

REPORT ON
TAYSIDE ACUTE SERVICES REVIEW
(Stracathro Hospital)
for
TAYSIDE HEALTH BOARD

by
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and
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1. BACKGROUND

Remit of the Review

To review Option 7 and Option 7a of the Acute Services Review carried out by Tayside Health Board and Option 27 of the Brechin & District Patients' Association (BDPA). These options to be reviewed particularly in relation to clinical safety.

The Reviewers

The Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh were approached by Tayside Health Board to supply independent clinical reviewers. The reviewers were Dr Niall D C Finlayson (President of The Royal College of Physicians of Edinburgh) and Mr John McCormick (Vice President of The Royal College of Surgeons of Edinburgh). The credentials of these reviewers are enclosed as abbreviated CVs.

The Process

The process included a review of information provided by Tayside Health Board, a visit to Stracathro Hospital and interviews with individuals with interests in the decisions taken in respect of Stracathro Hospital.

- The information supplied by Tayside Health Board included the broad remit of the investigation (*Appendix A*), a summary of efforts to recruit and retain medical staff at Stracathro Hospital (*Appendix B*), the final report of the Tayside Integrated Acute Services Review (Phase 2), Option 27 of the BDPA, and commentary letters from Dr Alan Shepherd (Secretary, Area Medical Committee) (*Appendix C*), Professor C R Pennington (Clinical Group Director, Medicine and Cardiovascular) (*Appendix D*), a comment from the Brechin localities (Dr Hamish D Greig, Chairman, Scottish Association of Community Hospitals) (*Appendix E*), Mr N Townell (Clinical Group Director (Acting) Surgery and Oncology) (*Appendix F*) and Mrs M E Smith on behalf of the Stracathro Staff Action Group (SSAG) and the Angus & Mearns Action to Save Stracathro (AMASS) (*Appendix G*).
- The visit to Stracathro Hospital took place on Thursday 15 March and Friday 16 March 2001.
- The individuals we met at Stracathro Hospital included Dr Bill Mutch (Consultant Geriatrician and Medical Director of Tayside Primary Care Trust), Dr Alan Shepherd (Secretary of the Area Medical Committee), Mr Nick Townell (Consultant Surgeon), Dr G M Brennan and Dr T S Callaghan (Consultant Physicians at Stracathro Hospital), Dr M Lafferty (Locum Consultant at Stracathro Hospital), and Drs J Dillon, M C Jones (Acting Clinical Group Director), R MacWalter, A D Morris and N Reynolds (Consultant Physicians involved in emergency medical care at Stracathro Hospital), LHCC representatives and representatives of the

interest groups. We met Mr Mike Lyall (Consultant Surgeon and Medical Director of Tayside University Hospitals NHS Trust) separately in Edinburgh subsequent to our visit to Stracathro Hospital.

2. CHANGING MEDICAL PRACTICE

During our review of the situation at Stracathro Hospital, we were conscious of the following determinants of current medical practice:-

- a steady increase in emergency admissions to hospital over many years for which there is no full explanation;
- emergency care carries the potential for needing a wide range of specialist opinion while at the same time the EU Working Time Directive and the New Deal for junior staff limits working time. This leads to a need for more staff each needing adequate exposure to maintain clinical skills;
- acute hospital care is increasingly dependent on inter-disciplinary working;
- in spite of increasing emergency admissions, the current trend is for delivery of medical care on an out-patient basis;
- the trend for earlier discharge from acute hospitals to step-down beds, intermediate care and community facilities;
- the General Medical Council now makes doctors responsible for safe working practice;
- the Clinical Standards Board for Scotland will increasingly set minimum standards for hospitals. This will include generic and specific standards for services and will require multi-disciplinary working;
- training and continuing education will be needed increasingly for all medical staff;
- clinical governance, appraisal and revalidation aim to ensure that doctors and hospitals provide high quality care, and all hospitals will be required to meet these standards;
- increasing public expectation includes an aversion to risk.

