

Humber Acute Services

Public Consultation – Feedback and Recommendations

July 2024

We are consulting with you on changes to some services which are provided at Grimsby and Scunthorpe Hospitals



Background – Summary of Consultation Process

The ICB launched a public consultation on its proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

The consultation was designed to seek out the views of those most likely to be impacted by change and ensure that everyone who wanted to take part and share their views was given sufficient opportunities, sufficient information and sufficient time to do so.

Over the 14 and a half weeks of the consultation process, a wide range of activities were undertaken to ensure this goal was achieved.



c.4,000

questionnaire responses



c.23,000 leaflets delivered to households with low English proficiency or digital connectivity



c.2,500 people involved across c.65 engagement events



more than **30** news articles in local radio, TV and print media



c.250,000 people involved through social media



c.200 people from seldom heard groups reached through targeted outreach



The Consultation Institute (tCI) Good Practice Award achieved



NHS England Gateway Assurance process completed

What we heard

Overview of consultation feedback – Proposed Model of Care

Some consultees raised specific concerns or suggestions about particular aspects of the proposed changes:

- **Trauma Unit**
 - Ability of the system to respond to major incidents (e.g. industrial accidents)
 - Impact on neighbouring providers (e.g. Doncaster Royal Infirmary)
- **Specialist Medical Inpatients**
 - Local need for cardiology services due to population health needs in Scunthorpe
 - Suggestion that specialist services should be provided from 'super-specialty units' in Hull
- **Emergency Surgery**
 - Safety of out of hours transfers and/or how to handle life-or-limb emergency situations
 - Specific concerns relating to gynaecology and links with obstetric services
- **Inpatient Paediatrics**
 - Emotional impacts on children and young people
 - Potential risks associated with transferring children
 - Distance to tertiary services in Sheffield
 - Potential impact on children with complex and/or long-term needs (e.g., eating disorders, Long-Term Ventilation)
 - Interdependencies with obstetric and neonatal services.

What we heard

Overview of consultation feedback – Proposed Location of Services

There was some support for consolidating certain services at Grimsby, but more disagreement due to concerns about:

- **Travel and access**
 - Impact on relatives and loved ones visiting
 - Difficulties getting home when discharged
 - Transfers between sites – experience and concerns about delays
- **Ambulance impacts**
 - Impact on ambulance service performance and concerns about delays
- **Capacity and infrastructure at Grimsby Hospital**
 - Insufficient beds and/or staff at Diana Princess of Wales Hospital, Grimsby (DPoW) to manage the additional patients
 - Additional ambulance traffic impacting on handover times and emergency department performance.
- **Staffing issues**
 - Difficulty attracting staff to work in Grimsby
 - Impact on Scunthorpe-based staff travel and/or career progression opportunities
- **Impact on the future of Scunthorpe Hospital**
 - Concern about future viability of Scunthorpe General Hospital (SGH) and worry about future changes
 - Potential for staff to become de-skilled or SGH to be less attractive to potential future recruits.

What we heard

Overview of consultation feedback – Equalities impacts

The key **equalities impacts** were also explored through the consultation.

Equalities impacts and concerns raised mainly centred on travel and access. Several groups were considered particularly vulnerable to these impacts, including:

- those on lower incomes and/or without access to private transport
- people in Scunthorpe and surrounding areas (especially rural areas)
- older people
- disabled people
- people living with dementia
- people living with mental health issues
- carers
- people with additional/complex needs (e.g., autism)
- single parents/parents with other children to care for
- patients with long term conditions requiring repeat appointments
- LGBTQ+ patients
- refugees, migrants, and people for whom English is not their first language

