

Additional Ambulance at the Friarage Hospital, Northallerton – Statement to the North Yorkshire Scrutiny of Health Committee 15 December 2017

1. Introduction

This paper outlines the background, current context and position statement regarding the status of the dedicated ambulance for Maternity and Paediatrics services at the Friarage Hospital, Northallerton (FHN) following an evaluation of this element of the service. The purpose of this paper is to share with the Committee, the evidence and process by which the CCG Governing Body has discussed and agreed to decommission this resource.

2. Background and Utilisation

As part of the response to the public consultation carried out in relation to the reconfiguration of Maternity and Paediatric services on the Friarage Hospital site in 2014, the provision of additional emergency ambulance support around the clock was implemented to provide additional assurance to clinicians and the public.

The wording of the original commitment states that:

‘Commission from Yorkshire Ambulance Service an additional ambulance to be stationed in Northallerton. This will ensure a response within 8 minutes for both maternity and paediatric services. This will be carefully monitored during the first 12 months and subject to utilisation will be re-commissioned.’ (Children’s and Maternity Service at the Friarage Hospital, Assessment of Future Services, February 2014).

The intention was that the ambulance would be a dedicated resource to support the emergency conveyance of Maternity (and Paediatric where necessary) patients from the Friarage Hospital to the James Cook University Hospital (JCUH) and to also respond to Red (life threatening) calls in the Northallerton locality.

The original cost of the ambulance was £625k per annum and this has now escalated to £693k per annum.

In addition, despite ongoing marketing efforts by South Tees NHS Foundation Trust, births within the midwifery unit are declining and have not reached the required minimum unit threshold of 300 births per year.

The following table shows the number of FHN births and associated ambulance transfers each year since the commencement of the service in October 2014:

Year	FHN Births	Ambulance Transfers	Transfer Rate
Oct 2014 – Sept 2015	266	32	12%
Oct 2015 – Sept 2016	267	38	14%
Oct 2016 – Aug 2017*	191	38	20%

*11 months data – latest available at time of writing

This equates to 38 transfers per year which is less than one obstetric transfer per week, costing £18,000 per transfer.

3. Research of Comparable Systems

As part of the evaluation the CCG completed a desktop review of all 114 birth centres in England to ascertain how other areas posed with the same challenges utilise their resources. Of the centres analysed 39 were stand-alone midwifery units and each of these were contacted by telephone. 25 of those contacted agreed to share their operational information with us.

Evidence indicated that only two of these centres could be found to have ever had dedicated emergency units attached to them. One of these is in the process of being decommissioned and the other is under review.

- Horton General Hospital, Oxfordshire. Service being decommissioned - ongoing 2017
- Withybush Hospital, Pembrokeshire. Service under review.

Of the other units contacted, some of them from a similar geographic and demographic area, none had ever had a dedicated emergency unit attached to them and many were of similar, or greater, distances from the nearest specialist centre as FHN is to JCUH (22.4 miles)

- Helston Birth Centre – 19 miles (60 minutes travel time)
- Frome Community Hospital – 16.8 miles
- Honiton Birth Centre – 17 miles
- Penrice Midwife-led Unit – 20 miles
- St Mary's Hospital – 35 miles (60 minutes by helicopter)

Conversation with staff at each of these units indicated that none of them are significant outliers for maternal or perinatal deaths and that their friends and family scores are good, indicating positive patient experience and outcomes.

The additional results of the desktop analysis are included at Appendix 1 to this document.

4. Rationale for Decision

The CCG has over an extended period of time monitored the utilisation of the dedicated ambulance at FHN and on the basis of the evidence collected discussed and agreed with the Governing Body to decommission this resource because;

- It is not well utilised for the purpose for which it is commissioned; and
- It does not provide value for money.

Additionally that if it was decommissioned;

- Based on evidence from other areas, there should be no adverse effect on patient safety, experience or outcomes
- Nor would it constitute a risk to patient care as evidence from other midwifery led units which are a similar distance from the nearest specialist unit function safely and effectively without dedicated vehicles on standby.

South Tees NHS Foundation Trust have confirmed that there will be no change to the service model for the midwifery led unit commissioned by the CCG – the supporting letter which states this is included at Appendix 2 of this document.

5. Conclusion

Following the public consultation in 2013/14 the additional ambulance was commissioned to provide additional assurance to clinicians and the public during a time of significant change. Evidence now demonstrates that this resource is underutilised and does not provide significant added value in terms of patient safety or value for money when compared with other similar services. Therefore the CCG has determined that the additional ambulance can no longer be considered a priority and will decommission this resource from 31 March 2018.

