

# Northern Lincolnshire Healthy Lives Healthy Futures Programme

**CCG Governing Body**  
**26<sup>th</sup> June 2014**

## Programme Board and Council of Members Recommendations

---

3 areas considered by the programme board and Council of Members:

- Hyper-acute Stroke Services
- ENT Inpatient Surgery
- Children’s Surgery

Review of the options appraisals has resulted in recommendations for each; either:

- Consultation (Stroke, ENT)
- Further options development (Children’s surgery)

# Hyper-acute Stroke

# 4 Options considered: Stroke

---

Reviewed the options appraisal for the following options, and scored against the evaluation criteria:

1. De-centralise the service
2. Remain at SGH
3. Move to DPOW
4. Move off patch to nearest specialist centre

	Option 1	Option 2	Option 3	Option 4
Quality	52	164	146	101
Access	60	41	41	19
Affordability	14	46	14	11
Deliverability	24	80	32	32
Total	150	331	233	163

# Rationale for scoring

---

Returning the service to operate on both sites goes against national recommendations for more centralised specialist services for hyper-acute care. Also it was deemed that this would not address the serious quality issues that had been raised by the Keogh team and the local service reviews, which would result in a poor peer review, and have a detrimental impact on mortality and morbidity for local stroke patients.

It is demonstrated through the temporary location of the service on the SGH site that the quality of care is improved by centralisation onto one site, and the introduction of a 24/7 hyper-acute stroke service. It was recognised that the service could be delivered on either site, however SGH scored highest from a quality perspective due to the fact that the service is established with a fully trained staff, and the required infrastructure is already in place. DPOW does not have a spare CT scanner, which could present a risk if the current one is not available for any reason, and there is no clinically appropriate space on the DPOW site in close proximity from the A&E department.

Moving the service to Hull (or another tertiary centre) was deemed less attractive to the programme board due to the additional travel time, and the fact that capacity at the specialist centres may not easily be identified.

# Recommendation

---

Consult with the public on all 4 options, highlight option 2 (remain at SGH) as the preferred option and explain the rationale for that proposal



# ENT Inpatient Surgery

# 4 Options considered: ENT

---

Reviewed the options appraisal for the following options, and scored against the evaluation criteria:

1. Do nothing
2. Centralise on DPOW site
3. Centralise on SGH site
4. Move off patch to nearest specialist centre

	Option 1	Option 2	Option 3	Option 4
Quality	62	133	133	115
Access	76	68	61	44
Affordability	40	32	24	16
Deliverability	56	64	56	56
Total	234	297	274	231

# Rationale for scoring

---

Clinicians have raised concerns over the volumes for surgery, so the programme board deemed that “do nothing” was not an acceptable option.

Centralisation at DPOW and SGH scored equally from a quality perspective, assuming that the same level of care could be delivered on each site through effective care pathways and processes. DPOW scored slightly higher as there is more available theatre capacity and greater staffing complement, meaning recruitment/retention may be more achievable than SGH. In addition there are outlying clinics in Mablethorpe and Louth that would be impacted negatively by a move to SGH, these patients are unlikely to travel to SGH. With IFR procedures removed, (tonsillectomy, grommets, sleep apnoea), the numbers are still significantly greater at DPOW.

Locating the service at a specialist centre was deemed favourable from a clinical quality perspective, however it would require all patients to travel further, and the receiving trust would need to identify significant capacity which could be costly.

# Recommendation

---

Consult with the public on all 4 options, highlight option 2 (centralise at DPOW) as the preferred option and explain the rationale for that proposal



# Children's surgery

# 4 Options considered: Children's

---

These options were proposed by NLaG and considered using their business case, and a brief options appraisal paper:

1. Do nothing
2. Rotate consultants locally between sites
3. Rotational training programme with tertiary centre
4. Move off patch to nearest specialist centre

	Option 1	Option 2	Option 3	Option 4
Quality	72	45	118	145
Access	36	24	36	24
Affordability	40	16	16	24
Deliverability	48	16	40	72
Total	196	101	210	265

# Rationale for scoring

---

Clinicians have raised concerns over the volumes for surgery, so the programme board deemed that “do nothing” was not an acceptable option.

The options were scored by the programme board, however it was queried why a local centralisation option was not included in the paper. It was clearly recognised that there would be safety improvements through centralising with a tertiary provider, however the travel distance and non-elective attendances at local A&E departments may be disadvantaged by not having local expertise on site.

Options 1 and 2 were felt to score too poorly to pursue. The programme board requested more work on the options appraisal for options 3 and 4, to include centralisation at DPOW or SGH as options 5 and 6. It was suggested that a further period of engagement on this could mean that (with this scale of change) there would not need to be a formal consultation in the future. The further engagement would take place alongside the formal consultation from June 2014, and therefore implementation of changes may not be delayed.

# Recommendation

---

Engage with the public on options 3-6, with a view to a programme board/COM/Governing Body decision in October. Discuss with the OSC whether a formal consultation will be necessary after this level of engagement.