3. VIEWS EXPRESSED

We were impressed by the level of interest and concern shown by everyone we spoke to in relation to the future of Stracathro Hospital, and we realised that all the individuals with whom we had discussions had a considerable measure of support for that hospital. In particular, the interest groups (AMASS, BDPA, SSAG) have done an enormous amount of work in relation to their wishes for the future of a hospital on this site.

The Interest Groups

We had two meetings in relation to the interest groups. First a discussion with Dr Jimmy Smith and Mrs Margaret Smith (AMASS and SSAG) and Mr Ron Macdonald (BDPA) regarding Option 27, and then a wider group discussion about the issues underlying Option 27 with representatives of the same organisations and the Chair of the Health and Community Care Liaison Group (HCCLG), Councillor Glennis

Middleton. We were very impressed by the amount of work and skill that has gone into the preparation of Option 27.

- Emergency Care

The implementation of Option 27 as it stands would require the re-institution of a full District General Hospital. It is clear that this is what the interest groups would like to see done, but failing this they would wish to see a non-emergency hospital with as many non-emergency services as possible on the site of the present hospital. In this regard the interest groups realise that only a district general hospital will provide the full range of medical services including those required for the admission of seriously ill patients (e.g. intensive care unit), but they would nevertheless like to envisage the possibility that patients who were less seriously ill could be admitted urgently and that surgical operations needing the support of a high dependency unit would still be available. We pointed out that patients admitted as an emergency to hospital have illnesses which are in evolution, and sometimes in rapid evolution, and that the great majority of such patients require admission to a district general hospital.

- Non-emergency in-patient care

We recognise that the interest groups' comments on in-patient care do raise the issue of "intermediate medicine" which is referred to elsewhere. We also pointed out in this regard that high dependency units require high levels of staffing and do not operate easily in the absence of an easily accessible intensive care unit.

- Accident and emergency

The interest groups recognised the arguments leading to the siting of accident & emergency departments in district general hospitals, but it was clear that they would like to see some local accident service such as a nurse-led minor injuries facility.

- Ambulatory facilities

The interest groups clearly would like to see as many clinics, investigative, rehabilitation and therapeutic services as possible made available at the Stracathro Hospital site.

- Underlying feelings

It was clear that underlying the politely-put views of the interest groups and their strong support for Stracathro Hospital, there was a great deal of anger about the way in which the present situation has evolved. They believe that Stracathro Hospital previously worked well and supplied a valued service in its locality, they believe that services have gradually been run down to the point where closure might almost be inevitable and they believe that the Stracathro nurses have been badly treated and find

themselves in the impossible situation of being managed from Perth Royal Infirmary. They also believe, and they have gone to the trouble of obtaining independent engineering advice, that the hospital could be upgraded to safe levels at low cost.

- Ninewells Hospital

Their view of Ninewells Hospital was far from favourable, though they made it clear that they appreciated the staff of that hospital who they considered to be operating under conditions of excessive stress. They viewed Ninewells Hospital as being a place that was difficult to access, as it was at the wrong end of the city from their point of view, had inadequate parking and some of the parking is too far removed from the hospital. They did not think Ninewells Hospital a patient-friendly place to visit, largely because of the high levels of pressure on the staff with resultant poor care and they felt that Ninewells Hospital itself needed to do something to curb the high level of local referrals. They also clearly felt that Angus had suffered unfairly as a result of the financial drain imposed by Ninewells Hospital and they could only see the closure of Stracathro Hospital as worsening the situation at Ninewells Hospital.

Dr Bill Mutch (Consultant Geriatrician and Medical Director of Tayside Primary Care Trust)

Dr Mutch emphasised the point that any proposal for services at Stracathro Hospital short of a district general hospital would have to avoid “ageism”, as elderly patients often require the same kinds of treatment as younger patients. However, he emphasised the particular need for services close to home for elderly patients, the greater need for low-technology facilities and the greater need for rehabilitation services. He recognised the fact that there were four Community Hospitals in Angus all with in-patient beds and the need for these beds to be integrated with any facility developed at Stracathro Hospital. He considered that the demand for medical services from the elderly was more than sufficient to maintain the skills of geriatricians appointed to the region, particularly as these geriatricians operated in the community as well as at the hospital.

