

# CCG News

**W**elcome to the winter edition of CCG News. I hope you have had a healthy and prosperous start to 2014.

This year is already shaping up to be a busy one with the launch of our 'Right care, first time' public engagement initiative about urgent care services. This initiative poses a very real opportunity for local people to get involved and help us develop our plans for how we can improve urgent care services across the Scarborough and Ryedale locality.

The main driver for this review is quality, both in terms of urgent care services themselves and also the impact this will have on emergency services too. We believe that providing a high quality, accessible urgent care service across the area will reduce the likelihood of people attending A&E with non-emergency symptoms, which currently account for between 15 and 25 percent of all A&E attendances. You can read more about our plans for urgent care services later in this newsletter.

In other news it's really encouraging to see the progress being made by Scarborough Hospital with regards to stroke services. In 2012 an external review of the current stroke service highlighted issues with a number of aspects of the service including staffing levels and the process for



*Pictured: The MIU at Malton Hospital which forms part of our review of urgent care services*

delivering thrombolysis (a treatment used for breaking down blood clots). We have been working with the hospital to address these issues and they are now on track to become a fully accredited level 2 stroke centre.

I am also really pleased to say that, following a recent review by NHS England, all our conditions for authorisation have now been lifted. This means we are now a fully authorised CCG which will give us greater independence in commissioning healthcare services locally.

I hope you find this newsletter a useful update on our progress and I look forward to working with you in 2014.



**Dr Phil Garnett**  
Chair

“...we are now a fully authorised CCG which will give us greater independence in commissioning healthcare services locally.”

**INSIDE**

2  
5

Get involved in review of urgent care



Stopping smoking before surgery



6  
8

Neighbourhood Care Teams explained



Provisional accreditation for stroke service



# Right care, first time...help shape urgent care services



**On 6 January 2014 we launched a 12-week initiative to hear the views of local people towards our plans to review and improve urgent care services in Scarborough and Ryedale.**

Urgent care is classed as care for a sudden illness or injury that needs to be treated fast, but is not considered to be a 999 emergency. Patients do not need an appointment to access an urgent care service. The urgent care services currently provided in the Scarborough and Ryedale area include:

- Walk-in service at Castle Health Centre (open 8am to 8pm seven days a week)
- Minor Injuries Unit (MIU) at Malton Hospital (open 9am to 5pm seven days a week)
- GP out-of-hours service which is available in both areas between 6:30pm and 8:00am.

*“ One of the key things we want to hear about is accessibility and your thoughts on where the two centres should be located ”*

Around 3,000 patients access urgent care services in Scarborough and Ryedale every month for anything from a cut finger to high temperature.

Our review of urgent care services aims to improve patient experience and ease pressure on busy accident and emergency departments. Under our proposals, the current urgent care services in Scarborough and Ryedale

would be replaced by two new urgent care centres, with one in each locality.

These centres would provide urgent care services to patients around the clock, with access 24 hours a day, 365 days a year. We are aiming to launch the new service in spring 2015.

As our plans are still only an outline at this stage, we are asking for the views of local people to help develop them further. This will ensure that the end result is a service that meets the needs of local people and is provided in the most appropriate place.

One of the key things we want to hear about is accessibility and your thoughts on where the two centres should be located. As part of our proposal we have intentionally not specified the location of either of the two centres as we don't want to limit our options.

# How you can get involved...

There are a number of ways you can get involved:

## Read our 'Right care, first time' document and complete our survey

These can be accessed online at [www.scarboroughryedaleccg.nhs.uk](http://www.scarboroughryedaleccg.nhs.uk) or picked-up in health and community venues across the area. A video about our proposal can also be viewed on our website. Please note that you have until 30 March 2014 to complete the survey!



## Attend a public meeting

We are holding four public meetings to give you the opportunity to find out more about our plans and ask questions. Details of these meetings are given below.

There is no need to book – simply turn up to your chosen meeting.

Date	Time	Venue
Thursday 20 February	7pm	The Street, Scarborough
Wednesday 26 February	7pm	Ryedale District Council, Malton
Wednesday 5 March	2pm	Eastfield Community Centre
Thursday 13 March	7pm	Evron Centre, Filey

## Take part in a focus group or interview

Evidence shows that there are three main groups of people who are more likely to need urgent care than others. These include:

- Mothers of young children
- Young adults aged 18 to 24
- People who have moved to the area from Eastern Europe

If you are in one of these groups and are interested in taking part in a focus group or interview about urgent care, please contact Alex Trew hitt:

- email [alextrewhitt@nhs.net](mailto:alextrewhitt@nhs.net)
- phone: 07718192264.



