

ACUTE SERVICES REVIEW – HARTLEPOOL AND TEESSIDE

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EXECUTIVE SUMMARY

- 1.1 In August 2004 I was asked by the County Durham and Tees Valley SHA to consider how the fullest possible range of services could be maintained at Hartlepool Hospital, taking into account review work already undertaken locally and the proposed provision of health services north and south of the Tees. In December 2004 my brief was extended to cover work under way in relation to the Friarage Hospital, Northallerton as well as the impact of centralisation of specialist services at the James Cook University Hospital, Middlesbrough (JCUH).
- 1.2 I am grateful to the many people on Teesside and in North Yorkshire and beyond who have taken time to answer my questions and to give me the benefit of their views. The views expressed in this report are, however, my own.
- 1.3 Many of the drivers for change which have led to the review of acute health services on Teesside are similar to those faced elsewhere in the country. The opportunities and challenges provided by the Government's programme of investment and reform in health care, advances in medical technology, increasing medical specialisation, reductions in junior doctors' hours, and shortages of key clinical staff all contribute to the need for change.
- 1.4 That said, the local issues that have emerged in the course of this review differ from those I have encountered in other acute health care reviews in a number of respects. Much of the debate on Teesside in the last year or two has been about the configuration of acute services between the University Hospital of North Tees (UHNT), at Stockton, and the University Hospital of Hartlepool (UHH). The solutions put forward have included the rationalisation of some services between the two hospitals and the centralisation of others at the JCUH.
- 1.5 In my view, a key dynamic which has received insufficient prominence is the shift of specialist services, over a period of years, from north of the Tees to the JCUH, in the south. This has gradually destabilised services in the north through the removal of some key clinical interdependencies and at the same time has contributed to the capacity constraints now being encountered by the JCUH. The destabilisation in the north has been exacerbated by the limited integration of clinical services across the UHNT and the UHH which might have enabled them to capitalise more on their combined strengths.
- 1.6 In the light of this analysis my recommendations fall into three groups –

- proposals to put a halt to and to an extent reverse the shift of specialist services from north to south as well as the use of networks to strengthen the interdependencies between hospitals
 - a greater integration and better redistribution of services between the UHNT and the UHH to provide the best possible solution for people north of the Tees and to make both sites viable for the longer term. Proposals developed last year for a new single-site hospital north of the Tees are rejected.
 - strong support for work under way to secure a sustainable future for services at the Friarage Hospital, with an offer to return and support this work in the future
- 1.7 Through these recommendations, the report should also contribute to the resolution of the capacity issues faced by the JCUH.
- 1.8 These proposals for acute health services need to be underpinned and complemented by the continued development of primary care services as well as new ways of working.
- 1.9 A summary of my detailed recommendations is as follows.
- 1.10 The **UHH** should continue to provide a doctor-led accident and emergency service and acute medicine. It should host a new *Centre of Excellence in Women's and Children's Services*, including consultant-led maternity, paediatric services, gynaecology, and breast surgery. It should increase its inpatient elective surgery portfolio, in particular orthopaedics. Major trauma and emergency surgery out of hours should move to UHNT.
- 1.11 The **UHNT** should become the main centre north of the Tees for emergency surgery, including trauma, with expanded intensive care facilities. It should continue to provide a full accident and emergency service and acute medicine. It should develop as a centre for major complex surgery, including hosting a new *North Tees Complex Surgical Centre*, providing upper gastro-intestinal cancer services for the whole Teesside area. Vascular surgery should be developed at the UHNT as part of a clinical network with the JCUH. An endo-luminal vascular service should also be developed at the UHNT serving the whole Teesside area. A 24-hour midwife-led maternity unit should be developed. Consultant-led maternity, high-risk obstetrics and paediatric services should be centralised in the UHH.
- 1.12 The **JCUH** should retain its full range of district general hospital-type services and its range of tertiary and supra-regional services. The proposed move of upper gastro-intestinal cancer services to UHNT should free up a modest amount of capacity. Work should also be intensified to improve integration with and make full use of capacity at the Friarage Hospital, for example in orthopaedics and ophthalmology, to reduce capacity pressures at JCUH.

1.13 Detailed work to come up with a robust and sustainable future services strategy for the **Friarage Hospital** is under way. I have not anticipated the outcome of those discussions but believe that changes will be necessary. Work should focus on securing the future of A&E services, maternity and acute medicine. It will be hard to justify major trauma and emergency surgery out of hours remaining at the Friarage for the longer term. However, greater use of the Friarage to relieve capacity pressures at the JCUH should help provide the volume of business needed to secure key services at the latter, for example anaesthetics. I would be delighted to return to the Friarage at a late date to support work on its future.

INTRODUCTION

- 2.1 This report sets out a model for the future development of the University Hospital of Hartlepool (UHH) as part of a sustainable system of healthcare across the wider Teesside area, including the University Hospital of North Tees in Stockton (UHNT) and the James Cook University Hospital in Middlesbrough (JCUH), as well as the Friarage Hospital in Northallerton, North Yorkshire. The main focus of the model is secondary care services, but the over-riding objective is a thriving health system with integrated primary and secondary care contributing to accessible and effective services.
- 2.2 The report presents a vision, for Hartlepool and Teesside, of how clinical services might best be organised to ensure that -
- they have a sustainable and vibrant future
 - they make the greatest possible contribution to improving access to treatment, increasing the choices open to patients and delivering high quality care – in line with the objectives set out in the NHS Plan
- 2.3 The review has been guided by the core principles set out in *Keeping the NHS Local* –
- developing options for change *with* people, not *for* them, starting with the patient experience and working with staff to develop new ways of providing services; in the words of the Prime Minister, quoted by the Save our [Hartlepool] Hospital campaign, *A system at the convenience of patients, not patients at the convenience of the system*
 - a focus on *redesign*, not *relocate*
 - taking a *whole systems* view which integrates the contributions of hospitals, primary, intermediate, and social care providers

BACKGROUND TO THE REVIEW

- 3.1 The review has been carried out in support of the County Durham and Tees Valley Strategic Health Authority (SHA), in response to a request from the Department of Health. The Terms of Reference of the SHA, which have also set the parameters for this review, are at *Annex A*. They include two additional areas added in December 2004.

THE TEES SERVICES REVIEW

- 3.2 The review builds on detailed work carried out by the Tees Services Review, which was launched in June 2003 by NHS organisations and Local Authorities on Teesside. The aim of the Tees Services Review is to develop a long-term strategy and to ensure that services can be maintained and developed to meet immediate and future challenges. The Tees Services Review has taken a *whole systems* perspective, focusing on primary and community services as well as acute services. Much detailed work has been done in the course of the Tees Services Review and a number of possible service options considered. Consultation of the public has not yet taken place. The intention is that this report will help shape proposals which will be put to the public for their views in due course.