General Practitioners (Dr Stephen Bird, Lead Clinician of Arbroath and Friockheim LHCC and Dr Hamish Greig, Angus LHCC)

The general practitioners present viewed their Community Hospitals as very important parts of the primary care they offered to the community and they did not want the Community Hospitals disadvantaged as a consequence of any development at Stracathro. Indeed, the view was expressed that general practitioners would likely choose the Community Hospitals over a Stracathro hospital. In addition, they also said that they would not want to see a sub-optimal district general hospital on the Stracathro site although they recognised the strong attachment of the community around Stracathro to its hospital. They made the point that there were many things Stracathro Hospital has done well and could continue to do well. This could include ready access to consultant and investigative services.

- Emergency and intermediate care

The General Practitioners recognised the problems of emergency medical admissions to Stracathro Hospital under the present circumstances, and in particular they recognised the problems of the coronary care unit on the Stracathro site. In this regard, they recognise that some general practitioners felt positively about carrying out thrombolytic therapy while others were anxious in this regard. They also recognised the emergence of intermediate care and were concerned about the inter-relations in this regard between any new facility at Stracathro Hospital and the Community Hospitals.

- Hospital Services

The view was expressed that in general the smaller hospitals such as Perth Royal Infirmary give general practitioners a good service but one that is less specialised than that obtainable at Ninewells Hospital. However, they were clearly not impressed by the service they often received from Ninewells Hospital and this was described as “not what it was”. They felt this might be related to the high levels of hospital referral in Dundee, and they also had anxieties about the 2,000-4,000 extra emergency admission cases that would go to Ninewells Hospital if the emergency admissions at Stracathro Hospital stopped.

Dr Alan Shepherd (Secretary of the Area Medical Committee)

Dr Shepherd, who is a consultant physician in general medicine and gastroenterology at Perth Royal Infirmary, pointed out that the Area Medical Committee represents medical opinion at large and has no managerial link to Tayside University Hospitals NHS Trust. Our discussions supplemented his letter to the Tayside Integrated Acute Services Review of 19 February 2001 and Professor C R Pennington’s letter to the same body of 20 February 2001. Those two letters had both made the point that Option 27 could only be implemented in its entirety by the development of a new acute district general hospital on the Stracathro Hospital site. He emphasised how important it was that there should be only one way into the emergency medicine system, and that should be via a district general hospital with its full facilities. He viewed intermediate care as occurring subsequent to evaluation of an emergency episode and not a service for the initial treatment of ill patients. He did, however, think that a facility at Stracathro Hospital short of a district general hospital could provide out-patient clinics at consultant level, procedures such as endoscopy, imaging and possibly mammography providing this mammography was linked to a proper protocol for the management of patients with breast lumps.

Mr N Townell (Clinical Group Director (Acting), Surgery and Oncology)

Our meeting with Mr Townell supplemented and extended his letter to the Tayside Integrated Acute Services Review of 5 March 2001 in which he had made it clear that the full implementation of Option 27, with its requirement for high dependency (and

inevitably, in the case of surgery, intensive care) would imply the development of a full district general hospital on the Stracathro site. He made the point strongly that Stracathro Hospital has been “limping along” for too long and that this is a situation which cannot be allowed to continue. He considered that, short of a district general hospital, Stracathro Hospital could provide excellent day-care and 23-hour surgical facilities. Furthermore, he considered that patients from Dundee and Angus coming to such a facility could readily fill their 30 beds and occupy their theatres. He is aware that his surgical colleagues would support this view, that there is a good supporting staff of nurses for such a project and that pre-selection of patients appropriate for such a facility is already available. In his view, general surgical services (see below) could be provided in addition to ENT, ophthalmology and plastic surgery (already available in Brechin Community Hospital). He also pointed out that a day-care and 23-hour surgery care unit in Stracathro Hospital could provide excellent training opportunities for surgeons.

