HASC Working Group on Urgent Care in Buckinghamshire: CCG response to questions

At their meeting on 28th October 2013, the HASC working group identified a number of questions for the local Clinical Commissioning Groups to answer. The responses provided were as follows:

1. **What is on offer 'in hours' and 'out of hours' ? E.g. GP, 111, OOH, MIIU, MUDAS, A&E and so on. This should clarify how these vary in different parts of the county. For each service they should clearly describe what it does or doesn't cover (particularly in the distinction between A&E and MIIU), the location and the entry points.**

   Please see below for a description of MIIU and Out of Hours services. This also includes a list of injuries which should be seen at A&E rather than the MIIU.

Service:	**Wycombe Minor Injuries and Illness Unit (MIIU)**
Opening hours:	24 hours a day, seven days a week
Location(s):	Wycombe General Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT
Entry point:	Self-referral/referral via GP surgery/referral via 111
Services:	The scope of the MIIU includes both Minor Illnesses and Minor Injuries. The interpretation of X-rays and other diagnostics/ investigations. Interventions considered in-scope include: a) Lacerations b) Abrasions c) Sprains/strains d) Small area burns e) Minor Head Injuries f) Foreign bodies in skin/eyes/ears g) the manipulation of uncomplicated fractures; h) non-complex regional anaesthesia for wound closure; i) incision and drainage of abscesses not requiring general anaesthesia; and j) minor ENT/ophthalmic procedures. The scope of the service is limited to urgent care and does not include a full range of services such as those which might be provided at an A and E Department or GP practice.
Excluded services:	No patients will be brought by the ambulance service to the MIIU under emergency conditions. Clinical exclusions (adults) which are referred to A and E: • High risk chest pain • Ophthalmological conditions except foreign bodies • COPD / acute shortness of breath

	• Status epilepticus • Heart failure • Burns > 5% • Stroke and transient ischemic attach • Significant DVT • Temporarily unable to walk • Significant haematemesis / haemoptysis • Overdose / intoxicated and not able to mobilise • Deliberate self-harm • Significant head injuries • Acute psychosis / neurosis • Complex fractures/ long bone fracture of legs (other fractures are in scope) • Fever with oncology • Sickle cell crisis Clinical exclusions (children) which are referred to A and E • Complex fracture of upper and lower limbs and likely to require manipulation • Procedure requiring sedation • Overdose / intoxicated and not able to mobilise • Fever with oncology • Sickle cell crisis • Unstable seizures and febrile convulsions • Significant head injuries
Current use/ uptake of this service	Roughly 2,600-3,000 attendances per month
Waiting times/ service levels	Triaged within 15 minutes, average wait less than 90 minutes for treatment. Target all patients to be seen within 4 hours

Service:	**Buckinghamshire Out of Hours Service**
Opening hours:	Monday to Friday: 18:30 to 08:00 Weekends: 24 hours Bank holidays: 24 Hours
Location(s):	Amersham Health Centre, King George V Road, Amersham, HP6 SAY Buckingham Community Hospital, Cantell Close, Buckingham, MK18 1NU Stoke Mandeville Hospital, Orthopaedic Clinic, Mandeville Road, Aylesbury, HP11 2TT Wycombe General Hospital, Queen Alexandra Road,

	High Wycombe, HP11 2TT
Entry point:	NHS 111
Services:	Essential services required for the management of patients and who are, or believe themselves to be: a) ill with conditions from which recovery is generally expected; b) terminally ill; or c) suffering from a long term condition;
Current use/ uptake of this service	5,800-6,100 attendances per month
Waiting times/ service levels	As per clinical requirements determined by 111 service

In addition, the Multidisciplinary Assessment Unit (MuDAS) is open Monday to Friday 9am to 5pm. GPs can refer patients to the Unit for assessment, treatment and therapeutic and/or clinical care.

2. What information on these choices and how to access them is publicised, and where?

Several information and communication campaigns are currently being rolled out to help signpost patients to the right service. These include:

- A social marketing campaign targeting –'one stop resolutioners' – people who research has found use A&E inappropriately for minor issues because it offers a range of services in one place. Material has been developed according to the communication preferences of the demographic and it is being distributed by targeted postcode. The audience is being urged to use 111 as its one stop solution rather than A&E.
- A publicity campaign to promote the benefits of the MIIU for minor injuries. An information video has been produced which will be shown in GP practices and distributed widely via social media. This is supported by literature explaining the services offered at the MIIU.
- A schools competition, to encourage pupils to design materials which make people think twice about using A&E
- Targeted work at GP practice level, to explain to patients the range of urgent care options available for them.

3. The current use/uptake of these services, and waiting times / service levels. Signpost to where this data is publicly available, if at all.

See above

4. **What services were lost when the Wycombe EMC changed to the MIIU? Has what was proposed in 2012 (as per the BHiB proposal) been fully delivered? Could the MIIU be upgraded to an EMC in the future?**

   The changes agreed through Better Healthcare in Bucks were to enable us to bring together services which were previously split across two sites, allowing senior doctors to spend more time with their patients. Evidence shows that when senior doctors are able to work together in larger teams, spending more time with their patients, outcomes for those patients are better. The services which were brought together at Stoke Mandeville Hospital included emergency services, inpatient emergency general medicine, respiratory, gastroenterology, diabetes services and services for older people. A new 24/7 minor injuries and illness unit staffed by GPs and emergency nurse practitioners was opened at Wycombe Hospital and this is catering for over 30,000 people a year. A Multidisciplinary Assessment Unit was opened in Wycombe Hospital at the same time. GPs can refer frail/elderly patients to this service for assessment and treatment on a day basis, meaning that they do not have to go through A&E or be admitted as an inpatient.

