

## HEALTH SCRUTINY COMMITTEE MEETING 30 March 2007

### Update on the Development of ENT Services in Hereford

Following consultations in 2003 and early 2004, a networked ENT service between Hereford Acute Hospitals Trust and Worcester Royal Hospitals trust, in particular with regard to emergency services and out-of-hours services was progressed in August of 2004. Some years prior to this some ENT consultants had already been working across both trusts. A briefing paper, updating the changes in the service was put before the health and scrutiny committee in June of 2005. A further update has been requested with particular regard to issues of safety.

#### Overview of the Current Service

1. Both Hereford and Worcester Acute Hospitals provide a full range of ENT outpatient and inpatient facilities, excluding major head and neck cancer surgery in Hereford.
2. Medical staffing of the ENT department in Hereford consists of 1 full-time consultant; 1 consultant with  $\frac{2}{3}$  sessions Hereford,  $\frac{1}{3}$  sessions Worcester and occasional sessions in Llandrindod Wells; 1 part-time locum consultant; 2 full-time staff grade doctors; 1 foundation year 2 senior house officer doctors.
3. Medical staffing in the ENT department in Worcester consists of 6 consultant ENT surgeons, some of whom also have sessions in Redditch, Kidderminster and Bromsgrove and Evesham and 1, as above, shared with Hereford; one staff grade doctor; 5 SHO doctors, some of whom are general practice trainees; 2 specialist registrars on the West Midlands ENT rotation.
4. Amongst the above consultants, most have specialist interests in, for example, ear surgery, nasal surgery, head and neck cancer surgery, thyroid surgery, facial plastic surgery and paediatric ENT surgery. One consultant runs a specialist voice clinic in Worcester.
5. Worcester provides a 24-hour, 7 day a week ENT emergency service, consisting of SHO or Staff Grade doctor as first on-call and consultant as second on-call. Certain nights of the week, a registrar may provide an intermediate level of call.
6. In Hereford, a weekday, 9-5 ENT service is provided, which now includes an emergency ENT clinic every weekday morning, staffed by an SHO or staff grade, together with a specialist nurse. On Thursday evening, which is the only day of the week with full-day ENT operating, one staff grade remains on-call until 9.00pm. Outside these hours, Hereford inpatients are covered by general surgical house doctors, who have standing instructions to call the Worcester ENT on-call team for advice if they have any problem with ENT inpatients, most of whom would be post-operative. If on-call telephone advice from Worcester is not adequate to deal with the problem, they call the Hereford-based ENT consultant on-call. Because most ENT patients are discharged within 24 hours and we have no operating on a Friday, it is rare for there to be an ENT inpatient still on the ward on a Friday evening or over the weekend.

If any patient is likely to remain on the ward after 5.00pm on a Friday, that patient is either transferred to Worcester or an arrangement is made with the general surgical team on-call to monitor that patient until their discharge, generally on a Saturday morning.

7. Detailed protocols have been in place for ENT emergencies occurring after 5.00pm or at weekends. These have been in place since August 2004 and have been revised on 2 occasions, only minor revisions having been necessary. The ambulance services have been fully involved in the consultation and understand that patients outside 9-5 should be transferred directly to Worcester and only brought to A&E in Hereford if safe transfer over that distance is not considered appropriate without initial emergency management. Occasionally patients self present to A&E in Hereford or consult their GP and do require an urgent appointment. These patients can generally be dealt with the following morning in the ENT emergency clinic.

### **Inpatient Transfers from Hereford to Worcester**

Over last twelve months – 3 patients.

### **A&E Transfers**

16 patients transferred from April 2006 to October 2006 (over 7 months duration).

### **A&E ENT Emergency Workload in Hereford**

April 2006 to October 2006 – 244 patients.

### **Emergency ENT Clinics in Hereford**

August 2006 to February 2007 – Total of 723 patients of which 81 were referrals from A&E Department (data attached).

### **ENT Specialist Nursing in Hereford OPD**

Prior to the changes instituted in August 2004, nursing staff rotated around the outpatient departments in Hereford, leaving no specialist ENT nurses. However, following the changes, a nurse practitioner post was created. This was an extremely effective appointment and the nurse in question made a number of very beneficial changes to the practice in outpatients. She was very recently promoted to another position elsewhere in the Trust, but prior to her moving on she was able to fully train a senior grade nurse to take over her role and it is hoped that this nurse will within the next 12 months be promoted into a nurse practitioner grade. Two other nurses have more recently been recruited as specialist ENT nurses. These nurses now run independent clinics, for example, microsuction of wax and other material from the ears, post-operative care, such as suture removal, removal of packs from ears. One of the nurses has recently instituted an allergy clinic.

### **ENT Non-Consultant Grade Doctors**

Prior to the changes instituted in 2004, the non-consultant staff grade doctors were providing on-call duty at night at the expense of their availability during the day. These doctors are very experienced and with the new system they are only on-call 1 in 6 weekends, at which time they are based in Worcester Department and their experience is utilised in running new outpatient clinics.