Mr Townell proved an enthusiastic and well-informed colleague and when he showed us round his unit it was clear that he knew the unit very well indeed and is justifiably proud of their achievements. Indeed, this part of our visit was very convincing evidence of what could be achieved at Stracathro Hospital.

Consultant physicians (Dr Mike Jones, Acting Clinical Group Director (Medicine and Cardiovascular), Dr T S Callaghan, Dr Geraldine Brennan, Dr Maureen Lafferty, Dr Andrew Morris, Dr Ron MacWalter, Dr N Reynolds, Dr John Dillon and Dr Margaret Kenicer, Consultant in Public Health)

This meeting included the physicians appointed to Stracathro Hospital and the physicians from Ninewells Hospital who also provide cover at Stracathro Hospital. The consultants were unanimous that the safe practice of acute medicine at Stracathro Hospital has become impossible (*see Appendix I*).

- Emergency medicine

The emergency medical cover available at Stracathro Hospital between all the consultants amounts to about 2.5 WTE on site. They pointed out that a crisis point in the service they do provide will occur on 31 May 2001 when one of the physicians involved (Dr Maureen Lafferty) goes on maternity leave. They regard the present risks at Stracathro Hospital as unacceptable, they know that Ninewells Hospital do have plans for transferring emergency medical admissions from Stracathro to Ninewells Hospital but they are not aware of the implementation of any of these plans.

They pointed out that a patient in the coronary care unit at Stracathro Hospital had only a 1:4 chance of seeing a cardiologist, and that echocardiography was only available on 3 days weekly. They also pointed out that only 1 in 3 patients admitted with a possible cerebrovascular accident gets a computed tomography scan of the brain within 7 days of admission.

- Staffing

The consultants pointed to difficulties encountered in obtaining senior and junior staff, confirming information from Tayside Health Board. These difficulties have been summarised in a letter (*Appendix H*). New consultants had not been obtained, and many locums had proved unsatisfactory. Senior House Officers are resistant to rotating to Stracathro Hospital and often depart for other jobs when this rotation becomes inevitable. Curtailment of emergency medical admissions on safety grounds will necessitate withdrawal of a rotating Specialist Registrar to Stracathro Hospital from September 2001 as the Education and Training Committee for General Medicine now regards training opportunities as inadequate.

- Non emergency services

The consultants did think there was the need for a sustainable plan for non-emergency services at Ninewells Hospital. Such a plan would have the support of the consultant physicians and the support of services such as radiology and the laboratories.

Mr Mike Lyall (Medical Director, Tayside University Hospitals NHS Trust)

Dr Finlayson, Mr Mike Lyall and Ms Ann Pearson met at the Royal College of Physicians of Edinburgh on 27 March 2001 subsequent to the visit to Stracathro Hospital. Mr McCormick discussed the situation with Mr Lyall by telephone. Mr Lyall agreed that his main interest was in the situation in respect of emergency medical admissions. He did not feel that the present system of support from Dundee could be sustainable with a long-distance on-call system and no specialty cover, and he agreed with the consultants' view of the problems of de-skilling at Stracathro Hospital. He confirmed the difficulties that have been encountered in obtaining adequate locum cover and he agreed that non-emergency services could be supplied from a redeveloped Stracathro Hospital site. In relation to surgery, Mr McCormick agreed to show Mr Lyall the facilities at Stranraer Hospital and give him an opportunity to meet and discuss the service with providers and users.

4. REVIEWERS' COMMENTS

Emergency Medical Admissions

Patients admitted to hospital as an emergency (i.e. same day admissions) potentially require a wide range of facilities. These patients can present with symptoms indicating the need for emergency admission, but the full nature of the patient's problem may only emerge over the succeeding several hours. Accordingly, any hospital admitting such patients requires for their best safety a properly supported emergency medical service and emergency surgical service supported by appropriate laboratory backing.

This is clearly not the case at Stracathro Hospital, where there is no emergency surgical service and where supporting services are not available 24 hours a day. Furthermore, the emergency medical service at Stracathro Hospital is inadequately staffed as detailed elsewhere in this report.