APPROACH TAKEN IN THIS REVIEW

- 3.3 The aim has been to conduct this review in an open and inclusive way. Discussions have been held with a range of people with a significant interest and contribution to make, including patient representatives, clinicians and other staff from the main acute units, and Primary Care Trusts and partner organisations. A full list of people spoken to is at *Annex B*. A list of the documents considered is at *Annex C*.
- 3.4 The approach taken in the review has been consultative. The goal has been to develop proposals which deliver the terms of reference *and* which are generated and supported by clinical staff. Proposals for reconfiguring services developed in such a way are more likely to be successfully implemented.
- 3.5 The intention of this review is to set out the broad lines of a reconfiguration of services which best meets the terms of reference. Further work is now needed to agree a detailed framework for consultation and, subject to its outcome, implementation.

THE LOCAL AREA

- 4.1 A map of the Teesside area is below. The Hambleton & Richmondshire PCT area is also shown.



4.2 Health services in the Teesside area are planned and commissioned by 6 Primary Care Trusts (PCTs) –

Name of PCT	Population (modified population HCHS)
Easington	96,000
Hartlepool	89,000
Langbaugh	96,000
Middlesbrough	177,000
North Tees	178,000
Sedgefield	90,000

4.3 The hospitals on Teesside are grouped into two Trusts –

University Hospital of Hartlepool (UHH)	}	North Tees and Hartlepool Trust
University Hospital of North Tees (UHNT)		
James Cook University Hospital (JCUH)		South Tees Hospitals NHS Trust

4.4 The South Tees Hospitals NHS Trust also includes the Friarage Hospital, Northallerton, which is in the patch of the neighbouring North and East Yorkshire and North Lincolnshire SHA. Services at the Friarage are commissioned primarily by the Hambleton & Richmondshire PCT, which has a population of 116,000, spread over a very large geographical area.

4.5 The main flows of Teesside patients to hospital are as follows –

PCT	Patient flow
Easington	Primarily to the UHH, with some patients from the north of the patch going to City Hospitals Sunderland
Hartlepool	Overwhelmingly to the UHH
Langbaugh	Overwhelmingly to the JCUH
Middlesbrough	Overwhelmingly to the JCUH
North Tees	Primarily to the UHNT, with some patients from the south of the patch going to the JCUH and some elective patients going to the UHH
Sedgefield	Divided between the UHNT, Darlington Memorial Hospital, Bishop Auckland General Hospital, and University Hospital of North Durham

4.6 Patients from the Hambleton and Richmondshire PCT area go predominantly to the Friarage Hospital, Northallerton with small numbers also attending the JCUH and hospitals in Darlington, York and Leeds.

EXISTING SERVICES

5.1 A summary of the current provision of services and infrastructure is below.

THE UNIVERSITY HOSPITAL OF HARTLEPOOL

- 5.2 The UHH provides a wide range of district general hospital-type services, including A&E, emergency surgery, acute medicine, elective daycase and inpatient surgery, maternity and paediatric services, anaesthetic and critical care support, and other support and partner services.
- 5.3 Services are provided from a 1970s-built hospital, with 421 beds, 5 operating theatres (three of them clean air theatres), 7 critical care beds, and 3 medical high dependency unit beds.

THE UNIVERSITY HOSPITAL OF NORTH TEES

- 5.4 The UHNT provides a similar range of district general hospital-type services to those at the UHH.
- 5.5 Services are provided from a 1960s-built hospital, with 560 beds, 6 operating theatres (2 of them clear air theatres), and 6 critical care beds, soon to be expanded to 8 to support the move of cancer surgery following the Higgins review in 2002.

THE JAMES COOK UNIVERSITY HOSPITAL

- 5.6 The JCUH provides district general hospital-type services and a wide range of specialist / tertiary services, including cardiothoracic, specialist spinal, vascular, and ENT and ophthalmology, for a wider catchment area.
- 5.7 The JCUH is a £155m PFI development which opened its doors in August 2003, when services from a number of hospitals in the south Tees area were transferred to it. The new hospital has 1070 beds, 19 main operating theatres as well as an A&E theatre for trauma, specialist daycase and obstetric theatres, and a wide range of intensive care, critical care, high dependency care, and paediatric intensive care beds.

THE FRIARAGE HOSPITAL, NORTHALLERTON

- 5.8 In 2002 the South Tees Hospitals NHS Trust acquired the Friarage Hospital, Northallerton. The Friarage has 398 beds, 4 operating theatres (including 1 clean-air theatre) and 6 critical care beds. It provides primarily district general hospital-type services , including A&E, emergency surgery, acute medicine, elective daycase and inpatient surgery, maternity and paediatric services, anaesthetic and critical care support, and other support and partner services

PRIMARY CARE

- 5.9 Primary care is a crucial component of the wider “system” of health care. It accounts for the majority of contacts that people have with the NHS. Increasingly, services which once had to be delivered in a hospital setting can be carried out in primary care, providing greater convenience for patients and releasing capacity in the secondary care sector.
- 5.10 There have been a range of positive developments in primary care on Teesside over recent years, enhancing its role. For example, an Urgent Care Centre opened in Peterlee on 1 October 2004 and offers urgent and emergency services 24 hours a day, seven days a week. However, much remains to be done. The PCTs face a number of particular challenges –
- there is a shortage of GPs and practice staff in Hartlepool and Easington
 - the standard of GP practice premises is relatively poor
 - as a result, local people tend to rely more heavily on hospital services (Hartlepool / Easington residents use hospital services 10-12% more than the England average), and urgent care in particular, to a greater degree than elsewhere.
- 5.11 It is clear that achieving robust, sustainable services will only be achieved if it is accompanied by big step improvements in primary care.

DRIVERS FOR CHANGE

- 6.1 There are a range of factors which, together, contribute to a strong impetus for change in the shape of health services.
- 6.2 The Government is part-way through an ambitious programme of investment and reform set out in the *NHS Plan* and, more recently, *The NHS Improvement Plan*. These set a wide-ranging agenda to improve the quality and responsiveness of services –
- ***By further reducing waiting times:*** the Government has set a target of a maximum wait of 18 weeks from the point of a GP referral to admission for treatment in hospital by 2008
 - ***Through more individual, patient focussed care,*** what the Prime Minister has called a “... personal health service for every patient.”. For example, patients should have access to “one stop shop” services, where they attend hospital once for tests and diagnosis, rather than needing several visits

- **Through increasing choice:** the Government is committed to expanding choice in healthcare. For example, from December 2005 patients who need an operation will be able to choose between a number of providers
- 6.3 NHS hospitals will need to change if they are to deliver this agenda. They will need to make the very best use of existing capacity and in some cases expand it. They will need to restructure their services to improve quality and convenience. They will need to respond to patients' preferences if they are to remain the provider of choice for the local population. In doing so they will be able to draw on a range of tools and incentives to help boost capacity and productivity -
- the *10 High Impact Changes* identified by the NHS Modernisation Agency in September 2004
 - developing targeted patient case management to enable them to meet the target of improving care and reducing emergency bed-days for very high intensity users by 5% by 2008
 - through the incentives offered by the new Payment by Results arrangements
- 6.4 Changes in medical technology and in the clinical workforce are also having a growing impact on hospitals, creating opportunities as well as additional pressures for change –
- **Advances in medical technology** mean that people who used to stay in hospital for several days for a surgical procedure can now be treated through day surgery. Diagnostic equipment can frequently be provided cheaply and effectively in local settings, when in the past it was only possible to have it at major hospitals
 - **The increase in medical specialisation**, with a growing range of procedures increasingly reserved for doctors with specialist (rather than generalist) skills and the need for those doctors to see a significant number of patients to maintain their expertise. This is tending to lead to the centralisation of specialists in smaller numbers of hospitals
 - **Reductions in junior doctors' hours and the European Working Time Directive**, which will mean a need for more trainees to cover rotas and lead to rationalisation where numbers of patients do not justify the additional costs involved
 - **This is exacerbated by shortages of key clinical staff** in key specialties and recruitment and retention difficulties
- 6.5 These factors are common to many hospitals in the country. However, there are also a number of specific local issues which have added to the pressure on local services and further strengthened the case for change –

