

**REPORT TO:** BCC Select Committee On Partnership

**FROM:** Jenny Hunt, Chief Officer,  
Aylesbury Vale Community Health Council

**SUBJECT:** WINTER PRESSURES

**DATE:** 23 January, 2001

1. The Community Health Council (CHC) acquires information in the monitoring of local health services in a variety of ways:
  - Visiting NHS units and talking to patients, staff and visitors.
  - Informal contacts in the local community.
  - Anecdotal evidence from people who contact the CHC office.
  - Project work initiatives such as Casualty Watch.
  - Approaches from the public experiencing problems.
  - Complaints.
  
2. The Council is aware of monies allocated by Government to health authorities to help combat winter pressures and the sources to which this money has been allocated.
  
3. Within the previous year, to date there has been no significant adverse impact of winter pressures. This could be due to one or more of the following reasons:
  - Better planning - much was learnt from the Millennium Planning exercise.
  - Organisations now work more closely together.
  - Additional resources for critical care.
  - Intermediate care projects.
  - Interim care places in Nursing Homes.
  - Additional intensive care beds.
  - Full time discharge co-ordinator.
  - NHS Direct now fully operational.
  - 'Flu immunisation programme.
  - There has been no epidemic of flu or similar viruses.
  
4. In the past the CHC has been critical of the number of blocked beds in the Acute Sector due to 'delayed discharges'. We have been unable to determine the definition of a 'delayed discharge', which could be for a number of reasons, including patient choice. Patients often consider they have been discharged too early because of pressure on beds.
  
5. It is our understanding the during the Christmas period there were only 3 delayed discharges in mid-Bucks. However, impact of the winter period (mid-December to

mid-February) has not yet been reached. In fact, for the first time in many months Stoke Mandeville Hospital was at green alert over the Christmas holiday period.

6. In the post Christmas period, there has been pressure on mental health services but the system has coped.
7. CHCs have no Statutory right to visit and inspect Nursing Homes (as NHS premises) but produces a Guide to these homes for public use. In order to do this, visits to homes are essential and rapport has been established with local home owners to enable such visits to take place.
8. It would appear that funding of social care has not presented problems for some users but the shortage of places in homes has.
9. From our involvement in the Nursing Home Registration Management Group (Buckinghamshire Health Authority), we are aware that some nursing homes are changing status to residential care because of new Regulations so there are less places becoming available.
10. The availability of home care can present problems, especially to elderly people. Cost is always difficult, so some people say they are reluctant to use the services. However, in rural areas it may be due to lack of availability, especially at periods such as Christmas when people want to take time off .
11. Feedback from users of the Intermediate Care Services has been positive. However, there is no contingency back up for Teams. If a member of staff is unable to report for duty, there is no on-call arrangement to provide cover. This occurred over the Christmas period but the service was able to cope. The Aylesbury Vale Intermediate Care Project is fully subscribed. Should such services not be available, there could be more demands for inpatient/nursing/residential care.
12. An area of concern to the CHC has been the limited opening hours of pharmacists over the Christmas period. In Aylesbury town this was one pharmacist on Christmas Day open for one hour at lunchtime. On Boxing Day one pharmacist was open for an hour in the morning and an hour in the evening. One approach received from a parent, complained of queuing for some time on both days. On the first occasion (Christmas Day) the pharmacy did not have stocks of the appropriate drug (pain relief syrup).
13. Our discussions with local Acute Services providers have revealed that 'pressures' on services are no longer seasonal. During the past year we have seen the number of operations cancelled increase; closure of A&E Units; closure

of the Maternity Unit at Stoke Mandeville Hospital for two days and increased waiting times, all of which action has caused considerable distress to patients.

- 14.** The largest threat to the provision of health services is the inability to recruit and retain nursing and therapy staff, which in itself presents real challenges for the NHS.
  
- 15.** The Community Health Council continues to monitor local services. At the end of January and March 'Casualty Watch' takes place, whereby every CHC in the country visits A&E Departments on a specific day and time to check on number of patients waiting, length of wait, trolley waits, etc. In addition, on 25th January a number of CHC members will be facilitating focus groups of over 65 year olds about their experiences of local health and Social Services (Bucks Age Concern). Both these initiatives will give a further insight to any winter pressures which may exist from the user perspective.

Jenny Hunt  
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