

QUESTIONS AND ANSWERS

Temporary changes to Chorley Emergency Department

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What needs to happen for the emergency department to be reinstated?

The board, and all our staff, along with partner agencies, are absolutely committed to reinstating the emergency department at Chorley as soon as we have the sufficient staff to ensure we can provide a safe and sustainable service, and we are all working hard to make this happen.

We need at least 14 doctors to safely staff the departments across both hospitals, and currently have a gap of six. Currently we have potentially secured three of these doctors and there are further potential candidates we are actively pursuing. As soon as we have enough doctors to provide a safe and sustainable service we will reinstate the emergency department at Chorley, and we will provide regular updates about our progress.

Why have you decided to replace the emergency department with an urgent care service?

This issue has arisen because of a combination of factors :

1. There is a national shortage of emergency medicine doctors.
2. We haven't been allocated enough doctors in training, and so we have gaps in our rota.
3. The way in which the national agency cap has been applied elsewhere is affecting our ability to attract locums

These three things combined means that we don't have enough of the right type of doctors to safely staff the emergency department.

We should have 14 middle grade doctors to safely staff the department - but we only have 8 middle grade doctors in post.

It would be negligent to attempt to provide a service when there are not enough doctors to staff it – this would be an unacceptable risk to patient safety.

What have you been doing to recruit the staff you need?

We have been continuously trying to recruit all the doctors we need, both permanent and locum staff.

We have developed and are implementing a vacancy management and recruitment strategy which includes improving marketing, role substitution and the use of alternative recruitment sources.

We have been working with Health Education North West to look at increasing the number of doctors in training we are allocated, as we know that Lancashire and

South Cumbria are allocated proportionately fewer doctors in training than other regions. Doctors in training help us staff the doctor rota in emergency departments.

We have raised the profile of our organisation to attract more candidates, and promoted vacancies nationally through advertising posts on the NHS Jobs website and doctors.net which is where doctors would look for potential opportunities; exhibited at national recruitment conferences; and developed a promotional DVD to highlight why doctors should work for us.

We have undertaken proactive overseas recruitment including skype interviewing with doctors abroad; making links with an organisation that supports overseas doctors to gain GMC registration; working with the Royal College of Surgeons on an international recruitment project; and supporting a number of schemes that provide junior doctors with opportunities to work and train in the UK.

We have implemented role substitution through nurse clinicians, physicians associates, advanced nurse practitioners and prescribing pharmacists to support the emergency department team and service.

We have changed conditions and contracts including appointing GPs; offering contracts to locum staff; enhancing the staff bank pay rate; enhancing terms and conditions for specialty doctors; and introducing a recruitment premium for emergency medicine doctors.

And we decided not to implement the final stage of the agency cap given the impact on our ability to fill our posts.

We have raised our concerns with NHS Improvement about how the agency cap has been applied elsewhere.

We have attempted to fill substantive posts on a temporary basis with locum doctors either through NHS contracts or through locum agencies.

We have developed and offered joint academic and/or research posts to attract more staff.

What have you done to prevent the recruitment issue reaching crisis point?

As well as all the actions we've taken above, we've asked GPs for extra help in the department.

We've contacted other hospitals to see if anyone has any doctors who can provide support – but we're hearing many other emergency departments are in a similar position so nobody is currently available.

We're trying to recruit extra consultants to 'act down' into the middle grade doctor role.

Our board has agreed that we won't implement the agency cap for emergency medicine locums, but despite this we've not been able to secure enough to cover the rotas at the moment.

And we'll continue all of these efforts to secure the staff we need to run the departments.

The dedication and commitment of our emergency department doctors and consultants has prevented this staffing crisis from occurring earlier in the year. They have done lots of extra shifts and covered many gaps on the rota but it is not sustainable for them to keep doing this.

Is it true that you've been sent CVs you're not acting on?

This is absolutely not true. We can confirm that since the decision was made to make a temporary change to the emergency department we have been sent a number of CVs, but unfortunately many of them are simply not qualified for the roles we need. Some of the doctors have only worked in the emergency department environment for a short time, and some don't have the necessary checks in place to ensure they are able to provide safe care for our patients. We have requested further information about several CVs, and are actively pursuing a number of potential applications. However we obviously need to check any potential staff have the right skills, experience and qualifications and this process clearly takes a little time. We are also continuing all of our other recruitment activities; however we will not appoint any staff who are unsuitable or unqualified as we will not compromise patient safety.

Some people have suggested calling in the army, is that a good idea and have you considered this?

An emergency department needs to be staffed by appropriately qualified, trained and experienced staff to deliver safe patient care.

We've had conversations with colleagues at the local barracks because we already provide some training for their medics - however they do not have the right kind of doctors available that we need.

We have requested advice from NHS England about the feasibility and process for accessing national armed services support. NHS England advises that such an application for support would constitute a Military Aid to Civilian Authorities request, which is a last resort and would only be considered when all other options have been exhausted. NHS England advises that as plans are in place to maintain a safe and effective service, and discussions are continuing, such a request is therefore currently not appropriate. NHS England also advises that military personnel are no longer based in military hospitals, but are reservists within NHS district general hospitals, so providing military support would involve taking medics from other hospitals around the country.

Who has made the decision to replace the emergency department with an urgent care service?