- ***The limited nature of the UHH and UHNT merger:*** the UHH and the UHNT merged 6 years ago to form the North Tees and Hartlepool NHS Trust. However, there is little evidence of the integration of clinical services across the two sites which would have enabled them to capitalise on their combined strengths. Instead, there has been significant duplication in the way services are provided. In some cases services have been maintained, albeit at significant cost; in other cases even significant investment – primarily in extra staff - has been insufficient to sustain them
- ***The impact of the loss of services at the UHH and the UHNT:*** both hospitals have lost a number of services to the JCUH over the past 3-4 years. These include vascular surgery, upper gastro-intestinal cancer surgery, gynaecological cancer, and urological cancer. These services have been centralised as a result of a number of separate reviews, to different timescales. The cumulative effect of moving out such services on the stability of local secondary care services at the UHH and the UHNT appears never to have been assessed. A review of the provision of neonatal intensive care across Teesside is currently under way and may lead to further consolidation of services. The lack of collaborative networks between the UHH and the UHNT has weakened both sites' ability to compete effectively to retain specialist services, especially in the face of the S Tees Trust's concerted strategy of building them up, and has helped destabilise some of their core services
- ***The pressure on capacity at the JCUH:*** this has arisen primarily because capacity plans for this hospital were drawn up in 1994, predating the significant investment and expansion heralded in the NHS Plan. As a result the Trust calculates that it is some 100 beds short of its optimal capacity. However, the pressure has increased as a result of the move of a number of specialist services into JCUH over the past 3-4 years. Such moves were made for sound clinical reasons, but appear not to have taken into account the impact on capacity and in particular the delivery of the JCUH's existing district general hospital-type services. Capacity pressures are likely to increase (at the JCUH as well as in the north Tees area) as demand for services continues to grow and work is stepped up to improve access to treatment to meet the 2008 target.
- ***The pressures on services at the Friarage Hospital:*** the Friarage faces similar pressures to those faced by most acute hospitals serving populations of less than a third to a half a million people. Its ability to withstand those pressures till now has in large been part down to the commitment of its clinical and wider staff team and the strong support it receives from the local community. Integration of services with those at the JCUH – which could provide a route to future sustainability - has till now

been limited. Discussions are under way about developing a sustainable future service strategy for the hospital. Any moves of services out of the Friarage would have repercussions for the capacity at the JCUH, as well as Darlington and a number of other hospitals as far afield as York, Harrogate and Leeds.

TOWARDS A SUSTAINABLE SOLUTION

- 7.1 It has become clear, in the course of the review that a solution which delivers sustainable services in the Teesside area will need to -
- respond to and maintain the strong and encouraging commitment of clinicians to the provision of services at the three hospitals in the area for the long term
 - address the issues faced right across Teesside, including those at the South Tees Trust as well as at the North Tees & Hartlepool NHS Trust. These are very much intertwined. If the South Tees Trust continues to exert a “pull” on specialist services this will continue to threaten the viability of services at the North Tees & Hartlepool NHS Trust while at the same time exacerbating the pressures on capacity that the JCUH already faces and affecting its efforts to achieve financial stability.
 - ensure that all three Teesside hospitals, as well as the Friarage in Northallerton, retain their full existing bed and theatre capacity, and that services are shaped to make best use of both staff and infrastructure. This is essential if the capacity pressures facing the health system are to be successfully addressed
 - describe a range of safe and high quality services, for each hospital, which will both reflect local needs and help create a viable and thriving clinical community. This in turn will contribute to successful recruitment and retention of staff and maintenance or expansion of services for the longer term
 - maintain a high level of service provision for local people in a hospital setting *until* planned investment allows such services to be delivered to the same standard in a primary care setting

RECOMMENDED WAY FORWARD – A SUMMARY

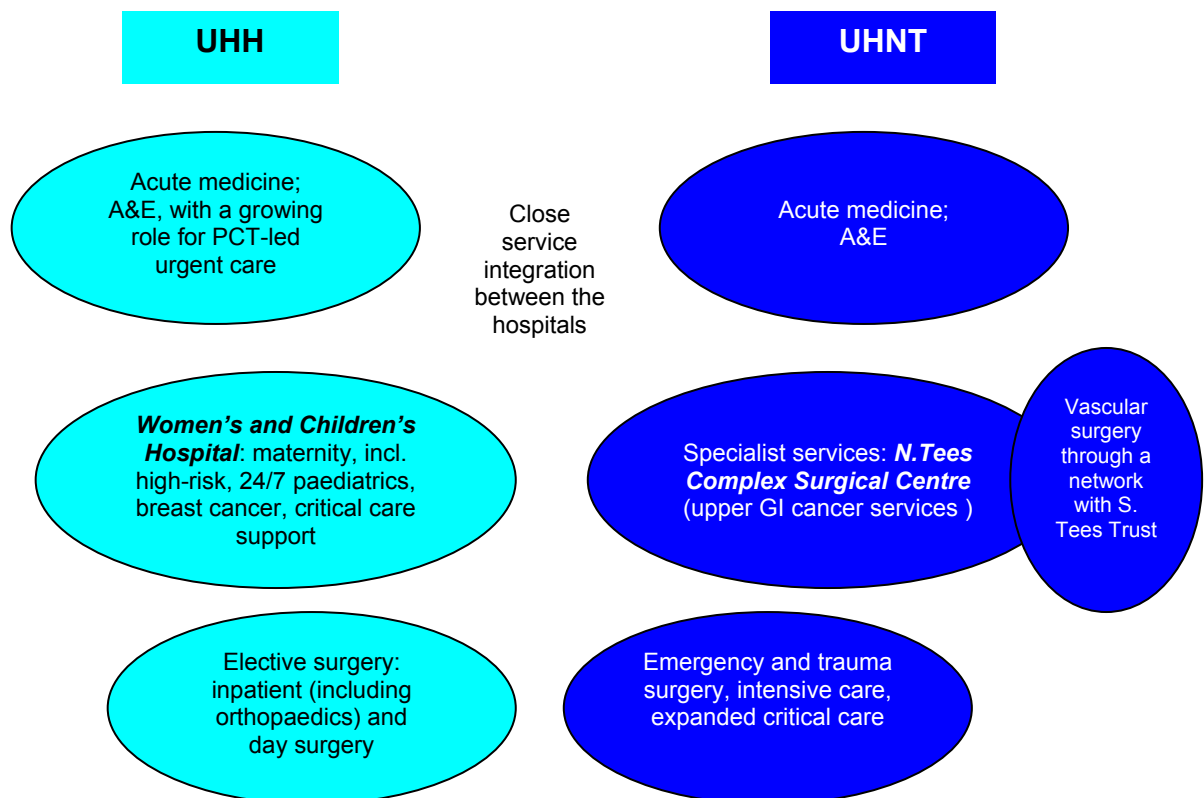
- 8.1 The headlines of the recommended configuration of secondary care services on Teesside are as follows –

THE UHH

- 8.2 The UHH should continue to provide a doctor-led A&E service, which is such a key facility for the local population, and acute medicine, supported by an enhanced critical care unit. It should host a new *Centre of Excellence in Women's and Children's Services*, including consultant-led maternity, paediatric services, gynaecology, and breast surgery. It should also increase the portfolio and profile of inpatient elective surgery, in particular orthopaedic surgery, and become the main elective surgery provider for north of the Tees. A 24-hour, seven day-a-week surgical opinion should be available to patients admitted through A&E.