Once we have compiled all the feedback received, we will use it along with our own data and intelligence to write a detailed specification for the new urgent care service. This will be used as part of a tender process to identify potential providers of the service.

# Is A&E for me campaign

**In December we launched a campaign to encourage people to think twice before calling 999 or attending A&E with symptoms that could have been treated elsewhere by non-emergency services.**

Latest figures show that between 15 and 25 per cent of people who

attended the A&E department at Scarborough Hospital during 2012/13 only needed the most basic investigations and treatment, with an additional 11 per cent not requiring any investigation or treatment at all. The cost of this to the NHS and the tax payer totalled almost one million pounds.

Our 'Is A&E for me?' campaign aims to raise awareness of the other health services that are available in the area and the types of illnesses and injuries they are able to treat - see below.

To find out more pick up a leaflet from your local GP Practice or pharmacy.

**Self-care** 

Hangover? Grazed knee? Sore throat?

Self-care is the best choice to treat very minor illnesses, ailments and injuries. A range of common illnesses and complaints, such as coughs, colds, sore throats, upset stomachs and aches and pains can be treated with a well-stocked medicine cabinet and plenty of rest.

Help stop the spread of infection: If you have sickness and diarrhoea don't go to your GP practice or hospital, instead drink plenty of fluids and call your GP practice if you are worried, especially if you have other health conditions.

For more information about self-care visit [www.nhs.uk](http://www.nhs.uk)

**Your Local Pharmacy** 

Need to talk to an expert?

Your local high street pharmacy can provide confidential, expert advice and treatment for a range of common illnesses and complaints, without having to wait for a GP appointment or at A&E.

Pharmacists can also dispense repeat prescriptions without the need to visit your GP - speak to your GP or pharmacist to arrange this.

To find your nearest local pharmacy visit [www.nhs.uk](http://www.nhs.uk)

**Your GP** 

Illness or injury that won't go away?

If you have an illness or injury that won't go away, make an appointment with your GP. They provide a range of services by appointment and when absolutely essential can make home visits.

If you need urgent medical care when your surgery is closed (and it can't wait until the morning) call your surgery number and you will receive information on how to access the care or advice you need.

To find your nearest GP service visit [www.nhs.uk](http://www.nhs.uk)

**NHS 111** 

Need medical advice quickly?

When you call NHS 111 you will speak to an adviser who will help you decide what medical help you need, tell you where you need to go to get medical help and transfer you to the service you need.

You should use the service if you urgently need medical help or advice but it's not life-threatening.

Calls to 111 are free, including from mobiles, 24 hours a day, 365 days a year.

**Minor Injury Unit (MIU) and Walk-in Centre** 

Cut? Sprain? Minor burn?

Minor Injury Units (MIUs) offer fast, convenient and expert care for minor illnesses and ailments including cuts, grazes, wounds, sprains and minor burns.

No appointment necessary - just walk in...

A MIU is located at:  
Middlecave Road, Malton, North Yorkshire, YO17 7NG, Tel: 01653 693041  
Opening times: 9am to 5pm seven days a week

A Walk-in Centre is located at:  
York Place, Scarborough, YO11 2NP, Tel: 0330 1239278  
Opening times: 8am to 8pm seven days a week

**A&E and 999** 

Difficulty breathing? Heavy bleeding? Chest pains?

Accident and Emergency departments and the 999 ambulance service should only be used in a critical or life-threatening situation. Dialling 999 and stating an emergency situation will result in a response vehicle being sent to your location.

A&E departments are located in:

Scarborough Hospital, Woodlands Drive, Scarborough, North Yorkshire, YO12 6QL, Tel: 01723 368111

York Hospital, Wigginton Road, York, North Yorkshire, YO31 8HE, Tel: 01904 631 313

## CCG awarded full authorisation by NHS England

Following a recent review by NHS England, we are pleased to say that all our conditions of authorisation have now been lifted.

This means that we have successfully satisfied all requirements of the authorisation process which will give us greater independence in commissioning healthcare services locally.

Dr Phil Garnett, Clinical Chair for the

CCG said: "It's great news that our organisation has reached this important milestone which is a reflection of the hard work and determination of our staff. At our initial authorisation assessment in February 2012, a small number of issues were identified (known as conditions) which meant we had to develop improvement plans in order to have them lifted. These mainly related to our financial capability and the historic debt we inherited from our predecessors.

"Achieving full authorisation is an encouraging step forward on our journey of continuous improvement; however it is important for us to remain focused on developing our organisation beyond the requirements of authorisation.