Proposed Way Forward

Revised proposal for change

| Service area | Original Proposal | Revised proposal |
|--|------------------------|--|
| Trauma Unit | Consolidate to Grimsby | Consolidate to Grimsby |
| Emergency surgery | Consolidate to Grimsby | Consolidate to one site (mixed approach) |
| – <i>Trauma and Orthopaedics</i> | | – Consolidate to Grimsby |
| – <i>Acute General Surgery</i> | | – Consolidate to Grimsby |
| – <i>Urology</i> | | – Consolidate to Scunthorpe |
| – <i>ENT</i> | | – Consolidate to Grimsby |
| – <i>Ophthalmology</i> | | – Consolidate to Hull Royal Infirmary |
| – <i>Gynaecology</i> | | Retain on both sites – align to future obstetrics and neonatal review |
| Some medical specialities | Consolidate to Grimsby | Consolidate to Grimsby |
| – <i>Cardiology</i> | | |
| – <i>Respiratory</i> | | |
| – <i>Gastroenterology</i> | | |
| Paediatric overnight (inpatient) care | Consolidate to Grimsby | Retain inpatient beds on both sites but work towards a reduction through implementation of community-based paediatrics model |

Transport – impacts and mitigations

Ambulance Impacts

The impact on local ambulance providers of the proposed service change is minimal:

- around **3 patients per week** are expected to be diverted to a different Trauma Unit
- around **1 patients per day** is expected to require blue-light transfer between hospital sites

Given the reduced scale of change, the proposed change can be delivered without any significant impact on the performance of emergency ambulance provision.

Inter-hospital transfers

Anticipated demand for (non-emergency) inter-hospital transfers:

- around **5 patients per day** expected to transfer between hospital sites as a result of the service change.
- around **8 patients per day** expected to transfer between hospital sites in total (including existing pathways).

To deliver the proposed service change, a re-tendering process will be undertaken to secure an integrated transport solution to deliver a more effective and efficient service by bringing a number of existing contracts under one umbrella with more robust oversight.

Transport – impacts and mitigations

Non-statutory transport – visitors and loved ones

Anticipated increase in visitor journeys:

- approximately **22 additional visitor journeys per day** from the North Lincolnshire area as a result of the service change.
- around **four journeys each day** would be reliant on family, friends, community or public transport to reach Diana Princess of Wales Hospital, Grimsby (DPoW).

To mitigate the impact on those families most impacted by the additional travel – including those with no access to a car or van at home – additional funding will be provided to enhance the existing community transport provision, supported by a number of wider actions taken by partners to improve transport across the region.

| Issue | Action | Lead agency | Timescale for completion |
|--------------------------------|---|--------------------------------|--------------------------|
| Reimbursement scheme | Reviewing existing arrangements for those eligible to reclaim expenses to help make it simpler. | Humber and North Yorkshire ICB | October 2024 |
| Clinical scheduling | Review existing arrangements for scheduling of outpatient clinics and other planned care services to reduce the need for patients to travel long distances (or to travel to hospital at all). | NHS Humber Health Partnership | March 2025 |
| Public transport review | Review existing public transport routes and links to/between hospital sites and explore where changes could be made to support future service models. | Local Authorities | Summer 2025 |

Benefits, impacts and mitigations

Key benefits

- Delivery of 7-day services and key clinical standards.
- Reduction in length of stay and improved clinical outcomes.
- Improved theatre productivity and reduced impact on elective lists from UEC pressures.
- Improved efficiency through consolidation of specialist teams and equipment.
- Improved recruitment and retention, development of specialist centres and more attractive offer for clinical staff.
- Enhanced opportunities for learning and skills development.

Summary impacts

- c.7 patients per day **transfer from Scunthorpe (SGH) to Grimsby (DPoW)** for their inpatient care.
- Net reduction in **bed capacity** of 36 beds (increase at Grimsby and decrease at Scunthorpe).
- **Capital cost** to deliver of £9.2 million (excluding BLM/CIR).
- **Revenue** saving of c.£4 million against a do-nothing / forecast position.
- Provides platform for future change and productivity gains.
- Accelerates delivery of future service change.

Mitigations

Transport

- Solution for inter-hospital transfers
- Support for transport for impacted families/visitors without access to a car
- Support wider improvements to transport
 - Clinical scheduling review
 - Reclaiming expenses – review of process
 - Commitment to work with local authorities to improve wider transport links to hospital

Processes and protocols

- Operating procedures to ensure new models operate efficiently and effectively.
- New workforce models (including rotational posts and enhanced training).
- Improved information for people facing barriers to access.
- Communications support and reassurance.