THE UHNT

- 8.3 The UHNT should become the main centre north of the Tees for emergency surgery, including trauma. Intensive care facilities will be centralised and expanded to accommodate the needs of people north of the Tees. It should continue to provide a full A&E service and acute medicine. It should develop as a centre for major complex surgery, hosting a new *North Tees Complex Surgical Centre* which will –
- provide major gastro-intestinal services, treating both benign and malignant disease, for the whole Teesside area
 - form part of a new vascular network through the appointment of two consultant vascular surgeons to form a true clinical network with the South Tees Trust, with co-ordinated clinical and on-call duties. As part of this new network an intra-vascular and endo-luminal stenting facility should be created on the UHNT site. Angiography facilities should also be made available at the site
- 8.4 This new work will be in addition to a wide portfolio of other surgical services.
- 8.5 A 24-hour midwife led maternity unit should be developed at the UHNT. Consultant-led maternity, high-risk obstetrics and paediatric services should be centralised at the UHH.
- 8.6 The main building blocks of the recommended reconfiguration of services at the UHH and the UHNT are illustrated below.



THE JCUH

- 8.7 The JCUH should retain its full range of district general hospital-type services and its range of tertiary and supra-regional services. Its capacity shortfall, exacerbated by the expansion of specialist services, needs to be addressed with the Strategic Health Authority. The proposed move of upper gastro-intestinal to the UHNT will free up a small amount of capacity, but other solutions need to be developed. Using capacity at the Friarage Hospital is likely to be a significant part of the solution, as is more efficient uses of existing capacity (drawing on the recommendations made by Sir Ian Carruthers in a recent report on the financial position of the South Tees Trust) and making use of opportunities to move work into a primary care setting. All these options should be explored fully before additional capacity at the JCUH itself is considered. The capacity solutions developed will clearly need to be robust against patients' likely preferred places of treatment following the introduction of choice at the point of GP referral from the end of 2005.

THE FRIARAGE

- 8.8 Detailed work to come up with a robust and sustainable future services strategy for the Friarage, led by its *Clinical Futures Board* and including

a range of stakeholders, is already well under way, This review supports the work being undertaken.

- 8.9 The strong clinical and wider staff community and degree of local support for services at the Friarage will be undoubted assets in devising the way forward. Although the detailed work on future arrangements needs to be completed, it is already clear that some changes to the current configuration of services will be needed. A preliminary assessment is as follows –
- there is a strong case for an A&E service, backed by critical care, remaining at the hospital. The work under way should focus on devising arrangements to secure these services for the longer term. The long-term continuation of acute medicine is also crucial
 - a full maternity service also needs to be secured
 - it will be hard to justify maintaining a trauma service and emergency surgery out of hours at the Friarage for the longer term. These services are likely to have to be provided from the JCUH
 - as indicated above, the Friarage also has an important role to play in supporting service reconfiguration on Teesside – primarily by reducing capacity pressures at the JCUH, including in orthopaedics and maybe ophthalmology, and developing as a centre for elective surgery. The shift of additional work from the JCUH into the Friarage should, help provide the volume of business needed to secure key services at the latter, for example in anaesthetics.
- 8.10 I very much hope that the Clinical Futures Board will have completed its work and reached conclusions within 6 months to a year. As its work moves towards a conclusion, I would be delighted to return to the area and provide further advice on how the fullest range of services can be safeguarded for local people.
- 8.11 The South Tees Trust faces significant financial pressures. Sir Ian Carruthers' recent report analyses the causes and makes recommendations for addressing the issue. The proposals above to address the capacity constraints faced by the JCUH may help.

RECOMMENDED WAY FORWARD - BY SPECIALTY

- 9.1 A full description of services, by specialty, follows. A list of the proposed service changes and developments, by hospital, is at *Annex D*.

SURGERY

- 9.2 Trauma surgery and out of hours emergency surgery, including orthopaedic emergencies, should be centralised at the UHNT. This would allow the provision of high quality trauma and emergency services, based on guidance from the Royal College of Surgeons.
- 9.3 Major complex surgery should also be centralised at the UHNT. This will be further underpinned by the addition of upper gastro-intestinal cancer services, which will move from the South Tees Trust. A network, involving split-site working across the UHNT and the South Tees Trust, should also be created for vascular surgery. The co-location of these services will allow the creation of a new *North Tees Complex Surgical Centre*, providing specialist services, in part through a network, for all of Teesside and providing additional treatment options for patients from County Durham and Darlington.
- 9.4 This portfolio of services would allow the Trust to build up surgical services and should help with the recruitment and retention of key staff.
- 9.5 Ophthalmology services should be available in locations other than the JCUH, including at least one location north of the Tees, adding to the options available to local people. Providing these services from the UHNT, the UHH, or the Friarage should be seriously explored. Such services might be carried out in collaboration with the JCUH or the City Hospital, Sunderland.
- 9.6 Urological services should be developed and further supported and enhanced at the UHNT through the development of a clinical network approach.
- 9.7 Breast cancer surgery, including reconstructive breast surgery, should be centralised at the UHH. Gynaecology services should also be centralised at the UHH. With the development of maternity and paediatrics, this will allow the development of a new *Centre of Excellence in Women's and Children's Services* at the UHH
- 9.8 Elective orthopaedics, including joint arthroplasty, should be developed at the UHH. Taken together with gynaecology and breast surgery, this will allow the development of the UHH as the leading provider of inpatient elective surgery for north of the Tees.
- 9.9 The existing daycase surgery services at both the UHH and the UHNT should be maintained and further developed in line with the Trust's current plans.
- 9.10 The capacity planning work recently undertaken to assess the health economy's needs up to 2008 indicates that capacity for a further 5000 elective FCEs a year will be needed. Some of this may be provided through procurement of procedures from the independent sector. Any

solution developed should be consistent with building up elective surgery at the UHH, making the full use of elective capacity at the Friarage, and not exacerbating existing capacity pressures at the JCUH.

- 9.11 Although out of hours emergency surgery and trauma services will be centralised at the UHNT a general surgical rota (consisting of a consultant and non-training grade) should be maintained at the UHH to provide cover for in-house surgical emergencies that may require a general surgical opinion as well as patients presenting through A&E.

