essential to the safe delivery of an acute medical service where emergency patients may arrive at the hospital any time of the day or night. They are responsible for patient care when Consultants are not present onsite, for example, at night.

Initially the Health Board tried to implement a short term solution to the medical staffing problem to ensure that plans for acute medicine in NPT Hospital could be fully considered as part of the Health Board's "Changing for the Better" programme. This is considering the future model of unscheduled care services across the Health Board. The short term plan was to attract a minimum number of non training grade doctors with the appropriate skills and competences to a number of fixed term posts in order to maintain a 24/7 acute medical service. Ideally this number would have been between 10 and 12 to provide full cover for sickness, study leave and annual leave, but the Health Board decided that a minimum of 8 would be sufficient to make the plan more realistic for the short term.

At this time the Health Board was already attempting to find locum doctors to fill existing gaps on the rota and this was not proving to be successful. Options to spread out doctors from other parts of the Health Board were considered but were not feasible in terms of shortages on the other sites and issues regarding training. Consequently an international recruitment visit was made to Dubai in Autumn 2011. Although this was successful in attracting 4 doctors to work in NPT Hospital from early 2012, only 1 of these doctors has been found to have the appropriate level of experience and competence to work safely on the acute medical rota.

In parallel with the above the Health Board developed opportunities for academic research doctors to provide an out of hours, on call service commitment to NPT Hospital and in partnership with Clinical Consultants (with Academic research responsibility) in Swansea Hospitals and Swansea University, to complete a research programme in their chosen specialty. Whilst this is not ideal in terms of day time cover, it helps with the 24/7 rota and was therefore considered acceptable as a short term option. However, despite expectations in May that this would deliver a substantial number of doctors the recruitment process has in fact only delivered 4 doctors, as 2 doctors withdrew at a late stage. The advert was reopened but there have been no suitable applicants.

This means that in early June the Health Board only had 5 out of the minimum 8 doctors required to deliver the acute medical service. Senior doctors advised that this would make the safe delivery of the service unsustainable and did not feel that there were any other options that could be explored.

This must also be considered in the context of ongoing consultant vacancies in NPT Hospital relating to Care of the Elderly (COTE), Gastroenterology and Cardiology. The COTE post has been vacant for two years, gastroenterology for 6 months and cardiology 3 months. Consequentially, instead of 11 Consultants covering the rota and other services there are 7.5 requiring Consultants to work over and above their usual commitments to fill these gaps.

Urgent Service Change

This immediate need for service change in NPT Hospital is in advance of the *Changing for the Better* programme. Consequently this would fall into the remit of 'Urgent Service Change' as outlined in *Guidance for Engagement and Consultation on Changes to Health Services*, (Welsh Government, 2011 p. 15-16). (guidance appended). This applies when an NHS body believes that a decision has to be taken on an issue immediately in the interests of the health service or because of a risk to the safety or welfare of patients or staff. In such a case, the relevant NHS body may not be able either to engage or consult but has to notify the CHC immediately of the decision taken and the reason why no consultation has taken place

Health Board representatives (Director of Planning, Chief Operating Officer, NPT Locality Director, NPT Clinical Director, NPT Intermediate Care Lead and Service Manager

Medicine) briefed the Community Health Council (CHC) Executive Committee on 26th June 2012 on the current position and the need for urgent change. The CHC:

- Noted the case for Urgent Service Change as presented
- Agreed that a decision to implement Urgent Service Change could be considered by the Board
- Supported the need to nominate a CHC member or officer to form part of the Planning and Implementation Group
- Supported the need for wider engagement and consultation via *Changing for the Better* programme

