

Emergency Care Crisis

Chorley Council Briefing Paper Response to the Notice of Motion for Council (22nd April)

The notice of motion;

Temporary Closure of the Accident and Emergency Department at Chorley and South Ribble Hospital.

“Chorley Council expresses its alarm at the decision taken by Lancashire Teaching Hospitals Trust to close the Accident & Emergency Department at Chorley & South Ribble Hospital. The Council recognises the importance of the A&E service here in Chorley and is deeply concerned about the impact its closure will have on our residents, in particular the additional burden that will be placed on Preston Hospital and the capacity to deal with all emergency cases in an appropriate manner. The Council recognises the financial pressures faced by the NHS and the national shortage of doctors, but is deeply concerned that the problem at Chorley & South Ribble appears to be more acute than anywhere else and therefore asks the Trust for an explanation as to why this is the case and what efforts have been made to recruit staff and avoid closure. Given the concerns about treatment and quality of care for Chorley residents, we ask that the A&E department at Chorley Hospital is re-opened as a matter of urgency.”

Response of Lancashire Teaching Hospitals NHS Foundation Trust on behalf of the System Resilience Group;

Changing the current service provided at Chorley is a direct response to the immediate and significant staffing problem. We simply cannot staff the rotas, and it is an unacceptable risk to patient safety to attempt to provide an emergency department service with no doctors available to see people. These measures are temporary, and we will continue to do everything possible to secure all the staff we need and reinstate the emergency department service at Chorley.

The stakeholder briefing attached as an appendix provides some background to the crisis situation. However, we have also provided some additional information in response to the specific concerns within the notice of motion as submitted to the Council meeting.

WHAT ACTIONS ARE BEING TAKEN TO RECRUIT STAFF TO THE EMERGENCY DEPARTMENT SERVICE?

We have taken a number of actions with regards to recruiting to establishment over the past eighteen months. We are continually and actively recruiting to fill all our vacant posts on a substantive basis. For some time we have been taking action to mitigate against the significant national shortage of doctors in training and these actions have included:

- Working with Health Education North West to look at reallocation of training posts across the North West as we know that Lancashire and South Cumbria is under-doctored compared to the other regional areas
- Raised the profile of the Trust and our vacancies nationally through:
 - Advertising posts on the national NHS Jobs website
 - Exhibiting at national recruitment conferences
 - Developing a promotional DVD to attract doctors to the trust
 - Advertising posts through other networks such as Doctors.net
- Proactively recruited from non UK sources including;
 - International recruitment
 - Undertaking Skype interviews to support international recruitment
 - Working with an organisation that supports overseas doctors to gain GMC registration as a source of recruitment
 - Supporting a number of Medical Training Initiative (MTI) schemes and applications. The MTI is a mutually beneficial scheme that provides junior doctors from all over the world with the opportunity to work and train in the UK
- Proactively delivered contract and pay actions;
 - Appointed GP's to trust contracts
 - Offered trust contracts and contracts for service
 - Enhanced the internal bank rate of pay
 - Enhanced terms and conditions for specialty doctors, e.g., increased annual leave and training time
 - Introduced a local recruitment and retention premium for middle grade doctors in the emergency department in order to try and attract these doctors to come and work for us.
 - Taken the decision not to implement the national agency cap for ED posts
- Implementing role substitution through nurse clinicians, physicians associates and advanced nurse practitioners, pharmacist prescribers
- Offering joint academic or research posts
- Attempted to fill substantive posts on a temporary basis with locum doctors either through NHS contracts or through locum agencies
- Developed a Trustwide vacancy management strategy with a clear focus on improved marketing, role substitution and the use of alternative recruitment sources

Short term solutions

In the short term, whilst we continue in our efforts to fill posts substantively, we need to attract agency doctors to fill the gaps in our rotas. This is a challenge given the national shortage in Emergency Department (ED) doctors, many doctors undertake shifts on an ad hoc basis and are not available for a full time assignment. In order to provide a safe service we need staff who can provide cover 24 hours a day 7 days per week on a regular basis.

All locum appointments will need to be assessed in the clinical setting to ensure their practice is up to date and there is no risk to patients.

We continue to have requests out for agency doctors and we have breached any agency rate cap for emergency department doctors offering shifts at significantly enhanced rates. We are contacting all the agencies we are aware of again directly to reiterate our needs and ask them to supply any suitable CV's to us. We are following up any cold calls we receive from agencies not known to us and this includes non-framework agencies, which we are prohibited from working with under the latest Agency Cap regulations.