"We will continue to strive towards achieving our vision to improve the health and wellbeing of people living in Scarborough and Ryedale."



# The benefits of stopping smoking before surgery

**We all know that smoking affects our long term health. But did you know that smoking also greatly increases the risk of complications during and after surgery?**

There is good evidence that stopping smoking before your operation:

- Reduces lung, heart and infectious complications
- Reduces bone healing time for fracture repair after fracture
- Reduces length of stay in hospital.
- Reduces anaesthesia related complications
- Decreases wound healing time.

The wound cannot heal as effectively if you smoke, as not only is there a reduced blood flow, but a lower level of oxygen in the blood

- Reduces breathing problems (if you smoke you have a one in three risk of post-operative breathing problems. This can be reduced to one in ten if you stop smoking eight weeks before the operation).

By stopping smoking you can get back to normal life faster, saving money, being active with



your family and having better health long into the future.

With help and support, you may find it easier to stop than using willpower alone. Smoking is highly addictive and it is the nicotine that makes it so. You can get lots of different types of Nicotine Replacement Therapy (NRT) to help you manage your withdrawal symptoms.

**“Smoking 20 premium brand cigarettes a day costs about £2,600 a year”**

There are other products available on prescription that can help you go smoke free, such as Zyban and Champix. You can also buy electronic cigarettes from many high street retailers and pharmacies.

Here are some other types of support to help you kick the habit for good:

- Your GP Practice may have a registered Stop Smoking Advisor who can help you to stop smoking. Ask for further information at your GP Practice.
- Contact your local NHS North Yorkshire Stop Smoking Service 0300 303 1603 for free group or one-to-one help and advice from trained experts. Let them know that you are going to have an operation so they can give you priority.
- Ask your local Pharmacist if they have a trained Stop Smoking Advisor you can see for free one-to-one help and support.
- The NHS Smoking Helpline and website are always there to give free advice, help and support. Call 0800 169 0 169 or for online help and support visit [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

IMPROVING ACCESS TO CARE IN THE COMMUNITY

Identify

Support

Educate

# Neighbourhood Care Teams



**Neighbourhood Care Teams (NCTs)** is one of the key projects within our 'Improving Access to Care in the Community' Programme. The introduction of NCTs has been a key priority for the NHS at a national level for some time and many other areas of the country are currently in the process of introducing them.

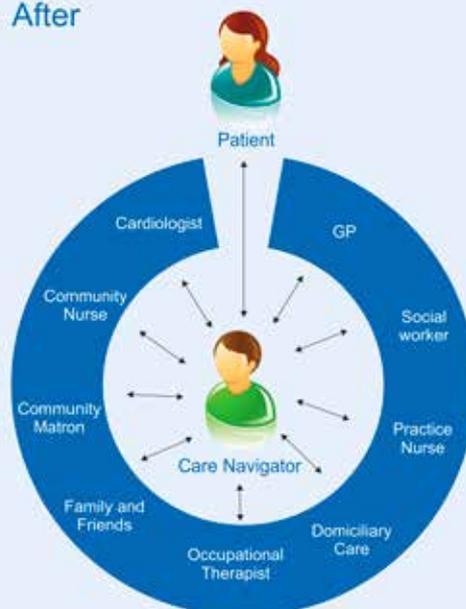
NCTs aim to bring together separate health and social care services that provide care and support to patients with a long term condition (such as respiratory or heart disease) into a single team, with the patient at the centre.

## How care is coordinated by care navigators

Before



After



By doing this, we aim to provide a more coordinated package of care that not only avoids duplication and enables the patient to be supported in their own home for as long possible, but also reduces the risk of being admitted to hospital.

**Why do we need NCTs?** Helping health and social care staff to work more closely together has already made a real difference in other parts of the country, leading to improved services and fewer people ending up in hospital or in long-term residential care.



Finding even more effective ways of working will enable us to direct resources to supporting more people in the future as the number of older people and people with long-term conditions increases.

Introducing NCTs will help us to:

- Minimise delays and reduce duplication or fragmentation of services
- Reduce the number of different professionals who need to be involved. This means people don't have to keep repeating the same information to different staff
- Ensure information is shared more effectively
- Get a broader, more holistic understanding of patients' needs. This will make it easier to link them to appropriate local services and ensure they have access to activities and support that match their interests and needs.

#### **The role of care navigators**

Each patient that is cared for by an NCT will have a

dedicated 'care navigator'. Care navigators have been used successfully for some time in supporting patients with mental health problems, but it is a relatively new concept for patients with a long-term health condition.

The role of the care navigator is to act as an advocate for the patient and coordinate a package of care on their behalf.