Appendices

- Description of proposal for consultation
- Details of consultation activity undertaken
- You Said, We Did – overview of responses to consultation feedback
- Proposed way forward – detail and rationale

What would stay the same?

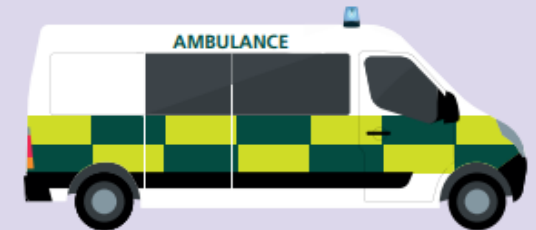
Urgent and emergency care for most patients would continue to be provided at **both** Diana Princess of Wales Hospital, Grimsby **and** Scunthorpe General Hospital:

- 24/7 Emergency Department (A&E) with **co-located urgent care service**
- Acute Assessment Unit, Same Day Emergency Care and Short Stay (up to 3 days)
- Overnight (inpatient) care for Elderly and General Medical patients
- Emergency surgery (day case only, *including fractured hips*)
- Paediatric (children's) Assessment Unit (up to 24 hours)
- Critical Care / Anaesthetics
- Obstetric-Led Unit with neonatal care
- Planned surgery
- Outpatient services

There would be **no change to Stroke services** (Hyper-Acute Stroke Unit would continue at Scunthorpe General Hospital)



24/7 Emergency Departments (A&E) would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.



We have recently invested £35 million to build new Emergency Departments and Assessment Units in both hospitals.

What would change?

To **improve services** for those with the most urgent and complex needs, keeping them **safe** and of **high quality** in the long term, the proposed services would be brought together at one hospital – Diana Princess of Wales Hospital, Grimsby:

- **Trauma Unit** – for people with injuries requiring specialist care (typically brought by ambulance) and might need an operation or observation by a trauma team.
- **Emergency Surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialities (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

- ✓ Bringing these services together in one hospital would **provide access to dedicated services 24 hours a day, 7 days a week**, with more specialised skills always being available.
- ✓ This would help us to address critical shortages in workforce by organising our teams more effectively and **help more patients to be seen and treated more quickly** and stay in hospital for less time.

How we have listened

Overview of consultation activities undertaken

Promotional Activity



c.3000 leaflets and posters

delivered to **120** community locations, including:

- libraries
- GP practices
- children's centres
- community groups



Consultation document and questionnaire

Shared with **>275** organisations / mailing lists, for onward cascade, including:

- Local industry
- Community networks
- Voluntary sector organisations
- Patient panels



21,574 visitors
to dedicated consultation website



c.1000 subscribers
to weekly newsletter



125,887 people
reached with information about the consultation through
social media advertising



more than **30** news articles
Proactive media launch and regular press releases
generating coverage in local radio, TV, print and
specialist media

How we have listened

Overview of consultation activities undertaken

Engagement For All



c.3,950 responses
to the **online questionnaire**



c.1000 people
were involved across **16 pop-up engagement roadshows**
in rural, urban and deprived communities



c.370 people
attended one of **6 exhibition events** in Goole, Grimsby,
Scunthorpe and Gainsborough



c.48 people
provided their views through one of **10 independently-facilitated deliberative events**



c.140 patients
engaged with in **hospital outpatient departments** at
Goole, Grimsby and Scunthorpe



c.10 people
joined **online deliberative meetings**, including **5**
voluntary and community sector representatives.

