

1. Catherine Blades – Save Scarborough Hospital Group

Questions:

Q1 You will know that many of us have written and met with senior executives regarding the lack of stroke care now in Scarborough , which causes great concern given the distance and time it takes to get to York (or Hull or Middlesbrough) All at least an hour away , not allowing for ambulance service pressures which are very serious at present .

My question is , that with the new facilities , will there be , at the very least , a stroke 'first aid' service , maybe using video links if needed with consultants in York , so that stroke victims can be treated more quickly and therefore increase the chances of a good recovery?

Q2 What services will the new A&E provide exactly? Hopefully we will be seeing 24hour specialist cover for clinical events such as acute eye problems, cardiology, (at least initial support following arrest) and some trauma /RTA assessment. What surgical facilities will there be?

Q3 Gordon Hayes, retired GP, and I met with Simon Morritt, our MP and senior commissioner last year to discuss services which have been cut at Scarborough Hospital. Mr Morritt assured us that these services would return 'if safe to do so' and said he would encourage more staff to work across the York and Scarborough sites, even suggesting that changes in staff contracts might be made. To date, I have not heard of any services that were cut, returning. (of which we have a long list and which includes fairly standard services such as pain clinics, some eye surgery, and neurology). Are there any plans to address this? Are more staff working across both sites (plus Malton and Bridlington?)

Q4 We all know the problems of accessing York Hospital from our area. With fuel price hikes, frequent road works, unreliable and expensive train and bus fares, not to mention recent strikes, it makes getting to the hospital very difficult. Patient transport is very hard to access too. There must be many expensive and missed appointments due to these factors. Added to the time it takes to get to York, is the difficulty many face in physically travelling due to pain, confusion, needing escorts etc. I would like to see the Trust take more accountability for the access difficulties many patients have as a result of moving services away from their local hospital, which is an issue that does not appear to be being addressed.

Answers:

The new urgent and emergency care centre will provide excellent facilities for delivering urgent and emergency care for the people of Scarborough and the surrounding areas. It will also offer state of the art critical care facilities for some of our most critically ill patients.

Services such as stroke and some interventions for heart attacks are delivered in specialist centres, in response to national clinical best practice.

The stroke pathway has been reviewed by both the regional and the national clinical leads for stroke. The service that is in place reflects the way that stroke services are delivered in most places around the country, which is to have a hyper-acute stroke unit that admits a large enough number of strokes to be able to provide specialist support.

As we have described in previous responses to questions to the Council of Governors, The aim of the merger between York and Scarborough Trusts in 2012, and all of the subsequent work to date including the Scarborough acute service review, has been about ensuring that there is access to services for people living on the East Coast. These services have to be sustainable, whether it is in terms of staffing, or the numbers of patients accessing those services, and they have to be safe. Sometimes, decisions about services will be influenced by changes in national guidance, and we are obliged to respond to this. We provide many core medical services at Scarborough Hospital, and we have a range of clinical staff who travel between sites to see patients.

We recognise that travel is a real concern and we are working with partner organisations to look at ways we can improve this. We are active participants in a multi-agency Transport Group for the East Riding and North Yorkshire area which is assessing and attempting to address the current issues and challenges affecting patient and service user transport provision across the Scarborough and Bridlington localities from a statutory, voluntary sector and patient access perspective.

2. Dr Gordon Hayes & Mr Dominic Grunwell

Questions:

Scarborough General Hospital serves over 200000 people as its nearest acute hospital, in addition to over 100000 annual visitors. Freedom of Information data from three surrounding Trusts indicates that this resident population suffers on average around 550 acute strokes per year.

According to the Trust, acute stroke patients in Scarborough take nearly 4 hours on average to access acute stroke treatment in York - a time delay well outside NICE and NHS England timescale guidelines and expectations.

The NHS England National Stroke Service Model report of May 2021 proposed the division of Hyperacute Stroke Units into Comprehensive Stroke Units (offering thrombectomy and neurosurgery) and Acute Stroke Centres (offering thrombolysis and access if required to a centralised CSU).