CANCER SERVICES

- 9.12 Cancer diagnostic services should be developed at both sites. Cancer surgery should be delivered through the centralisation of breast reconstruction surgery at the UHH, alongside other women's and children's services, and the provision of gastro-intestinal surgery, including upper gastro-intestinal, at the UHNT, contributing to the focussing of expertise at the new *North Tees Complex Surgical Centre*.

CRITICAL CARE AND ANAESTHETIC SERVICES

- 9.13 Intensive care and critical care support should be centralised and expanded at the UHNT but the provision of critical care beds with ventilation and anaesthetic support should be retained and enhanced at the UHH to support maternity services and acute medicine.

ACCIDENT AND EMERGENCY SERVICES

- 9.14 Consultant-led A&E services should be supported and enhanced at the UHNT to support trauma and emergency surgery, including patients for emergency surgery transferred in from the UHH.
- 9.15 Consultant-led A&E should continue to be provided at the UHH where a full range of partner services should be available, including acute medicine, critical care, after hours general surgical opinion, and other support facilities. This would allow the management and triage of all emergencies entering through A&E with the exception of trauma. Patients requiring emergency surgery out of hours should be stabilised and transferred to the UHNT. The UHH should also develop a further interest in paediatric A&E, with the exception of trauma, and the necessary infrastructure and capital support should be made available.
- 9.16 Integration of the A&E consultant body at the UHNT and the UHH should be taken forward to support the setting up of creative models of service, education and training which allow trainees and consultants to

rotate between the 2 sites while also giving consultants exposure to trauma at the UHNT.

- 9.17 As the planned investment in and strengthening of primary care in Hartlepool and the surrounding area starts to be realised, it should increasingly play a significant role in the provision of local A&E services.

MATERNITY AND PAEDIATRIC SERVICES

- 9.18 Maternity and paediatric services should continue to be located together.
- 9.19 All consultant-led maternity and high-risk obstetrics should be centralised at the UHH, alongside a consultant-led paediatric service and paediatric neonatology, including a special care baby unit (SCBU). These services would help build a focus of expertise at the UHH in these specialties, ensure a critical mass for the services, and form key elements of the proposed *Centre of Excellence in Women's and Children's Services*.
- 9.20 A "9 to 9" paediatric acute assessment unit and a nurse-led overnight facility should be provided from the UHNT.
- 9.21 Paediatric surgery should be provided from the UHH as part of the *Centre of Excellence*. Paediatric trauma and emergency surgery should be provided at the UHNT, alongside other emergency surgical services and with the support of the UHNT's expanded critical care facilities. The North Tees & Hartlepool NHS Trust should also consider establishing a clinical network for paediatric surgery with the JCUH and / or the City Hospital, Sunderland. This would ensure that the specialty is strengthened at the UHNT, scarce clinical skills are utilized effectively and that children receive the best possible care suitable to their needs.
- 9.22 A 24-hour midwife-led maternity unit should be developed at the UHNT. This should give the local population a choice of the following maternity services –
- a consultant-led service at the UHH, the JCUH or Darlington Memorial Hospital
 - a midwife-led service at the UHNT or Bishop Auckland Hospital
- 9.23 The population of the Hartlepool and Easington PCTs would be able to choose between the following maternity services –
- a consultant-led service at the UHH or City Hospitals Sunderland
 - a midwife-led service at the UHNT

ACUTE MEDICINE

- 9.24 Acute medicine with acute critical care should continue to be supported at both the UHNT and the UHH -
- the range of medical specialties, such as cardiology, should continue to be enhanced. Angiography facilities should be made available at the UHNT
 - the excellent intermediate care services already being provided in Hartlepool should expand further, with further investment to support intermediate care north of the Tees
 - the acute stroke unit at the UHH should be further expanded and the necessary investment made available
 - medical daycare units should be further developed at the UHH
 - gastro-intestinal services should be developed further and supported at the UHNT to meet the needs and demands of the latest diagnostics and to underpin the expansion of gastro-intestinal surgery
- 9.25 Urgent further work should be put in hand to integrate the departments of acute medicine at the UHNT and the UHH, allowing more specialised teams to be developed in areas such as dialysis and respiratory conditions
- 9.26 In parallel with this proposed reconfiguration of services, the medical directorate should look at trainee and other resources and develop a distribution which is appropriate to the respective needs of the UHNT and the UHH.

SUPPORT AND PARTNER SERVICES

- 9.27 Imaging facilities at the UHH require further investment and picture archiving systems (PACS) need to be installed immediately to support the 2 sites.
- 9.28 Telemedicine links to allow joint multi-disciplinary team (MDTs) in relation to the medical and surgical specialties should be developed and encouraged.
- 9.29 Critical care development across the two North Tees & Hartlepool NHS Trust sites should be further enhanced by the provision of tele-ITU to strengthen the critical care support at the UHH.

PRIMARY CARE

- 10.1 Continued investment in primary care and expansion of its role is crucial to the development of a robust health system in general, and sustainable hospital services in particular. Key areas for the future development of primary care include –
- playing a leading part in working for improvements in public health, including through a healthy environment and individual lifestyle
 - supporting and encouraging self-care by individuals
 - developing chronic disease management, improving the quality of life for people suffering from chronic disease and reducing the pressure on services from hospitalisation
 - shifting services from a secondary to a primary care setting (for example diagnostics, or certain surgical procedures)
- 10.2 A range of initiatives are already under way, led by PCTs and primary care practitioners, to support such developments. In Hartlepool and Stockton, for example, work is under way to develop new town centre health developments, opening in 2005, which will bring together a number of GP practices and community nurses and offer a wider range of services, reducing patients' reliance on hospitals. The review strongly supports such developments and recommends that the acute Trusts and PCTs continue to explore the scope for joint initiatives, including sharing of premises and staff.

NEW WAYS OF WORKING

- 11.1 The new configuration of services needs to be complemented by new ways of working. The development of closer clinical integration between the UHNT and the UHH will be particularly important, as will the development of a true network for vascular surgery extending from the UHNT to the South Tees Trust. The strong existing links between the North Tees & Hartlepool NHS Trust and the University of Teesside, in particular over enhancing the role of nurses, will make an important contribution to this. The new service configuration should be structured to support greater clinical specialisation which in turn should feed through to higher quality services and improved clinical recruitment and retention.
- 11.2 It will be important to ensure sufficient resources are available to allow the proper setting up of new services and expertise to facilitate change.

TRANSPORT

- 12.1 The recommendations in this report have been structured with quality of service and convenience of patients at the forefront. They reflect what local people have said about the need for as many services as possible to be delivered close to where they live. However, in some specific cases the imperative of patient safety means that additional travel will be necessary in future.
- 12.2 The local ambulance service will need additional resources to ensure that trauma patients from north of the Tees arrive rapidly at the UHNT; to cover any transfers of patients from A&E at the UHH who need out of hours emergency surgery, which will be centralised at the UHNT; and to ensure good access for the local population, in cases of urgency, to their preferred maternity service.
- 12.3 The local authorities involved in the Tees Services Review have already led a great deal of work to identify ways of strengthening public transport links between the UHNT and the UHH. This will now need to be taken forward to deliver the excellent transport links which are essential if elective surgery at the UHH, including women's and children's services, is to be a preferred choice for the population north of the Tees.
- 12.4 Any move of elective surgery from the JCUH to the Friarage will also need to be accompanied by the development of good transport links to ensure that patients from the Middlesbrough area are not isolated. This will be crucial if such services are to develop as a preferred choice once patients are able to choose their elective provider.