It is our view that the emergency medical service at Stracathro Hospital (including the coronary care unit) does not provide appropriate conditions for the delivery of a safe level of care for patients and should cease forthwith. We recognise this will create difficulties for emergency patients elsewhere in Tayside.

NOTE: *We wish to draw your attention to the General Medical Council booklet “Maintaining Good Medical Practice” in which the unequivocal advice states that a doctor must “take action if poor practice places patients at unnecessary risk” (p7, line 4) (see Appendix I, extract from the GMC Booklet). This reflects the advice we understand the consultants have been given by the Medical and Dental Defence Union of Scotland (MDDUS) that emergency medical practice at Stracathro Hospital is currently unsafe.*

Facilities

The facilities we saw in the surgical block at Stracathro Hospital looked very good and easily the equal of that in any District General Hospital. The wards were well-appointed, the 3 surgical theatres were very good, the recovery areas were all fully equipped with, for example, oxygen points and facilities for monitoring. The physiotherapy department looked reasonably spacious and of an acceptable standard, and a junior staff doctor on the orthopaedic ward commented that the physiotherapy service contributed substantially to the good results achieved in elective surgery. There was a well-maintained radiology department with enthusiastic staff and adjacent space for a mobile imaging unit and its patients. We did not see the medical block and we understand that this is not to such a high standard but is quite adequate. The interest groups told us that their independent engineering report on Stracathro Hospital had been good. In view of all this, we concluded that serious consideration should be given to maintaining services in some form at Stracathro Hospital as the basic infrastructure appears very adequate.

Supporting staff

We were impressed by the level of commitment to Stracathro Hospital of the staff we met in the wards, accident & emergency department and theatres, and in the radiology department. They accepted the need for flexible working, for example covering both anaesthetic and recovery duties after suitable training. The interest groups impressed on us the long-standing loyalty of the hospital supporting staff, which in their view was still very much present. It did seem to us that there is still in Stracathro Hospital a high quality supporting staff available for any continued service on this site.

Imaging

We were impressed by the well-maintained radiology department and by the enthusiasm of the staff in the department. The level of activity at the time of our visit was not high, but the staff made it clear that they would like to see a much higher

level of activity in the hospital. This situation might help relieve pressure at Ninewells Hospital.

Non-Emergency Hospital

In our view, the continuation of emergency medical admissions at Stracathro Hospital would require the re-establishment of a District General Hospital with all the facilities necessary for the safest management of these patients. However, we believe that Stracathro Hospital would be capable of providing useful and high quality services other than emergency services, which could be available to people living locally and to those further afield such as Dundee. These facilities could include: -

- Surgery.

A broad range of day case and 23-hour surgery could readily be carried out at Stracathro Hospital, and this surgery could include minor and intermediate procedures in general, orthopaedic, ENT, gynaecology, ophthalmology and oral and dental surgery.

- Risk avoidance by pre-assessment

It would be important that the surgery carried out did not include operations on higher-risk patients, and this would mean there would be an important emphasis on nurse pre-assessment. Such pre-assessment is already carried out at Stracathro Hospital and we were able to see some of the protocols already in use.

- Emergency events

Operating on low-risk patients does not mean that emergency situations such as cardio-respiratory arrest, cardiac arrhythmia, pulmonary aspiration, laryngeal spasm etc, would never occur but the facilities available in the theatre suite could easily be made adequate for managing these complications and a surgeon, possibly a junior doctor, an anaesthetist and the theatre supporting staff would be immediately available. Appropriate training and re-training in cardiopulmonary resuscitation for supporting staff would have to be arranged. These facilities and such staff would allow treatment to be carried out until the emergency resolved or a decision to transfer the patient to Ninewells Hospital was taken.

- Extent of surgical provision

Mr McCormick's experience at Stranraer Hospital would suggest that approximately 80% of all surgery required in the area served by the hospital could be supplied on the Stracathro site.

