

Briefing Paper on Wycombe Hospital Services

History

Wycombe Hospital was built in 1922 on land given by the Carrington family and using funds donated by the public as a memorial for those who lost their lives in the First World War. It was nationalised in 1948, and changed in 1965 to become Wycombe General Hospital.

In 2006 the A&E was closed and moved to Stoke Mandeville Hospital (SMH), leaving an Emergency Dept at Wycombe, and maternity services were moved a year later. In 2010 *Better Healthcare in Bucks* formed the basis of a consultation to rationalise services between Wycombe and Stoke Mandeville hospitals.

Current position: Wycombe hospital is an award winning regional centre of excellence for stroke patients, and admits people from the whole of Buckinghamshire and the eastern part of Berkshire for stroke treatment. It also treats all heart attack patients in the county. This means anyone suffering from two of the biggest causes of death (heart attack and stroke) are treated in High Wycombe. Wycombe also offers planned surgical services, a 24 hour minor injury and illness unit (MIIU) which also hosts the GPs' out-of-hours service, a midwife led maternity unit, and specialist cancer and urology services. There is also a multi-disciplinary assessment unit (MUDAS) which will admit mainly elderly patients for day assessment.

Anyone suffering from a major trauma, such as a road traffic accident, will be taken directly to Oxford, which is the regional specialist trauma unit.

Services are provided by Buckinghamshire Healthcare NHS Trust and are commissioned and paid for by clinical commissioning groups. The local CCG for south Bucks is called the Chiltern Commissioning Group, and the other one for the north of the county is called the Aylesbury Vale Commissioning Group. The CCGs are run by GPs and funded by the Dept for Health.

General Approach to accessing emergency care:

In any emergency situation, the person should always call 999 and ask for an ambulance. The ambulance service will assess the patient and refer them to the best hospital for treatment (which may be Wycombe, Stoke Mandeville, Wexham Park, Oxford, or somewhere else depending on a number of factors including the symptoms or condition presented).

The NHS also has a system called NHS 111, whose tag line is *Talk before you walk*. The idea is that if people wish to enquire about health services or access urgent care out-of-hours they should phone 111. Locally, 111 is run by the ambulance service. The idea is that the 111 operative can suggest suitable treatment, which might be sending an ambulance, to making an out-of-hours GP appointment at Wycombe MIIU, or suggesting the patient go to a pharmacy.

There is not much awareness of this scheme, and this is often why people turn-up to A&E as they think it is their only option after the GP surgery closes.

111 is computer driven, in so much that if you ring about an infected gnat bite, you still have to answer questions such as “is the patient conscious?” “do they have a steady pulse?” People find this very frustrating.

There has been a small marketing drive to raise awareness of Wycombe MIIU, which included an open evening and putting a banner on the wall outside the hospital. There are also campaigns to raise awareness of 111 for all people and especially targeted at certain groups such as BNU university students.

Some key points to consider

Do we want Wycombe Hospital to be at the centre of our local health system or not? If the facilities and services have been provided by the State, isn't it right that it should be used by local people for maximum benefit?

All political parties are committed to continue to with a medical system paid through taxation.

Most people want an easy to understand system of receiving care, as local to home as possible. This is especially true for those caring for the young and the elderly.

Surely local providers of hospital and medical services should try to provide services in a way that meets with public approval.

There is a drive towards *patient centred care* but this must mean that services are provided for the benefit of patients, not doctors and consultants. Who should bear the clinical risk and the difficulties of accessing treatment – patients or doctors?

The Chiltern Clinical Commissioning Group made five promises for 2014/15. One of these is: *We will embed the patient voice in our commissioning*. In practice, what this seems to mean is that they will ask patients with Alzheimer's and their carers about dementia services, for example, but don't seem to want to extend this to the commissioning of emergency care where local people's views count for little.

Some of the Issues

1. *People do not like travelling to Stoke Mandeville to for emergency care and planned treatment, including some out patients' appointments*

Comment: people need the peace of mind which comes from local care and clarity about accessing it. Doctors are increasingly specialised and use expensive equipment. This means that treatment is often centred in one place for a large population to access. However, outpatients appointments should be held locally where possible, and should not be located in a remote location if this is purely for the convenience of doctors.

Local NHS figures show that the largest age groups going to A&E who do not receive emergency treatment are the under 5s and the over 85s. This is thought to be largely because parents want reassurance about their child (ie, the child hits its head on a coffee table, cries loudly and there is a small bump, and parents want to know that no serious injury has occurred) and care homes send elderly residents to A&E to demonstrate they have done everything possible to care for them.

2. *People do not like travelling to Stoke Mandeville for births*

Comment: When the obstetrician led births were transferred to Stoke Mandeville everyone was worried about people giving births in ambulances or cars. On the whole, this does not seem to have materialised. The midwife lead maternity unit at Wycombe seems to be popular but must be sufficiently used or it will close.