WORKFORCE IMPLICATIONS

- 13.1 To support the development of the *North Tees Complex Surgical Centre* the following changes will be needed –
- existing posts in upper gastro-intestinal services will need to move from the JCUH to the UHNT, with future appointments to consultant posts also being made at the North Tees & Hartlepool NHS Trust
 - to enable a true, on-call network covering vascular surgery to be set up, appointments to consultant posts in this specialty will need to be made at the North Tees & Hartlepool NHS Trust, complementing posts at the South Tees Trust. It is crucial that the need for working across more than one site is built into employment contracts for the posts.
- 13.2 The workforce implications of the proposals for obstetrics and gynaecology at the North Tees & Hartlepool NHS Trust will need careful consideration.

ORGANISATIONAL IMPLICATIONS

- 14.1 Strong managerial and clinical leadership and focus will be needed to achieve the reconfiguration and integration of services across the UHNT and the UHH. The expectation is that the existing capacity at both sites will be adequate for both sets of proposed services, albeit with some refurbishment and adaptation. Such work will need tight project management and strong leadership if it is to be accomplished quickly and without disruption of services.
- 14.2 There is a need for much closer collaboration between the South Tees Trust and the North Tees & Hartlepool NHS Trust to ensure that future service changes are planned and implemented for the long-term benefit of both organisations and, therefore, of patients across Teesside.

FINANCIAL IMPLICATIONS

- 15.1 The specialty by specialty recommendations above indicate some of the investment that will be needed to support thriving, reconfigured services on Teesside. They include the expansion of critical care facilities at the UHNT, additional diagnostic equipment and technology to support integrated working across the UHNT and the UHH. There will also be capital expenditure associated with the move of some services between the UHNT and the UHH, and the setting up of the *Centre of Excellence in Women's and Children's Services* at the UHH and the *North Tees Complex Surgical Centre* at the UHNT.
- 15.2 These investments need to be fully scoped and considered by the North Tees and Hartlepool NHS Trust and the South Tees Trust, working with the local PCTs and the SHA.
- 15.3 It is crucial that this investment in secondary care services is matched by continued large-scale investment in building up primary care services and infrastructure. This will help unlock the full potential of primary care, allowing more services to be delivered in a primary care setting and, over time, reducing local dependence and pressure on secondary care services.
- 15.4 The recommendations in this report should also pave the way for efficiencies in the operation of secondary care services in Teesside. The separate provision of so many services at the UHNT and the UHH has, in many cases, only been maintained at a very high cost in terms of additional clinical appointments and an inadequate workload for clinicians, for example in obstetrics and paediatrics. The proposed integration and reconfiguration should result in much better use of the clinical workforce. It will also pave the way for the appointment of

specialists in paediatric surgery who are currently not available within the Trust.

- 15.5 There is also scope for improvements in productivity and efficiencies - as well as improvements in quality of service - from the focussing of elective inpatient surgery at the UHH. Such improvements in productivity should generate some increase in the elective surgery capacity for north of the Tees. Taken together with the proposed steps to improve capacity use south of the Tees, this should reduce reliance on treatment by private sector providers at rates well in excess of NHS Tariff (private sector use has been running at some 40 inpatient cases a month from the four PCTs north of the Tees alone).
- 15.6 An appropriate shift of elective work from the JCUH to the Friarage should also help build critical mass and economies of scale at the latter, helping secure its financial viability.

OPTIONS CONSIDERED AND REJECTED

- 16.1 A number of other options have been put forward in the course of the Tees Services Review and this review. These are set out briefly below, along with the reasons why they are not recommended here -
- **centralising all emergency services for north of the Tees at the UHNT and elective surgery at the UHH:** this would greatly reduce locally available urgent care services for the population of Hartlepool and Easington, who rely heavily on secondary care, *ahead of* the completion of investment and expansion in primary care developments. It is also questionable whether it would be enough to create a vibrant clinical community at either site and stem the recent loss of specialist services
 - **reconfiguring the governance of hospital services, either placing the UHH with City Hospitals Sunderland and the UHNT with the South Tees Trust, or merging the North Tees and Hartlepool and South Tees Trusts to form a single Teesside NHS Trust:** there is no evidence that any of the variants of this option would stabilise services at either the UHNT or the UHH and stem the recent loss of specialist services. Indeed, over time, it might accelerate the trend and make the units even less viable. Major Trust mergers have to have a very strong underlying rationale – which is absent in this case – to justify the disruption and risks that major organisational change entails.
 - **take forward work towards a single site option for the North Tees & Hartlepool NHS Trust:** neither the UHNT or the UHH could provide services for the whole of north Teesside. Any single site option would therefore involve a major new capital development. The timescales for such developments are often in

the region of 7-8 years. As such, this would not be a solution to the issues facing the health system *today* and, in particular, the need for *rapid* change to deliver sustainable, thriving, convenient and high quality services.

CONCLUSION

- 17.1 This review has aimed to respond to the terms of reference and put forward proposals for a future configuration of services, in Hartlepool and Teesside more generally, which is achievable, robust and sustainable and meets local people's needs. It is now for the local NHS and its partners to draw on it in taking forward the review of services on Teesside.

ACUTE SERVICES REVIEW - HARTLEPOOL AND TEESSIDE: TERMS OF REFERENCE

- To consider how the fullest possible range of services can be maintained at Hartlepool Hospital
- Taking into account work already undertaken in the course of the Tees Services Review
- Taking into account the wider context of proposed provision of primary and secondary care services, both north and south of the Tees
- With the aim of reporting back to the Department of Health by the end of October 2004

Additional areas added in December 2004

- The work under way by the Hambleton and Richmondshire PCT and South Tees Hospitals Trust in relation to Friarage Hospital.
- The impact of the centralisation of specialist services at the James Cook University Hospital on the other hospitals in County Durham and Tees Valley and on the capacity at the James Cook University Hospital.