   Also through Better Healthcare in Bucks a new specialist centre of expertise for diagnosis and first outpatient appointment for people with suspected breast problems was opened in Wycombe Hospital. This is now fully operation for Wycombe patients and will soon be the centre for the whole of Buckinghamshire.

   Finally, a new receiving unit has been opened in Wycombe Hospital for stroke and cardiac patients. This means that patients who would previously had to go through A&E or the EMC can now be admitted directly to the specialist unit.

   Guidance suggests that a population of at least 500,000 is needed to sustain a district general hospital with a full A&E. The population of Buckinghamshire is just over this meaning it can support the current arrangement for hospitals but the population would need to double in size in order to justify a second A&E. In addition, recommendations last year from the College of Emergency Medicine states that an A&E serving a population of 500,000 should ideally have 10 A&E consultants in order to staff rotas. The Trust 'six consultants were previously spread across two sites, which was not sustainable. Even if the Trust invested in the resources to employ more A&E consultants on both sites, as recent national media coverage has highlighted, there is a shortage of these specialist doctors and it would be very difficult if not impossible to recruit to sufficient numbers to come anywhere near meeting the College recommendations, particularly as the A&Es would not see a big volume of patients.

5. **For each service clarified, please also explain any interdependencies, for example MIIU needs diagnostic facilities, EMC requires intensive care, anaesthesia, blood bank, 24/7 consultant cover etc.**

The MIIU needs diagnostic facilities and also referral pathways to services such as A&E at Stoke, the cardiac and stroke receiving unit and fracture clinics. The Bucks out of hours

service also needs the same interdependencies. The cardiac and stroke receiving unit (CSRU) also needs diagnostic facilities, 24/7 medical cover and intensive care.

6. **More detail on the Clinical and Cost effectiveness of the change from EMC to MIIU, how are Wycombe residents better off because of this? Is their more detail available than what was presented in the BHiB consultation (which justified the changes based on emergency consultant cover, and patient throughput required to maintain consultant skills).**

   The change from the EMC to the MIIU was cost neutral but based on ensuring we could sustain better staffed, safe and high quality services from now into the future. This would not have been possible had the specialist teams continued to be split across the two sites. Evidence behind the changes which was available at the time is published on the Better Healthcare in Bucks website, which is still available to the public. http://www.buckspct.nhs.uk/bhib/?page_id=501. Recently Health Secretary Jeremy Hunt has highlighted the need for larger more centralised A&E units and last month doctors in London repeated the need for fewer A&Es to increase the number of doctors available to treat patients, a move backed by the BMA.

   Next week (11 November) Sir Bruce Keogh will publish his report into urgent care and this is may well further support the fewer but better message, along with other measures such as more GP input to A&Es.

7. **Definition of and distinction between the trauma service provided at Stoke Mandeville (Trauma Unit) and John Radcliffe (Major Trauma Centre).**

   Trauma services work in hub and spoke networks, with major trauma centres supported by traumaunits .A major trauma centre caters for patients with multiple injuries who might need a range of very specialist treatment such as emergency neurosurgery or 24/7 access to trauma and orthopaedic consultants. Such extensive injuries are fairly rare, which is why major trauma centres serve wide geographical populations. A trauma unit such as that at Stoke Mandeville cares for patients with less complex injuries, although still possibly requiring emergency surgery and intensive care

8. **What were the reasons for why SMH was chosen as the site for the county's A&E rather than Wycombe in circa 2005.**

   The Shaping Health Services consultation in 2004 agreed that emergency surgery and trauma services should be transferred to Stoke Mandeville and this took place in 2005. The consultation process was overseen by a multi organisation board chaired by the chief executive of the then Thames Valley Health Authority, and led to:

   - The centralisation of trauma and emergency surgery services at Stoke Mandeville Hospital
   - The development of a planned surgery centre at Wycombe Hospital

- The centralisation of consultant led maternity services and maternity and gynaecology inpatients to Stoke Mandeville Hospital
- The creation of a midwife led maternity unit (MLU) at Wycombe Hospital
- The centralisation of paediatric inpatients and neonatal intensive care to Stoke Mandeville Hospital.

Subsequently the A&E at Wycombe Hospital was no longer supported by a local trauma and emergency surgery service and did not qualify to be a major trauma unit. To reflect this, it was re-designated to an Emergency Medical Centre (EMC) from April 2008 after taking advice from the Strategic Health Authority and a public re-engagement exercise. The EMC was not equipped to receive major trauma (eg following road traffic accidents) but retained most of the features of an A&E.

9. When is the MIIU site having an x-ray suite installed?

Phase two of MIIU estates, which include the X-ray suite, has been delayed due to contractual issues. These are close to being resolved and the latest information we have is that the works are provisionally due to commence in January 2014. The projected time for X-ray unit completion is therefore approximately July 2014.