The CCG will develop a full communication plan with colleagues at South Tees NHS Foundation Trust to provide information to women and the wider public over the coming months.

Appendix 1 – Desktop Review Results

MLU contacted	Dedicated emergency resource	Mechanism deployed for obstetric emergency	Miles from Consultant led unit	Journey time to Consultant led unit (minutes via blue light)	MLU in operation
Clacton District Hospital	No	Midwives have the contact number of the Ambulance Control Centre for use when women need an emergency transfer	18-20 miles	Information not available	Yes
Harwich Maternity Unit	No	Midwives had a direct line to ambulance control - bypassing 999 call -to confirm an obstetric emergency	Information not available	Information not available	No – closed April 2017
Maldon Maternity Unit	No	Midwives call 999, state it's an obstetric emergency & receive 1st response from local ambulance service	18 miles	15-20 mins	Yes
Andover Birth Centre	No	Where there is an obstetric emergency – midwives and paramedics work together to stabilise a woman pre transfer. Obstetric emergency transfers break down to: 8% - first baby / birth, 3% women who've given birth before	Approx 22 miles	20 mins	Yes
Helme Chase MLU	No	In obstetric emergency, call 999. MLU has the contact number for Preston Ambulance control which triages the call	Approx. 22 miles	Information not available	Yes

Grantham & District Hospital	No	When in operation, obstetric emergency transfer was via 999 calls	Approx. 30 miles	Transfer time took between 35 /40m - 1 hr	No – was decommissioned
Hexham Maternity	No	MWs call 999 in an obstetric emergency and request an 8 min / fastest response to transfer woman to RVI	Approx. 23 miles	Journey takes approx. 20 mins	Yes
Hillcrest Maternity Unit, Alnwick	No	For obstetric emergency MWs call 999 for a paramedic ambulance. MW on-call is called out so an MW will escort the woman in the ambulance	Transfer is to Cramlington, approx. 30-32 miles away via dual carriageway	Transfer time is approx. 20-25m.	Yes
4 Oxfordshire MLUs including Wallingford Community Hospital and Horton General Hospital	No	In obstetric emergency MW calls ambulance control and requests Category 1 or Category 2 response. MW travels with the woman	Approx. 17 miles	40 minutes	Yes
Oakhampton Maternity Unit	No	Obstetric emergency from MLU is a 999 call	Approx. 28 miles via dual carriageway	20-25 mins	Yes
Tiverton Birth centre	No	Obstetric emergency is a 999 call. 999 calls is an 8 min response time but can take 30m. If taking 30mins MW can upscale the call.	Approx. 23 miles	Blue light transfer is approx. 27 mins	Yes
Chippenham Birthing Centre	No	Obstetric emergency is via 999 calls. 999 triage the	Women can access 2 acute	Royal United Hospital in Bath is approx. 15-30 mins	Yes

<p>(Practice here also includes Frome /Poulton / Trowbridge & St Peter's)</p>		<p>emergency to red / purple. Quickest response time is 8 mins. MW is given the incident number for the obstetric emergency so can keep in contact with the ambulance and travels with the woman</p>	<p>trusts: Royal United Hospital in Bath is 21 miles Great Western Hospital, Swindon</p>	<p>Great Western Hospital, Swindon - approx. 30mins</p>	
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Appendix 2 – Supporting letter from South Tees NHS Foundation Trust

South Tees Hospitals 
NHS Foundation Trust

Chief Executive's Office
The Murray Building
The James Cook University Hospital
Marlon Road
Middlesbrough, TS4 3BW
Tel: 01642 854397
Web-site: www.southtees.nhs.uk

SMc/AK

3 November 2017

Mrs Janet Probert
Chief Operating Officer
Hambleton, Richmondshire & Whitby CCG
Civic Centre
Stone Cross
NORTHALLERTON
North Yorkshire
DL6 2UU

BY E-MAIL

Dear Janet

Further to our recent conversations I am writing to confirm that we will continue to provide a midwife led maternity service at the Friarage Hospital without the support currently provided by the additional ambulance commissioned by the CCG. We are aware that following your review of the national data, that as far as you can ascertain no other standalone midwife led unit has a dedicated ambulance as part of the clinical model. We understand that any obstetric cases requiring transfer to JCUH should be transferred by YAS as part of their normal contract arrangements and that all transfers to JCUH are classified as category 2 – emergency transfers.

We will continue to work closely with YAS and the CCG to monitor all ambulance transfers.

Yours sincerely

Siobhan McArdle
Chief Executive