How we have listened

Overview of consultation activities undertaken

Targeted Engagement



139 people

involved in **11 focus groups** with people and communities more likely to face health inequalities and/or less likely to engage, including:

- people from deprived communities
- carers
- disabled people
- older people
- people with learning disabilities (LD)
- veterans and armed forces communities
- men
- parents of children with SEND
- Black, Asian and Minority Ethnic communities
- people from LGBT+ communities



45 people from seldom heard groups

engaged through **4 drama-based workshops** with children, young people, people with learning disabilities and other vulnerable adults



c.200 Easy Read questionnaires

distributed to groups and individuals with **learning disabilities** and young people



c.11,000 multilingual leaflets

delivered to neighbourhoods with **low English proficiency**

c.12,000 summary leaflets

delivered to neighbourhoods with **highest rates of digital exclusion**



c.450 members of staff

involved across **3 drop-in sessions**, **2 online Q&As**, **5 targeted briefings** for specific staff groups, **3 roadshows**, **3 staff-side forums** and the **inclusion assembly**.



c.450 clinical and professional stakeholders

engaged with through meetings and briefing sessions with local and regional partner organisations

How we have responded

Consideration of consultation feedback – You Said, We Did

Reassure

Where concerns have been raised about services that were not in scope and/or not proposed to change.

Where concerns can be alleviated, or lessened, with evidence.

Mitigate

Where impacts or concerns can be lessened through the addition of support services or by making a change to other existing ways of working.

Change

Where an alternative approach or solution has been identified that could address the need for change in a better way.

Where the proposed change has been identified as having a significant impact on a specific group **and** no suitable mitigations have been identified.

Where the disbenefits and/or cost of mitigations significantly outweigh the benefits of making the change.

How we have responded – You Said, We Did

| Theme | Key issues raised | Reassure | Mitigate | Change | Explanation |
|---|--|----------|----------|--------|---|
| Travel and access | Relatives and loved ones unable to visit due to cost/lack of transport. | | x | | Transport action plan agreed through multi-agency group to support those in greatest need. |
| | Difficulties for some getting home upon discharge due to lack of transport. | | x | | Transport action plan agreed through multi-agency group to support those in greatest need. |
| | Inter-hospital transfers meaning delays accessing specialist patient care. | x | | | Right-sized inter-hospital transfer service will be in place prior to implementation of new pathways. |
| | Unpleasant transfer experiences for patients/families (e.g., children with autism/ADHD, people with dementia, and people for whom English is a second language). | x | x | | Mitigations and protocols will be co-designed with potentially impacted groups to mitigate impact of transfer experience as far as possible. |
| Ambulance impacts | Increased journey times negatively impacting on ambulance service performance, leading to treatment delays and poorer patient outcomes. | x | | | Independent analysis of ambulance journey times and impacts concluded the proposed change of Trauma pathways would have no material impact on ambulance performance. |
| Capacity and infrastructure at Diana Princess of Wales Hospital, Grimsby (DPoW) | Insufficient beds/staff/wards at DPoW to manage additional patients. | x | | | Detailed capacity and demand modelling has been undertaken to ensure the right number of beds is planned for each site, based on the changes proposed. Ward configuration changes will be made in advance of implementing the change to pathways. |
| | Additional ambulance traffic impacting on handover times and Emergency Department performance. | x | x | | Additional trauma conveyances are modest (around 3 per week to DPoW) and would not be significant enough to materially impact ED performance. Direct admission pathways to specialist wards will enable transferred patients to bypass ED. |
| Staffing issues | Attracting staff to work in Grimsby could be more challenging due to its 'isolated' location. | x | x | | Cross-site rotas (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to ensuring staff maintain competencies and skills. The new Group operating model supports greater integration. |
| | 'Unfair' impact on Scunthorpe-based staff of additional travel and/or reduced career progression opportunities. | x | x | | |
| Impact on the future of Scunthorpe General Hospital (SGH) | Proposals could impact on the skills/capabilities of clinical teams in Scunthorpe and the longer-term viability of SGH. | x | x | | Cross-site rotas (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to ensuring staff maintain competencies and skills. The new Group operating model supports greater integration. |
| | SGH could become less attractive to potential recruits. | x | x | | |
| | Other services could be withdrawn from SGH in future. | x | | | The proposed consolidation of specialist services will make services at both hospitals more sustainable, helping to ensure long term viability for both sites. The proposed way forward supports continuation of consolidated services at SGH, including Hyper Acute Stroke (HASU) and Urology. |