This decision has been taken by the System Resilience Group, which is a group that involves the organisations involved in providing urgent care in central Lancashire. The SRG comprises Chorley & South Ribble CCG, Greater Preston CCG, Lancashire County Council, Lancashire Care Foundation Trust, Lancashire Teaching Hospitals NHS Foundation Trust, and NWAS. Together we have assessed the situation, reviewed risks and considered all potential options to maintain safe and effective patient care. Together we have concluded that temporarily replacing the emergency department with an urgent care service is the most effective way to maintain safe care for local patients.

Why has there been no public consultation?

This is a temporary measure to deal with an urgent staffing crisis and maintain patient safety, so the System Resilience Group has the authority to agree such a decision without a public consultation. Any proposal to make a permanent and significant change to any hospital services would be subject to a formal process.

When will the department re-open?

We are continuing our efforts to recruit all the staff we need and aim to reinstate the emergency department service as soon as we have enough doctors. It's not possible to say when that might be, because we simply can't predict who we'll be able to recruit and when they will be available to start work.

We need at least 14 doctors to safely staff the departments across both hospitals, and currently have a gap of six. Currently we have potentially secured three of these doctors and there are further potential candidates we are actively pursuing. As soon as we have enough doctors to provide a safe and sustainable service we will reinstate the emergency department at Chorley, and we will provide regular updates about our progress.

Preston is already busy, how will it cope with the extra patients?

The majority of patients who attended the emergency department at Chorley previously can be safely and appropriately treated at the urgent care centre based in Chorley Hospital.

We have temporarily expanded the emergency department and assessment areas at Preston to accommodate additional patients, and staff from departments across the hospital are providing extra support. We have transferred some medical assessment services and some day case surgery to Chorley to free up space for extra beds so we can admit any additional patients.

We have also been working closely with the ambulance service whose staff are very experienced in assessing patients and transferring them quickly to the most appropriate setting.

So far patients are not waiting any longer to be seen – in fact waiting times at both hospitals have improved this week.

People are saying that patients are now waiting many hours to be seen is this true?

This is not true. It is completely inaccurate to say that this change has increased the length of time patients are waiting to be seen. Waiting times at both hospitals have in fact improved in the week since the urgent care centre opened. A small number of patients have remained in the emergency department for a lengthy period - however this is entirely unrelated to the change of service at Chorley and is due to the patients' particular conditions.

So far there hasn't been a significant increase in the number of patients attending the department at Preston. We are coping well and managing to see and treat patients promptly and effectively.

People in Chorley are concerned that the extra travel time to Preston might affect them if they have a medical emergency?

For several years patients from Chorley with certain conditions have been transferred to Preston for treatment. Major trauma services were reorganised a few years ago, and evidence from that new way of working tells us that people's outcomes are affected by how they're treated by the paramedic crew, and how they're treated when they get to hospital, rather than how long they spend in an ambulance.

For several years patients from Chorley (and other areas in Lancashire and South Cumbria) have been transferred to Preston where a number of other specialist services are provided including neurosurgery, plastic surgery, and more recently vascular surgery. For some time children from the Chorley area have been taken directly to Preston by ambulance where the paediatric service is provided.

For several years patients from Chorley and surrounding areas who have a cardiac emergency have been taken to Blackpool.

Our ambulance service colleagues are very experienced in getting patients to the place they need to be as quickly as possible, and there are just a few miles between Chorley and other emergency departments in Preston and other areas.

Why has the emergency department at Chorley rather than Preston been affected?

The major trauma centre along with a number of other specialty services including neurosurgery, plastic surgery and vascular surgery are provided at Preston, and are a vital part of the pathway for patients from Lancashire and South Cumbria who may need to be admitted to hospital for emergency care and treatment. Patients who need any of these services, as well as children, are already transferred from Chorley to Preston to be admitted to hospital.

The area's helipad is at Royal Preston Hospital which enables patients with life and limb threatening injury to be transferred to hospital by air ambulance.

And Preston is the busier department, with around 80 more people attending every day than Chorley.

What will the Urgent Care Centre provide?

Urgent care services will be provided at the urgent care centre, at Chorley & South Ribble Hospital. The service will be provided by a combination of emergency department consultants, nurse practitioners, GPs, nurses and healthcare assistants.

The majority of people who currently attend the emergency department at Chorley have conditions that can be treated safely and appropriately by an urgent care service. Most patients with minor injury or illness can be treated by an urgent care service.

The Urgent Care Centre will be open between 8am and 8pm. Outside these hours patients should phone 111 for advice or attend their nearest emergency department. From Monday, the Euxton GP out of hours service has been based at the Urgent Care Centre to provide additional support.

We have produced a detailed leaflet that explains exactly what treatment is available at the urgent care centre- you can find this [on our website](#).

Implications for our staff

Will any emergency department staff lose their jobs?

No emergency department staff will lose their jobs. We will work with staff and the trade unions to transfer staff from Chorley to Preston to help us manage this current issue. Nursing and other staff will also have opportunities to work in the urgent care service at Chorley, and in other departments in both hospitals. We will do everything we can to accommodate our staff's preferences. Our staff have responded really constructively to this temporary change because maintaining patient safety is everyone's priority, so they're willing to work flexibly to make sure we're able to provide good care whilst we're dealing with this issue.

Will doctors in training be able to get the experience they need if there is no emergency department at Chorley?

This is a temporary measure to deal with an immediate staffing crisis. Some medical assessment services will be transferred from Preston to Chorley which means junior doctors can be assured they will still get the acute medical experience they need to complete that stage of their training.