An ASC could potentially be overseen both in person and remotely by a consultant team shared across the whole Trust.

Given the development of a new Emergency Department and ITU at Scarborough Hospital, would this not be an ideal time to incorporate an ASC, and return timely and appropriately accessible acute stroke care to East Coast residents?

If this is not to be incorporated, please explain why not.

Answers:

Please see answer to item 1 above.

3. Dr Gordon Hayes

Questions:

With reference to smaller hospitals and healthcare inequalities (as also highlighted by Professor Chris Whitty in his report into healthcare provision in coastal communities), Mr Kevin Hollinrake, the MP for Malton and Thirsk, recently questioned in Parliament Trust healthcare centralisation actions, suggesting they may look good on a financial balance sheet but were bad for patient accessibility.

Centralisation of healthcare provision is, of course, useless if it proves to be inaccessible for patients and carers or introduces practically and clinically unacceptable transfer delays.

Please can the Governors clarify precisely what steps are being taken to return lost core medical services to Scarborough Hospital and the East Coast to improve the worsening healthcare accessibility issue for local residents.

Answers:

The Trust welcomes Professor Whitty's report as it reflects many of the issues we have sought to raise nationally over number of years regarding the unique challenges of small coastal and rural hospitals. We hope that this report will further raise the profile of the issues relating to funding and support. The issues described in the report require national policy changes in order for them to be addressed, in relation to ill health prevention and the wider determinants of ill health and health inequalities that are often experienced in coastal communities.

The Trust's five-year strategy for 2018-2023 outlines what is aimed to be delivered across the Trust's communities. We remain committed to providing services for the local population, and offer services in a local setting where possible, which may be the hospital, other community settings, or virtually if appropriate.

4. Jean Spink – Scarborough resident

Questions:

How do the Trust's Long-Term Plans reflect the Chief Medical Officer's (Sir Professor Chris Whitty) 2021 Annual Report: Health in Coastal Communities? – DOH.

Answers:

Please see answer to item 3 above.

5. Maggie Ward – Scarborough resident

Questions:

I would like to ask the governors about the worrying loss of services to the local residents of Scarborough. The two closest to my heart are stroke services and the pain clinic. We sadly lost local stroke services permanently in 2019 after a CCG led review and this was endorsed by clinical leads, Deborah Lowe NHS National Clinical Director for stroke services and our local MP. We were promised a review after a year and have heard nothing about how this has affected death rates and/or access to post-stroke services. My view remains the same that up to four hours from pick up to examination is way outside NICE guidelines for a timely intervention and 'better outcomes for patients'.

Q1. When can we expect this review about how has this change to our local service impacted residents? I follow Deborah Lowe on twitter, and despite her endorsement to the change in Scarborough services she firmly follows 'time is brain'. A recent tweet supporting 'Prehospital tele stroke assessment is feasible, and superior to the paramedic PASTA score in predicting acute reperfusion therapies presenting an effective option to guide pre-hospital diversion decisions' in other words, time in that situation is LIFE.

Q2. What proactive interventions are York Trust considering to support stroke patients from Scarborough who are faced with ambulance delays, travelling on the A64 and arrival for assessment? Another recent tweet from Stroke Clinical leads, retweeted by Deborah Lowe, 'First stroke triage in North Cambridgeshire. Call to consultant decision just 4 minutes'.

Q3. What lessons can be taken from these developments in other counties by clinical stroke leads in York? Are there any developments to help the people of Scarborough?

I'm not sure when Scarborough lost access to the local pain clinic service but when I was recently offered this by my GP to help with long term back pain even she rolled her eyes that I would have to travel to York to receive this help! How is that logical? Sitting in a car/train/bus is one of my worst triggers that exacerbates pain!

Q4. 200,000 in Scarborough are losing out on accessible and fair services. What can the governors do to address this?

Answers:

Please see answers 1 and 3 above.