LIST OF PEOPLE SPOKEN TO

County Durham and Tees Valley Strategic Health Authority

Mr Tony Waites	Chairman
Mr Ken Jarrold	Chief Executive
Ms Helen Byrne	Lead, Tees Services Review (to 28.02.05)
Mr Bob Aitken	Medical Adviser (to 02.03.05)
Ms Shayma Ali	Policy Lead (to 30.10.04)
Mr Ian Nicholson	Senior Economic and Operational Research Analyst
Mrs Carol Langrick	Director of Planning and Performance (Lead, Tees Services Review, from 01.03.05)
Mr Alan Foster	Director of Finance, County Durham & Tees Valley
Mrs Elaine Criddle	Head of Acute Strategy Implementation and Delivery (from 01.10.04)

North East Yorkshire and North Lincolnshire SHA

Mr David Johnson	Chief Executive
Ms Helen Dowdy	Head of Strategic Programmes

North Tees and Hartlepool NHS Trust

Mrs Joan Rogers	Chief Executive (to 25.05.05)
Dr Peter Royle	Medical Director (to 31.03.05)
Mr Aidan Mullan	Director of Nursing and Clinical Governance and Deputy Chief Executive (acting Chief Executive since 22.11.04)
Dr Basant Chaudhury	Clinical Director Medicine
Dr Chris Ward	Consultant Physician, General Medicine
Dr David Bruce	Consultant Physician, General Medicine
Dr Deepak Dwarkanath	Consultant Physician Medicine
Dr Dawn Ashley	Consultant Physician Medicine
Dr Sue Jones	Consultant Diabetologist, Medicine
Mr Neil Bayliss	Clinical Director Orthopaedics
Mr Tai Friesem	Consultant Orthopaedic Surgeon
Mrs Cathy Lennox	Consultant Orthopaedic Surgeon
Dr Kailish Agrawal	Clinical Director of Paediatrics
Dr Anne Ryall	Clinical Director, Obstetrics and Gynaecology
Mr Mohamed Menabawey	Consultant Obstetrician and Gynaecologist
Mr Peter Broadway	Clinical Director of Anaesthetics
Ms Veena Sarma	Consultant Anaesthetist

Dr David Emerton	Clinical Director A&E
Mrs Joan Clancy	Consultant A&E Surgeon
Mr Andy Simpson	Consultant A&E Surgeon
Mr Lawrence Rosenberg	Consultant Director – Surgery
Dr Peter Gill	Clinical Director, Radiology (Medical Director since 01.04.05)
Mrs Sue Metcalfe	Director of Performance Management (to 30.11.04)
Mr Les Gilliland	Consultant Urologist
Mr Stephen Groves	Emergency Care Lead

James Cook University Hospital

Mr Simon Pleydell	Chief Executive
Dr Paul Lawler	Medical Director (to 31.03.05)
Prof. Mike Bramble	Medical Director (from 01.04.05)
Ms Jill Moulton	Director of Facilities and Planning
Mr Anirvan Banerjee	Consultant ENT Surgeon
Mr Derek Bosman	Consultant ENT Surgeon
Mr Liam Flood	Consultant ENT Surgeon
Mr Frank Martin	Consultant ENT Surgeon
Mr Richard Wight	Consultant ENT Surgeon
Mr Mamdouh El Nagar	Consultant Ophthalmic Surgeon
Ms Desiree Ah-Kine	Consultant Ophthalmic Surgeon
Mr John Clarke	Consultant Ophthalmic Surgeon
Mr Dave Clarke	Chief of Service, Surgery
Mr Peter Davis	Consultant Gastro-Intestinal Surgeon
Mr Yks Vishwanath	Consultant Gastro-Intestinal Surgeon
Mr Tony Hui	Consultant Orthopaedic Surgeon
Mr Amar Rangan	Consultant Orthopaedic Surgeon
Mrs G Marriott	Trust Chair
Nigel Puttick	Chief of Anaesthetics
Mr Simon Wakefield	Clinical Director of General Surgery
Ms Janet Whiteway	Chief of Service, Urology
Dr Bill Desira	Chief of Service Anaesthetics

Clinical Futures Board, the Friarage Hospital

Mr I S Mitchelson	South Tees Hospitals NHS Trust & Patient Involvement Forum
Mr D Bolam	Hambleton & Richmondshire PCT Patient & Public Involvement Forum
Prof. Rob Wilson	Chief of Service, Surgery
Dr Fiona Bruce	Consultant Obstetrician / Gynaecologist

Dr K Prasad	Associate Medical Director
Mrs A Ashton	Patient Forum Representative
Mrs S Whittaker	Maternity Services Committee
Mrs Rose Critchley	Director of Nursing and Community Services, Hambleton and Richmondshire PCT
Dr Anthony Walters	Medical Director, Hambleton and Richmondshire PCT
Mr John Darley	Tees, East and North Yorkshire Ambulance Service NHS Trust
Mrs Fran Toller	Divisional Manager, Women and Children, JCUH
Dr Kenneth M Toop	Clinical Director, JCUH
Mr M Kumar	Consultant Obstetrics/Gynaecology, FHN
Mrs J Smith	Head of Midwifery, FHN

Friarage Hospital

Mr J Gibb	Friarage Hospital Manager
Dr David Jackson	Anaesthetist (FHN)
Dr Jon James	Consultant Paediatrician
Prof. Paul Gregg	Chief of Services, Orthopaedics

Friarage M.D.H.U

Colonel John Murray	Commanding Office MDHU
Lieutenant-Colonel Paul Parker	Orthopaedic Director

City Hospitals Sunderland NHS Foundation Trust

Mr Ian Tarbit	Deputy Chief Executive
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Primary Care

Ms Chris Willis	Chief Executive, North Tees PCT
Dr Rodger Thornham	PEC Chair, North Tees PCT
Dr Jonathan Berry	GP, North Tees PCT
Mr Keith Farmery	Non-Executive Member, North Tees PCT
Ms Carolyn Siddle	Staff & Patient Involvement Manager, North Tees PCT
Ms Angela Hawkes	Chief Executive, Hartlepool PCT
Prof. Gerald Wistow	Chairman, Hartlepool PCT
Ms Deborah Crewe	Deputy Director of Primary Care and Modernisation, Hartlepool PCT
Mr Peter Price	Director of Public Health and Wellbeing, Hartlepool PCT
Ms Linda Watson	Director of Nursing and Operations, Hartlepool PCT
Ms Lynn Johnson	Director of Planning, Hartlepool PCT

Ms Carmel Morris	Director of Partnerships/Vision for Care, Hartlepool PCT
Mr John Robson	Non Executive Member, Hartlepool PCT
Cllr Steve Wallace	Non Executive Member, Hartlepool PCT
Dr Carl Parker	GP, Hartlepool PCT
Dr Steve Andelic	GP, Hartlepool PCT
Dr Gordon Lees	Nurse Member of PEC, Hartlepool PCT
Mr Kevin Aston	PPI Lead, Hartlepool PCT
Ms Karen Gater	Director of Finance and Performance, Hartlepool PCT
Ms Alison Wilson	Director of Primary Care and Modernisation
Dr Roger Bolas	Chief Executive, Easington PCT
Dr Steve Muscat	PEC Chair, Easington PCT
Cllr Robin Todd	Acting Chairman, Easington PCT
Dr Jo Chandy	GP, Easington PCT
Ms Elizabeth Allen	PPI Lead, Easington PCT
Mr Ken Greenfield	Chair, Easington PCT
Mr Nigel Porter	Chief Executive, Sedgfield PCT
Ms Heather Inglis	Health Alliance Manager, Sedgfield PCT
Ms Gloria Willis	Chair, Sedgfield PCT
Dr Dinah Roy	PEC Chair, Sedgfield PCT
Ms Jo Malone	Head of Public Affairs & Complaint Management, Middlesbrough PCT
Mr David Becker	Chair Langbaugh PCT [to 28.02.05]
Mr Andrew Leon	Acting Trust Chair [from 01.03.05 to 30.04.05]
Mr John Chadwick	CEO Langbaugh PCT
Mr Colin McLeod	CEO Middlesbrough PCT
Ms Ann O'Hanlon	Chair Middlesbrough PCT
Mr John Roebuck	Director of Finance, Middlesbrough PCT
Dr Henry Waters	PEC Chair Middlesbrough PCT
Mrs A Botterill	Communications Manager, Hambleton & Richmondshire PCT
Mr Simon Kirk	Director of Strategy and Commissioning, Hambleton & Richmondshire PCT
Dr V Pleydell	PEC Chair, Hambleton & Richmondshire PCT
Mr Ken Greenfield	Chair, Easington PCT
Mr Graham Prest	Chair, North Tees PCT
Ms Gloria Willis	Chair, Sedgfield PCT