How we have responded – You Said, We Did

| Theme | Key issues raised | Reassure | Mitigate | Change | Explanation |
|-------------------------------|---|----------|----------|--------|---|
| Trauma Unit | The system's ability to respond to major incidents (e.g., an industrial accident) could be compromised by a reduction in Trauma Units. | x | | | Emergency Departments (EDs) will continue to operate at SGH and DPoW and respond to major incidents in line with existing protocols – new ED buildings provide better capacity to respond to major incidents (e.g., decontamination facilities). The proposals have been reviewed by the Local Resilience Forum (LRF) and EPRR teams. |
| | Potential impact of increased activity on Emergency Departments in Doncaster. | x | | | Re-modelled activity data identifies only 44 additional trauma patients per year (fewer than one per week) will be taken to Doncaster. Repatriation pathways will be reviewed as part of implementation. |
| Specialist Medical Inpatients | Cardiology is needed at both sites due to high levels of cardiovascular disease (CVD) in both populations. | x | | | The proposed changes would mean quicker access to specialist care (7-day services) and improved outcomes for people with CVD in our communities. |
| | Specialty services e.g., emergency cardiac/respiratory care should be consolidated at 'super-specialty units' in Hull. | x | | x | It is possible that benefits could be derived from further consolidation of specialist services, but these would need to be evaluated fully within the context of the new Group operating model. No further changes (beyond what is set out in this DMBC) are proposed at this time. |
| Emergency Surgery | Safety of out-of-hours transfers where life-or-limb emergency surgery is required (e.g., burst appendix/ruptured spleen). | x | | x | The revised proposal within the DMBC makes provision for life-or-limb emergency surgery to be provided in Scunthorpe if required. This would involve the surgeon travelling rather than the patient. Anaesthetic cover will continue to be in place in SGH providing cover for ED and critical care. |
| | Specific concerns relating to gynaecology patients requiring emergency surgery due to interdependencies with obstetric services. | | | x | The revised proposal recommends no change to gynaecology at this time due to current clinical rotas and strong interdependencies with obstetric services. |
| Inpatient Paediatrics | Emotional impacts for children and young people being treated further away from home in an unfamiliar environment. | | | x | Revised proposal to focus on implementing community-first paediatrics model to reduce reliance on hospital-based provision. |
| | Risks involved in transferring very unwell children between two hospital sites (those needing long-term ventilation, for example). | | | x | Revised proposal to retain inpatient provision on both sites and maximise Same Day Emergency Care (SDEC) for paediatrics. |
| | Requirement for a specialist paediatric transfer team with a higher level of training and expertise. | | | x | Revised proposal to retain inpatient provision on both sites, therefore transfer team not required. |
| | Increased distance to tertiary services at Sheffield (moving children in the 'wrong direction'). | | | x | Tertiary transfers will continue as is, provided by specialist team (EMBRACE). |
| | Impact on children and young people with eating disorders or other mental health conditions of being moved out of area (as a result of disruption to local partnerships and ways of working). | | | x | Revised proposal to focus on implementing community-first paediatrics model to reduce reliance on hospital-based provision. |
| | Interdependencies with obstetric and neonatal provision. | | | x | Future model for Paediatric inpatient care to be considered as part of system-wide review of maternity, neonatal and paediatric services. |