We must ensure that all doctors presented to us by agencies meet the essential criteria for the post and that we have undertaken due diligence in agreeing their assignment, e.g., they have relevant checks such as from the Disclosure and Barring Service.

We have also explored the option of working with the local barracks. We already have a working relationship with the local barracks as their medics train in our emergency department and assessment areas. However they have no personnel who would be suitable to work in our emergency departments in the roles we require, so this has not provided any opportunities worth further exploration.

Medium to long term solutions

As well as implementing short term solutions using agency staff to reinstate sufficient doctors to the rotas, we are continuing to work on all the initiatives identified above in an attempt to attract doctors to apply for substantive posts to create a sustainable service.

In addition we are:

- Continuing to work with Health Education North West (HENW) who supply our doctors in training. HENW is responsible for all activities linked with the postgraduate education and training of doctors in hospital medicine. It is acknowledged that there is an undersupply of doctors in Lancashire. In the ST3-6 posts, we should have a compliment of 7 doctors, and we currently only have 3 of those posts filled. We are working with HENW to look at reallocation of training posts across the North West. We have been advised that there will be a review of rotations in 2016/17 to rebalance the distribution of trainees. However, this won't have an impact before August 2016 and whilst placements may be rebalanced, the posts will need to be filled and we may therefore not see an impact as a result of this exercise.
- Reviewing the level of recruitment and retention premium paid to emergency doctors to make posts more attractive
- Reviewing our overall staffing model within ED to assess the possibilities for further role substitution
- Scoping the possibility and impact of rotational posts in order to attract individuals to the organisation
- Developing academic or research posts in ED specifically

We have adverts out for substantive middle grades and Consultants and have had some interest in the middle grade posts with two individuals having applied for posts and we are currently in the process of arranging for interviews to take place. Following appointment, it is usually three months before individuals can start given they need to work notice in their existing posts.

WHAT WILL BE THE IMPACT OF THE TEMPORARY CLOSURE?

The urgent care service will be provided at the urgent care centre, at Chorley & South Ribble Hospital. The service will be provided by a combination of emergency department consultants, emergency department nurse practitioners, GPs, other nurses, and other health workers. The model of care is described in detail in the appended stakeholder briefing.

The majority of people who currently attend the emergency department at Chorley do not actually require specialist emergency department care – and so their needs will be met safely and appropriately by the urgent care service.

Historically major trauma patients, patients who need a specialist service, patients who need to be admitted to hospital for surgery, and children who need paediatric care are already taken directly to Royal Preston Hospital by ambulance or transferred from Chorley after initial triage and treatment.

Additionally, during the temporary closure, 999 ambulances will take patients to Royal Preston Hospital or other nearest appropriate hospital rather than Chorley, and patients who attend Chorley themselves, but who need to be admitted, will be transferred to Preston.

We are preparing for any additional demand on the Preston site by freeing up capacity where possible to improve patient flow. This includes additional support from social services, GP's who have offered to work more hours on site (under the supervision of the ED consultants) and in reach support from other specialties around the Trust.

IS THE ISSUE MORE ACUTE HERE THAN ANYWHERE ELSE?

Although we have taken unprecedented action in response to the immediate and significant staffing problem, we are aware that there are issues with emergency care elsewhere within the NHS.

- Nationally it is acknowledged that there is a shortage of emergency department doctors, with fewer doctors in training choosing it as a specialty.
- In terms of A&E performance, national figures published last week (14.04.16) indicate that the proportion of patients seen on time in A&E's around the country has fallen to the lowest level since the records began (87.8 percent of patients were seen within four hours of arrival, lower than the 95 percent target). Whilst the reasons for this performance will be complex, this indicates that there is pressure on the whole NHS emergency care system.
- Within the North West of England, it is acknowledged that we have particular difficulties as we are under doctored. Our geographical location means that locum doctors have choices and they can work over the border in Wales or Scotland where there have been no agency cap restrictions.
- Within Lancashire, we are aware of mounting pressure on the other emergency departments. One local hospital have recently appealed for the third time this year for patients to stop attending their Emergency Department if it is not appropriate to do so. Another local hospital has recently temporarily closed their walk in centre, to reallocate the staff to support their Emergency Department.