MPs

Iain Wright	MP, Hartlepool
Frank Cook	MP, Stockton North

Local Authorities

Ms Ann Cairns	Councillor, Stockton Borough Council
Ms Ann McCoy	Councillor, Stockton Borough Council
Ms Ann Baxter	Director of Social Services, Stockton Borough Council
Mr Gerald Tompkins	Head of Strategic Planning and Health Improvement, Durham County Council
Ms Sandra Robinson	Acting Assistant Director of Adults, Hartlepool Borough Council
Councillor J Blackie	North Yorkshire County Council Overview & Scrutiny Committee
Mr B Hunter	Scrutiny Manager, North Yorkshire County Council

Save our [Hartlepool] Hospital Campaign

Mr Fisher
Mrs Fisher
Mr Lilley
Mrs Lilley
Ms Pearson
Mr Pearson
Mr Wolfe

Ambulance Services

Ms Jayne Barnes	Chief Executive, Tees, East and North Yorkshire Ambulance Service NHS Trust
Mr Jim Hardman	General Manager, Tees, East and North Yorkshire Ambulance Service NHS Trust
Mr Paul Liversidge	Director, A&E Services, North East Ambulance Service
Mr Les Matthias	Senior Divisional Officer, North East Ambulance Service

DOCUMENTS CONSIDERED

Documents relating to Tees Services Review (TSR)

TSR terms of reference, County Durham and Tees Valley Strategic Health Authority (SHA), August 2003

Notes of TSR Steering Group meetings from July 2003

Paper for External Panel, North Tees and Hartlepool NHS Trust, November 2003

Paper for External Panel, South Tees Hospitals NHS Trust, November 2003

TSR position paper for External Panel, County Durham and Tees Valley SHA, December 2003

TSR External Panel report, December 2003

TSR – Learning from other Reviews, County Durham and Tees Valley SHA, January 2004

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Proposals for Reconfiguration of Hospital Services, April 2004

Presentations at and notes of a TSR Scrutiny Event, March 2004

Report of TSR Option Appraisal event, June 2004

TSR External Panel feedback on proposed public consultation, July 2004

The Future of the Friarage Hospital – Discussion Paper, Jill Moulton, Director of Facilities and Planning, South Tees Hospital NHS Trust, January 2005

Clinical Futures Project for Hambleton and Richmondshire – Discussion Paper on Obstetric Services, Jill Moulton, Director of Facilities and Planning, South Tees Hospital NHS Trust, January 2005

Briefing to Overview and Scrutiny Committee, Jill Moulton, Director of Facilities and Planning, South Tees Hospital NHS Trust, January 2005

North Yorkshire County Council, Scrutiny for Health Commissioning, Hugh Williamson, North Yorkshire County Council

Surgical Services, Jill Moulton, Director of Facilities and Planning, South Tees Hospital NHS Trust

Minutes of Clinical Futures Board, 25 January 2005

Other local documents

Proposals for enhancing orthopaedic services at the North Tees and Hartlepool NHS Trust, Trust orthopaedic surgeons, 1991

Review of Proposals to improve the Cancer and Arthroplasty Services provided by North Tees and Hartlepool NHS Trust, Prof. Joan Higgins, May 2002

North Tees and Hartlepool NHS Trust Annual Report, 2002-03

Breakdown of emergency responses into various North Tees hospitals, 2003-04, North East Ambulance Service NHS Trust

Breakdown of emergency responses by condition, 2003-04, Tees, East and North Yorkshire Ambulance Service NHS Trust

South Tees Patch Capacity Planning Narrative, Middlesbrough PCT, Langbaugh PCT, South Tees Hospitals NHS Trust, (Hambleton and Richmondshire PCT), June 2004

Presentation on Anaesthetics, Dr Peter Broadway, Clinical Director of Anaesthetics, North Tees and Hartlepool NHS Trust, September 2004

Presentation by Public and Patient Involvement organisers, September 2004

Letter from the Rt. Hon. John Reid, Secretary of State for Health, to Hartlepool residents, September 2004

Interview with the Rt. Hon. Tony Blair, Prime Minister, Hartlepool Mail, September 2004

Anaesthetics services for the Friarage Hospital, Jill Moulton, Director of Facilities and Planning, South Tees Hospital NHS Trust, 17 January 2005

Communication Plan – Keeping the NHS Local, Hambleton and Richmondshire PCT, 26 January

An External Independent Review of the financial position of the South Tees Hospitals NHS Trust, Sir Ian Carruthers and others, May 2005

National documents

The NHS Plan: A Plan for Investment, a Plan for Reform, Department of Health, July 2000











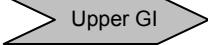






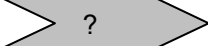


Keeping the NHS Local – A New Direction of Travel, Department of Health, February 2003

The NHS Improvement Plan: Putting People at the Heart of Public Services, Department of Health, June 2004

Other documents

Acute Services Review – County Durham and Darlington, Prof. Ara Darzi, February 2002

RECOMMENDED SERVICE CHANGES AND DEVELOPMENTS, BY HOSPITAL

THE UNIVERSITY HOSPITAL OF HARTLEPOOL	PROPOSED SERVICE DEVELOPMENT OR CHANGE	THE UNIVERSITY HOSPITAL OF NORTH TEES
	Consultant-led A&E	
	Emergency & trauma surgery	
	Critical care	
	Consultant-led maternity	
	Midwife-led maternity	
	24/7 Paediatrics	
	Paediatric day unit	
	Cancer services	 (from the S. Tees Trust)
	Vascular surgery	 (network with S.Tees Trust)
	Acute medicine	
	Elective orthopaedics	
	Gynaecology	
	Ophthalmology	
	Day surgery	

PROPOSED ROTAS AND COVER ARRANGEMENTS

Recommended cover arrangements are as follows.

THE UHH

Surgery: a general surgical non-resident on call should be available to provide opinions to A&E, acute medicine and obstetric and gynaecology needs, as well as the needs of elective surgical patients. The rota should be covered by the non-resident consultant on call rota.

Orthopaedics: non-resident orthopaedic support is needed to cover elective orthopaedics.

Anaesthesia: 24-hour middle grade cover is required to support maternity, acute medicine and critical care beds.

Maternity and paediatrics: cover should be provided as planned in the Tees Services Review

THE UHNT

No specific recommendations.

THE JCUH

No change is proposed to existing arrangements.