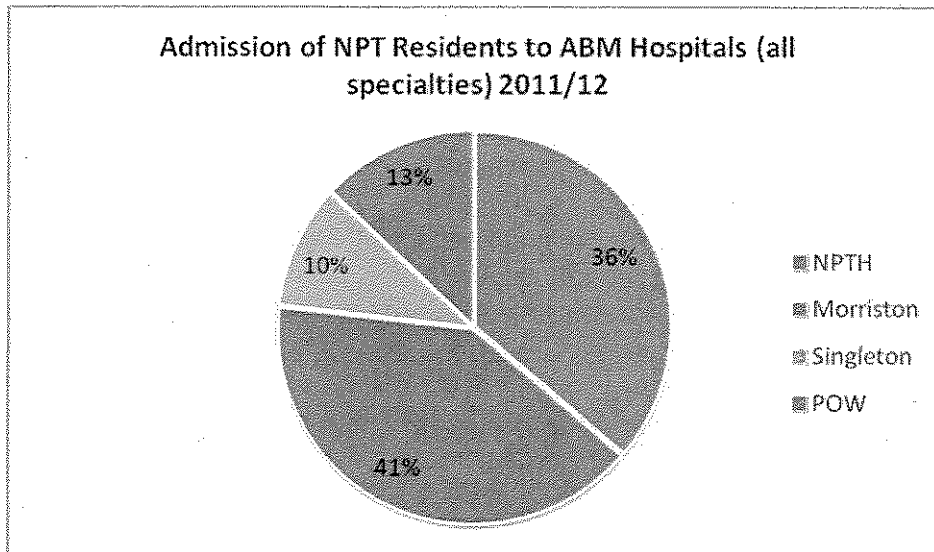
Proposed Changes to Acute Medicine at NPT Hospital

The current acute medical service at NPT Hospital provides a “selected” medical intake which means that it already excludes some clinical conditions on the basis of the ability of the service/workforce to provide safe and effective care for their emergency conditions. The service does not deal with certain categories of patients for example, stroke, heart attacks and those who may require surgical intervention.

The service currently sees just over 9,000 patients each year. Approximately one third of these patients arrive by ambulance, just over a third following a visit to their General Practitioner (GP) and about one fifth arrive as ‘walk-in’s. The other attendees present following other contact e.g. referral from clinic or prison service.

The majority of patients attend the hospital between 10am and 8pm, 7 days a week. Approximately half of these patients are discharged by the Physician teams without requiring an inpatient stay. Of the patients admitted about one third are discharged within 24 hours.

86% of the patients who attend the acute medical service are NPT residents. However, significant numbers of NPT residents also use other acute medical services, in particular Morriston Hospital, as shown on the following chart.



The urgent service change plans that need to be developed and implemented over the next 2 months need to identify alternative pathways for the current number of people using the acute medical service at NPT Hospital. This is likely to involve flows to both the Princess of Wales Hospital, Morryston Hospital and Singleton Hospital, depending on geographical and clinical factors, as well as whether patients have called an ambulance or have been referred by their GP.

The impact on these other sites needs to be planned in detail in terms of Emergency Departments, Assessment Units, ward capacity, clinical support services, emergency transport and social services support. This will require significant changes in service models given recent pressures on Emergency Departments. It is anticipated that NPT Hospital will need to play a key role in repatriating patients from these other hospitals when they have finished their acute treatment, if they cannot go straight home. This will be critical in maintaining patient flow through in patient services at all sites.

Resources and workforce will need to be considered as an integrated part of these plans. Transport for patients, visitors and staff will also be a key issue.

A planning group has been established to progress the work, chaired by Paul Stauber, Director of Planning, with clinical and operational management input and representatives from the Local Authority, WAST, and the CHC. It is anticipated that a final plan will be developed by the end of July.

Future Role of Neath Port Talbot Hospital

Despite these essential changes to the acute medical service at NPT Hospital the Health Board is committed to its future development as a vital part of *Changing for the Better* programme. This role will involve a combination of the development of specialist centres of

excellence that will support patient pathways across the Health Board, as well as the acceleration of the integrated models of primary, community and hospital care for the local population.

Recent developments at the hospital include:

- state-of-the-art MRI and CT scanners providing high tech diagnostic imagery
- the Health Board's Neuro rehabilitation service
- the new Women's Health Unit which provides sexual health, advice and treatment
- the new laser clinic which transferred from Morriston Hospital

Services which will be opened in the near future include:

- work on the new NHS IVF facility is well underway and the service is scheduled to start in 2013
- work has also started on a purpose-built investigation, treatment and diagnostic unit for Urology patients, who suffer from illnesses like bladder cancer and urinary conditions
- the hospital is scheduled to become a centre of excellence for endoscopy services – where 'magic eyes' are used for patients with stomach or bowel conditions
- providing Breast Surgery services for the Health Board area from Summer 2012
- another centre of excellence: for short stay orthopaedic surgery. This will include foot, ankle, upper limb and specialist knee surgery
- consolidating Elderly Mentally Ill assessment services at NPT Hospital into a modern, purpose built facility with single en-suite rooms

Integrated models are already being developed in collaboration with social services colleagues. These models will be critical in targeting the specific areas of health need within the local population, particularly in terms of people with chronic conditions and frail older people.