3. People do not like travelling to Stoke Mandeville to visit relatives. They also say there is not enough parking.

Comment: most people do not have long stays in hospital, unless their condition is chronic. There is a free bus for patients between High Wycombe and Stoke Mandeville, but not many people know about this or wish to use it. Steve Baker MP did a video about the bus journey, which can be found here: <https://www.youtube.com/user/stevenjbaker> Since the video was taken the bus now stops in the grounds of the hospital, near one of the main entrances.

These are the current parking prices at Stoke Mandeville:

Up to 1 hour	£1.50
1 to 2 hours	£3.00
2 to 3 hours	£4.50
3 to 8 hours	£6.00
8 to 12 hours	£7.50
12 to 24 hours	£9.00

A new multi-story car park is being built. It is the view of many people who have been involved with critiquing the *Better Healthcare in Bucks* report that the travel and car parking facilities should have been in place **before** the closure of services at Wycombe. It is a shame that it will take about three years after services ceased at Wycombe that these issues will be resolved.

4. The roads between High Wycombe and Aylesbury are slow

Comment: Bucks County Council has said it has no plans to upgrade the road between High Wycombe and Stoke Mandeville, via Princes Risborough.

5. People worry that the closeness to the M40 means High Wycombe should have an A&E

Comment: Very few accidents happen on motorways, and due to better car design there are less serious accidents when they do occur (for example, twenty years ago the steering wheel would have crushed someone's chest, but air bags mean this doesn't happen anymore).

As said previously, the major trauma centre is based at the John Radcliffe at Oxford. Any motorway traffic accident casualties are transferred there either by ambulance or more often than not, the air ambulance service. If High Wycombe did still have an A&E, only car crashes between Junctions 2 and 5 would come to Wycombe Hospital; outside these junctions the ambulance would take them either to Wexham Park or to Oxford.

6. People worry that a growing population in Wycombe will mean health services are overstretched

Comment: This is a valid concern. Part of the solution rests with WDC's planning department, and its decision (or not) to build more houses. From an NHS point of view, there is a drive for ever shorter stays in hospital, more tele-medicine, preventing people developing conditions which will need hospital treatment (ie, free winter flu vaccine for the over 60s) and treating people in their own home with support and care packages.

7. People think that if the hospital had more cash at its disposal then A&E would return to Wycombe Hospital (ergo, the change was cash driven rather than clinically driven)

Comment: This is not necessarily true. Because of the ever increasing specialism of hospital services, doctors need to see about 500,000 patients a year to maintain their competence.

It is also difficult to recruit A&E consultants. At the moment, Stoke Mandeville is short of about four key personnel in the A&E department – as confirmed by Anne Eden at the September 2014 meeting of Bucks County Council's Health and Adult Social Care scrutiny committee meeting. The money is in the budget to pay them, it's just that no one applies for the jobs. This is something that is found across the country. It also means Stoke Mandeville Hospital's A&E department does not have proper seven day a week working.

8. What about the idea of building a new hospital at Maidenhead on the M4 (as proposed a year or so ago by the Bracknell MP, Phillip Lee)

Comment: this idea is popular with the people living in the southern part of Wycombe District near the River Thames, but would not be particularly better for people who – say – live in Saunderton.

Some difficult questions that need answers from those providing and commissioning services

- Given that the PFI at Wycombe Hospital is in place for decades yet, how will we get maximum benefit from our local health facility if every effort is being made to move services into the community? Won't we be paying twice? Won't moving services away from the hospital mean that there is more money going to GPs and less to pay the PFI and for hospital services?
- What evidence is there that the strategy of re-educating the public to use 111 is working?
- If the combination of GPs and nurse practitioners can deliver a Minor Injuries Unit which can treat most people who present for care (estimated at 80% of those who turn-up), why not change the approach and tell people they can just turn-up which will give them peace of mind?
- NHS information on the seven wastes on the *Lean Methodology for Quality Improvement*, lists staff movement as a waste to be minimised. What assessment has been made of the wasted staff time when they must move between people's homes?

- How much more profitable will GP surgeries be once the care of the aged and chronically ill is removed from a hospital to a community setting?

NHS England Report

On 23rd October 2014 NHS England published a report giving its Five Year View on the Future of the NHS. The report can be accessed via this website: <http://www.england.nhs.uk/ourwork/futurenhs/>

Item 10 of the executive summary is particularly interesting to people living in Wycombe District:

10. Across the NHS, **urgent and emergency care** services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. **Smaller hospitals** will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. Midwives will have new options to take charge of the **maternity** services they offer. The NHS will provide more support for frail older people living in **care homes**.

It would be interesting to know how local commissioners and providers intend to realise this vision.

What could WDC recommend?

1. Allowing patients to access urgent care via Wycombe Hospital at any time
2. Better signage at Wycombe Hospital clearly showing what conditions can be treated at the MIIU
3. Better signage for the late night/bank holiday pharmacy in Hughenden Road
4. Ask BHT to provide more outpatients appointments for local people at Wycombe, rather than travelling to Aylesbury
5. Removing red tape from local taxis providing car sharing schemes (Neales Taxis have such a scheme which has met resistance from WDC)