### **Clinical Incidents**

There have been a number of organisational issues relating to the new network arrangements but these have not caused significant clinical risk to patients. The following represent a number of examples in recent months:-

1. An adult male patient was seen in A&E in Hereford with a severe epistaxis (nose bleed). After packing the nose, it was clear that the patient would need to be admitted. A&E staff contacted Worcester and were informed that no bed was available. They then spoke with one of the consultant general surgeons in Hereford who agreed to admit the patient under her care. This caused some confusion at the time. In fact, our protocols state that there is an A&E consultant, on-call, based in Hereford on Monday, as on other weekday nights, who could have been called for advice.
2. An adult male patient attended A&E in Hereford towards the end of January 2007 in the early hours of the morning. His nose was packed to control the bleeding. He was held in A&E pending the emergency ENT clinic at 8.45am. While being examined in ENT he collapsed with myocardial infarction and was transferred to the coronary care unit. In fact he had had a previous MI 5 days earlier which had been treated by angioplasty in Birmingham and he had been discharged from there the night before this admission. This is not really an ENT related matter. While he was in A&E, he was under their care and there were no adverse signs. If there had been he could have been transferred to coronary care at that time.
3. A young boy of 9 years in December 2006 attended A&E in Hereford. He had had ear surgery 5 days earlier and, because his ear dressing had become loose, he re-attended the paediatric ward, where staff advised the family to go to A&E to have the dressing changed. When A&E staff in Hereford questioned this, the ward indicated the patient would need to go to Worcester ENT department for the dressing change. The Hereford A&E department obviously sorted out this dressing as such a journey was completely inappropriate. Letters were exchanged between the Hereford A&E department and the lead nurse on the paediatric ward because clearly it was entirely appropriate that the paediatric ward change a dressing in these circumstances.
4. In August 2006, a patient attended the A&E emergency clinic with a painful discharging ear. That evening they returned to the Hereford A&E department with severe ear pain and localised swelling. The diagnosis was already clear and treatment with intravenous antibiotics and pain relief was clearly required. A&E staff contacted the junior ENT doctor on-call in Worcester, who had only just started in post. She was uncertain as to what to do and contacted her consultant on-call in Worcester. He felt that such a patient could be admitted by the medical team in Hereford rather than undertake the journey because the following morning, ENT in Hereford would be able to take that patient over again.

Unfortunately we don't have any such arrangement in our Hereford protocols and so the physicians were unwilling to accept this patient. The consultant on-call for Hereford was contacted and arranged for transfer of the patient to Worcester and admission there as per the existing protocol.

### **Action Taken to Address the Issues Underlying the Above Incidents**

1. Discussions were held with the physicians in Hereford regarding their ability to admit stable, non-surgical ENT patients such as those requiring analgesia. At this stage they felt that they had no capacity to do so.
2. Discussions were then held with the general surgical department within Hereford regarding admission of ENT patients in Hereford when stable. They have agreed in writing that this is acceptable as long as there is an ENT consultant on-call for advice over the phone, which there is.
3. The A&E consultants in Hereford have expressed some concern, principally over 2 matters: (a) what to do when no bed is available in Worcester and an ENT patient requires admission; (b) care of an ENT patient after initial diagnosis and management and prior to their actual admission and transfer. These issues have been addressed as following: (1) management in Worcester have agreed that when A&E in Hereford see a patient who requires ENT admission urgently in Worcester, even if there is no bed immediately available in Worcester, they may transfer that patient directly to the A&E department in Worcester from whence that patient will have priority for admission; (2) regarding the period of time after a patient is seen in A&E in Hereford, diagnosed and initial treatment instituted until the following morning when they can be taken over by Hereford ENT or for a period of time prior to their transfer to Worcester, the general surgeons in Hereford have agreed to oversee such a patient. An ENT consultant in Hereford is available for advice and at weekends an ENT consultant who is either Hereford or Worcester based is again available for advice.

### **Ambulance Service**

Over the past 3 years, we have had 3 meetings with the ambulance services regarding the emergency ENT protocols. Ambulance services have been extremely helpful in introducing these protocols and I am aware of no difficulties.

### **Future Direction of the Service**

Overall the network service between Hereford and Worcester has worked extremely well. Where issues have arisen, we have been able to address these by changes in protocols and discussions between clinicians. There has been no evidence of any lack of patient safety.

The service has actually developed as a result of these changes and we have additional specialist staff. We have access to sub-specialist surgeons and clinics. We have regular emergency clinics, providing improved accessibility for the many ENT emergencies which can wait to be seen within a day or two, rather than immediately. We have added an SHO to the department's medical staff. We have had an additional locum consultant in recent months and plans are progressing to formalise a further consultant ENT surgeon post within the department in Hereford. Our close associates, the audiological department are also expanding in order to deal with the digital hearing aid service. Our paediatric audiological colleagues have expanded into neonatal screening. One of the Worcester-based ENT registrars now attends Hereford for training on a regular basis and we have plans which are progressing well to introduce a new registrar post in Hereford in rotation with Worcester as part of the West Midlands rotation. We have instituted a number of new surgical services in Hereford, recently acquiring a KTP laser for ear surgery and a full range of endoscope sinus surgery instruments with video systems for both the operating theatre and outpatients.

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