Proposed way forward – detail and rationale

| Service | Recommendation | Rationale / key benefits | Impact (patients/day) |
|---------------------------------|--|---|--------------------------|
| Implement as proposed | | | |
| Trauma Unit | | | |
| Trauma Unit | Bring together into a single Trauma Unit at Grimsby (DPoW) | <ul style="list-style-type: none"> Improved quality of specialist care – specialist teams available 24/7 Improved outcomes for patients Delivery of key clinical standards | <1 |
| Some Medical Specialties | | | |
| Cardiology | Bring specialist inpatient care together at Grimsby (DPoW) | <ul style="list-style-type: none"> Deliver 7-day services, improved quality of specialist care Improved outcomes for patients Delivery of key clinical standards | 2 |
| Respiratory | Bring specialist inpatient care together at Grimsby (DPoW) | <ul style="list-style-type: none"> Deliver 7-day services, improved quality of specialist care Improved outcomes for patients Delivery of key clinical standards | |
| Gastroenterology | Bring specialist inpatient care together at Grimsby (DPoW) | <ul style="list-style-type: none"> Deliver 7-day services, improved quality of specialist care Improved outcomes for patients Delivery of key clinical standards | |

Proposed way forward – detail and rationale

| Amend proposal based on feedback | | | |
|----------------------------------|---|--|--|
| Emergency Surgery | | | |
| Trauma and Orthopaedics | Bring acute trauma and orthopaedics together at Grimsby (DPoW) | <ul style="list-style-type: none"> Improved efficiency and productivity Improved quality of specialist care – develops specialist expertise in trauma care at DPoW Improved outcomes for patients being cared for by specialist trauma workforce with the right equipment and more opportunities to train and develop skills. Pathways developed to repatriate older patients to Scunthorpe and/or directly home with intensive rehab support immediately post-op for rehab and recovery close to/at home. | 1 |
| General Surgery | Bring acute general surgery together at Grimsby (DPoW) Bring complex planned care together at Scunthorpe (SGH) | <ul style="list-style-type: none"> Improved efficiency and productivity Improved quality of specialist care Improved outcomes for patients Changes to elective pathways are required to deliver the proposed change to acute pathways and ensure efficient use of staffing and theatre capacity. | 2.5 |
| Urology | Bring emergency <i>and</i> planned care inpatients together at Scunthorpe (SGH) | <ul style="list-style-type: none"> Improved efficiency and productivity Improved quality of specialist care Improved outcomes for patients Small workforce to cover elective and acute activity – co-locating acute and elective inpatient care improves productivity. Equipment already in place in Scunthorpe General Hospital. | 1 <i>(DPoW to SGH – existing pathway)</i> |
| ENT | Bring emergency and planned care inpatients together at Grimsby (DPoW) | <ul style="list-style-type: none"> Improved efficiency and productivity Improved quality of specialist care Improved outcomes for patients Small workforce to cover elective and acute activity – co-locating acute and elective inpatient care improves productivity. | <1 |

Proposed way forward – detail and rationale

| Amend proposal based on feedback | | | |
|----------------------------------|---|---|---|
| Emergency Surgery | | | |
| Ophthalmology | Bring all surgical emergencies together at specialist Eye Hospital (Hull Royal Infirmary) | <ul style="list-style-type: none"> Improved efficiency and productivity Improved quality of specialist care Improved outcomes for patients Reduced on-call rotas for very limited number of inpatients (c.12 per year). | 0 |
| Gynaecology | Retain current service on both sites – review future model as part of maternity and neonatal review | <ul style="list-style-type: none"> Strong interdependencies with obstetric services No workforce benefits to inpatient consolidation if continuing to staff obstetric-led maternity services on both sites due to current rotas and cross-cover between obstetrics and gynaecology. | 0 |
| Inpatient Paediatrics | | | |
| Paediatrics | Retain inpatient care on both sites but work towards reduced reliance on inpatient beds in favour of a community-based model, supported by full implementation of Hospital at Home. Increase utilisation of Paediatric Same Day Emergency Care (SDEC) and PAU to reduce length of stay and need for inpatient beds over time. | <ul style="list-style-type: none"> Strong interdependencies with neonatal services. Limited workforce benefits to implementing proposal in isolation (due to maternity and neonatal provision on both sites). Further work to be undertaken with partners to review pathways for critically ill children and/or those with long-term complex needs (in particular those on long-term ventilation) to develop long-term sustainable solution. Revised approach seeks to reduce the impact on children by reducing the need for hospital stays and keep children at home as much as possible. | 0 |