It is important to note that the immediate change to the acute medical service does not affect the Minor Injuries service which currently sees approximately 25,000 people per annum or the GP Out of Hours service which has recently been changed to an "in house" model of provision, led by local GPs.

This change does not affect the availability of the Midwifery Led Maternity Unit.

The change does not affect the availability of outpatient services in NPTH. Additional opportunities will be explored to create capacity for rapid access to these clinics to avoid some of the emergency demand on other sites. This means there will continue to be Consultant presence on site from a variety of specialties.

In addition, consideration is underway through *Changing for the Better* of the development of single site solutions for the following services:

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ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board
Pencadlys ABM / ABM Headquarters, 1 Talbot Gateway, Port Talbot, SA12 7BR. Ffon / Tel: (01639) 683344

- Intensive rehabilitation – NPT Hospital already accommodates the neuro rehabilitation unit and there may be opportunities to consider the centralisation of other specialist and intensive rehabilitation services to support the need for a 7 day service and development of specialist expertise e.g. orthogeriatric care
- Rheumatology – options are being considered to provide a single site therapy and infusion unit for the Health Board

Other ideas and suggestions will be considered as part of the “Changing for the Better” Programme.

RECOMMENDATION

The Board is asked to:

- Note the deterioration in the medical staffing position for acute medicine at NPT Hospital.
- Note the agreement of the CHC to consider an urgent service change in accordance with the guidance, outside the Changing for the Better consultation process
- Note the requirement to implement an extensive communications plan to ensure there is a clear understanding of the service change plans.
- Note the important role of NPT Hospital in the future plans of the Health Board, with the final service models to be agreed through the Changing for the Better process.
- **Agree the urgent service change to acute medicine at NPT Hospital, noting that detailed planning is now underway with regard to the implications for patients, service delivery, workforce, finance, and transport.**

ABMU Health Board is progressing its *Changing for the Better* programme in order to establish sustainable models of care to meet the future needs of its population. This programme recognises that change will be needed to many clinical services across the Health Board, affecting all hospital sites, and the whole pathway of care. The main drivers for the change recognise the need to deliver better quality and outcomes for patients within the context of shortages of medical staff in a number of specialties and a challenging financial environment. The programme is expected to agree a final plan by 2013.

However, the Health Board is facing an immediate problem with regard to the acute medicine service at NPT Hospital because of medical staffing problems. Although there have been difficulties with medical recruitment over recent years the position will deteriorate significantly from August 2012 in spite of efforts over the last 12 months to recruit a variety of additional doctors. This makes the 24/7 provision of acute medical services unsustainable, and requires a service change in advance of the *Changing for the Better Programme* to be agreed by the Health Board.

Early discussions have taken place with the Community Health Council to alert them that an urgent service change could commence in September, outside the usual engagement and consultation processes, subject to Board approval. This is in line with the provision contained in *Guidance for Engagement and Consultation on Changes to Health Services*, (Welsh Government, 2011).

Subject to this decision the implications of the service change need to be planned in detail, both in terms of where patients will need to go for acute medical services from September, but also in terms of the future development of services at NPT Hospital. NPT Hospital provides many excellent facilities and services and it will continue to place a key role in the future clinical strategy of ABMU Health Board. Some of these plans are already under development, some of them will emerge from the *Changing for the Better* programme.

Communication and engagement with staff, GPs, patients, the public and key partners such as the Local Authority and WAST will be critical during the next few months, together with ongoing support from the Community Health Council. A comprehensive communications plan will be put in place.

Key Recommendations

The Board is asked to

- Agree the urgent service change to acute medicine at NPT Hospital, noting that detailed planning is now underway with regard to the implications for patients, service delivery, workforce, finance, and transport.
- Note the important role of Neath Port Talbot Hospital in the future plans of the Health Board, with the final service models to be agreed through the *Changing for the Better* process.

Assurance Framework

These changes are required to ensure safe services are provided

Next Steps

Detailed planning work to be undertaken alongside intensive engagement

Corporate Impact Assessment	
Quality and Safety	HCS 7
Financial Implications	To be confirmed
Legal Implications	N/A
Equality & Diversity	Impact to be assessed