

Case Study

Clinical Configuration of Accident and Emergency Services at Pontefract Hospital.

Background

The CCG requested Senate advice on the model of Accident and Emergency (A&E) services at Pontefract Hospital. A clinical review meeting was held on 3rd August 2017 to discuss the options for the long term sustainable solution for the service. Since the commitment to the model of A&E services in 2011 the CCG has faced significant challenges in staffing the emergency department at Pontefract particularly overnight. Since September 2012 the emergency service is run as follows:

- 8am – 10pm by specialist clinicians with clinical cover provided by the Mid Yorkshire Hospitals NHS Trust
- 10pm -8am by a combination of GPs with experience in emergency medicine and specialist nurses with oversight from the Mid Yorkshire Hospitals NHS Trust.

The Problem

- The current model of care as an A&E department was put in place as a temporary solution and has a number of issues. Most importantly:
- Pontefract Hospital does not have the vital clinical services on site to support an accident and emergency department. There are no facilities to admit acutely ill medical patients to Pontefract. There is no dedicated anaesthetist on site, no acute inpatient beds and MRI and CT facilities at Pontefract Hospital are only available during the day time.
- The clinical cover is reliant on a small number of doctors employed through an agency which means there is a risk of medical cover not being available at short notice.

Our Advice

The Senate members were in full agreement that it is unsafe to continue to provide a 24/7 A&E department at Pontefract Hospital. The big current challenges are the absence of the required clinical services to support the A&E service and the insecure workforce. The Senate confirmed their unanimous support for the provision of an Urgent Treatment Centre (UTC) at Pontefract Hospital as defined in the NHSE document "Urgent Treatment Centres-Principles and Standards" published July 2017. Senate members stated their preferred option for a 24/7 service and noted the alignment opportunities recognised within the above UTC document if the UTC is co-located with the GP out-of-hours service.

Our Impact

The Senate advice has been used to inform an event where members of the public were invited to consider the independent clinical advice alongside feedback from public engagement to support an informed discussion about which options should be taken forward for public consultation. The Clinical Senate report will also be considered by the Governing Body in determining the options for consultation.

Testimonial

"We have very much valued our engagement with the Clinical Senate both in their advisory and assurance role. The Senate have been responsive in terms of meeting our timescales for developing and approving the Business Case and their impartial advice has helped the CCG to determine the options which can safely be taken forward to public consultation."

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