Essentially they are the lynchpin between each service that is being provided to the patient and will help to ensure the care provided is as seamless as possible.

#### **Timescales**

Neighbourhood Care Teams are being introduced in phases across the Scarborough and Ryedale area, with the first team being introduced in Filey, Hunmanby and Eastfield.

This phased approach will help us to monitor their effectiveness before introducing them more widely.

# First Place of safety

**On Monday 27 January, the much anticipated Section 136 Place of Safety officially opened at Cross Lane Hospital in Scarborough. This service provides a place of safety for vulnerable adults detained by the police, under Section 136 of the Mental Health Act.**

The opening of the service has been made possible through a partnership between NHS Scarborough and Ryedale Clinical Commissioning Group (which has funded the service), North Yorkshire Police, Tees Esk and Wear Valley's NHS Foundation Trust (who will run the service) and North Yorkshire County Council.

A Section 136 Place of Safety is somewhere a person can be detained for up to 72 hours if they are in mental health crisis and the police believe them to be in immediate need of care for the sake of their own, or another person's, safety. Until now the police had no option but to take these people to a custody suite, even though they may not have committed an offence.

Someone can be detained for up to 72 hours in the Section 136 Place of Safety while medical assessments take place and arrangements are made for their treatment and care.

A Place of Safety has to meet strict criteria in terms of staffing, facilities and policy. Under certain circumstances, police custody suites or an A&E department can be used as a Place of Safety. However, a health-based Place of Safety

linked to mental health services should be available.

Dr Peter Billingsley, lead for mental health at NHS Scarborough and Ryedale Clinical Commissioning Group (CCG), said: "Establishing a Place of Safety has been one of our main priorities since we became the leader of the local NHS last April.

"This is a high risk and complex area that involves a range of partners to make it work safely and effectively. The opening of this service is a great example of organisations from health, social care, police and the ambulance service working together for the benefit of patients in the area."

Martin Dale, Locality Manager, Cross Lane Hospital, Scarborough said: "People detained under Section 136 can be extremely vulnerable, may be unwell and require health and social care including assessment by experienced professionals. I am delighted that this new Place of Safety provides a suitable environment to provide this much needed service."



# Stroke service granted provisional accreditation

Following an accreditation visit by the Strategic Clinical Network in November 2013, the stroke service at Scarborough Hospital has been granted provisional level 2 accreditation (full stroke service except neurosurgery).

The visit was undertaken following a peer review of the service back in July 2012 which identified a number of issues with the service. Over the past year NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) has been working closely with Scarborough Hospital and other stakeholders to develop the stroke service in order to reach the required standards set by the Strategic Clinical Network.

Reviewers were impressed by the considerable progress made in developing the service and recognised that a safe and sustainable service is now provided at the site. A number of significant improvements have been made, including:

- Medical staffing has been increased to facilitate seven day ward rounds
- A telemedicine rota



for thrombolysis ('clot-busting' drug) decision making on a 24/7 basis

- Thrombolysis decisions and outcomes are being reviewed on a regular basis
- Additional nurses were recruited to ensure 24/7 availability of band 6 nurses
- Approval to increase CT scanning to six days a week
- Three hyper-acute beds staffed on the stroke unit
- A revised pathway to ensure all patients have rapid access to the stroke unit and hyper-acute care regardless of thrombolysis status

- Data collection and submission to the national audit, Sentinel Stroke National Audit Programme (SSNAP) has commenced.

Dr Greg Black, lead for stroke services at the CCG, said; "The CCG is delighted with the progress so far and will continue to monitor developments through regular meetings and analysis of the quarterly data.

"Unfortunately the prevalence of stroke remains high; with over 10,000 people in Yorkshire

and Humber suffering a stroke every year. The most effective treatments for a stroke are dependent on whether the symptoms are recognised and diagnosed within three hours of the stroke occurring. Therefore maintaining a safe, local stroke service remains one of our key priorities."

The merger with York Teaching Hospital NHS Foundation Trust has also benefited Scarborough through sharing resources, processes and leadership across the two sites.

## Contact us

T: 01723 343 660

W: [www.scarboroughryedaleccg.nhs.uk](http://www.scarboroughryedaleccg.nhs.uk)

E: [srccg.enquiries.net](mailto:srccg.enquiries.net)



### Join us on twitter and facebook

Our facebook and twitter profiles contain the latest news about what we're up to and how you can get involved. Feel free to ask us questions and comment on our posts – we'll do our best to respond quickly!

Facebook: [www.facebook.com/srccg](http://www.facebook.com/srccg)

Twitter: @srccg

facebook