- Clinics

General medical clinics, specialty clinics, and one-stop clinics which included same-day investigation (for example, rectal bleeding) could be supplied on the Stracathro site.

- Investigations

An investigative facility could be made available at Stracathro Hospital. Imaging of all types could be developed in the current imaging department with, perhaps, magnetic resonance imaging being supplied from a mobile unit. Mammography could be included in this service provided it was part of an organised breast-disease service. Endoscopy of all types could also be supplied and pre-assessment would be required for endoscopy procedures in view of the pre-medication which might be required.

- Rehabilitation

An in-patient and out-patient rehabilitation service could be established on the Stracathro site, particularly in relation to stroke (this unit would specifically exclude the management of acute stroke which would be carried out at Ninewells Hospital). Further in-patient care which might be carried out at Stracathro Hospital would include “intermediate care”. This would require careful consideration as the precise definition of intermediate care remains imprecise and proper linkage with in-patient care in the community facilities would need to be established.

- Accidents and emergencies

A full accident and emergency service would not be appropriate, but a nurse-led accident service could be established.

- Telemedicine and teleradiology

These have the potential to increase the scope of activity at Stracathro Hospital by facilitating consultation and advice in clinics, imaging etc.

- Benefits of a Stracathro unit

- A non-emergency hospital on the Stracathro site could supply an excellent non-acute service for the local people in Angus which would include most surgery required, clinical assessment, a wide range of investigations and a rehabilitation/intermediate care facility.
- The services on the Stracathro site could be available to patients in Dundee, particularly in relation to non-acute surgery and this might relieve pressure on Ninewells Hospital.
- The service for non-acute patients would be improved, as the absence of emergency patients would avoid the diversion of facilities from non-acute to emergency patients which so often results in cancelled

appointments, delays in investigation, and postponement of planned surgery.

Training

Stracathro Hospital site could become important for the training of a wide variety of medical staff, nursing staff and other professions allied to medicine. In relation to medical staff, the facility could be a major training resource for day and 23-hour surgery and in the absence of emergency surgery this could be done on a planned basis.

Ninewells Hospital

We could not help but notice repeated criticism of the services provided at Ninewells Hospital as this was voiced, for example, by both general practitioners and the interest groups. The point was made to us repeatedly, however, that the inadequacies of the service from Ninewells were not related to the Ninewells Hospital staff (who were considered to be under far too much pressure) but to the level of demand in the hospital itself.

It was also emphasised to us that patients in Angus found that visiting Ninewells Hospital was both onerous and unpleasant because the hospital (from their point of view) was at the wrong end of the city, parking was extremely difficult, access to the hospital from some parking areas entails quite a long walk for relatively immobile patients and the level of acute activity can make visits frenetic.

Stopping emergency medical admissions at Stracathro Hospital could only increase the pressure on Ninewells Hospital to the tune of 2,000-4,000 patients per year. Doing this without providing any relieving facility seems unwise, unless some obvious accommodating reorganisation at Ninewells Hospital can be envisaged. A non-emergency facility on the Stracathro Hospital site could provide services to patients in Angus and in Dundee which might release facilities for the management of emergency patients.

Community Hospitals

The Community Hospitals in Angus were not part of our remit and we did not visit any of them. However, a non-emergency hospital on the Stracathro (or any other) site would need to function in relation to the Community Hospitals particularly in relation to certain levels of rehabilitation and even more intermediate care. It seemed clear to us from our discussion with general practitioners that they regarded retention of the Community Hospitals as a high priority.

5. SUMMARY

- Stop providing emergency medical services at Stracathro Hospital (Note: This will require reconsideration of the orthopaedic surgical service).
- Facilities at Stracathro Hospital seem to be ideal for provision of ambulatory day care and 23-hour surgery.
- Facilities at Stracathro Hospital seem to be ideal for rehabilitation/intermediate care.
- Redevelopment at Stracathro Hospital has the potential for excellent training of a wide range of staff.
- Improved ambulance transportation.

Dr N D C Finlayson, President RCPE
Mr J StJ McCormick, Vice President RCSEd

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