

URGENT HEALTH CARE REVIEW

Contact: Charles Meakings (Head of Democratic, Legal & Policy Services) 01494 421980 charles_meakings@wycombe.gov.uk

What is the Commission being asked to do?

1. To hear from local health service providers, followed by questions and discussion to inform the Commission's review into urgent health care;
2. To consider the representations received so far in respect of the review; and
3. To receive and give initial consideration to the feedback from the public listening event held on 15 October 2014, with further consideration as part of the meeting on 11 December, when Healthwatch Bucks will be sharing their survey results.

Executive Summary

The Commission is part way through its review into urgent health care. This report feeds back on the public listening event that was held on 15 October, which can be further considered at the special meeting on 11 December, when Healthwatch Bucks will be presenting the findings from their recent survey of users in Buckinghamshire of urgent health care services.

This meeting gives an opportunity to hear from the local health service providers representing the Chiltern Clinical Commissioning Group, Aylesbury Vale Clinical Commissioning Group, Bucks Healthcare NHS Trust, Bucks Urgent Care and South Central Ambulance Service. A written submission has been received from Steve Baker, MP.

Background

At the Commission's last meeting (15 September) the terms of reference for this review were agreed as follows:

"To report and make recommendations to Council, for submission to relevant stakeholders, on ways to further improve the existing arrangements for urgent health care for residents in Wycombe District, having taken into account:

- (a) The views of the general public, stakeholders and users of the A & E and Minor Injuries and Illness Unit; and
- (b) Consideration of available evidence relating to the Emergency Medical centre at High Wycombe, transportation between Wycombe District and Stoke Mandeville and the situation of the frail, elderly and hard to reach groups."

The timeline for the review as follows:

12 November 2014 Commission meets with local service providers

11 December 2014	Commission receives a presentation from Healthwatch Bucks on their survey results, supplementing the Council's public listening event (15 October 2014), plus a short film on 'save Wycombe Hospital'
	Commission identifies emerging recommendations
14 January 2015	Commission finalises its report and recommendations
25 February 2015	Report to Full Council and agreed recommendations passed to providers for consideration.

The Current Position

Public Listening Event – 15 October 2014

The Council's public listening event, chaired by the Chairman of the Commission, was held on 15 October 2014 at Bucks New University. There was an excellent turnout, following significant advance publicity, with approximately 75 people in attendance. In addition to the Council, the following key stakeholders were present to hear the views of users of Stoke Mandeville A & E and the High Wycombe Minor Injuries and Illness Unit: Aylesbury Vale Clinical Commissioning Group; Chiltern Clinical Commissioning Group; Bucks Healthcare NHS Trust; Bucks Urgent Care; South Central Ambulance Service; Healthwatch Bucks; Director of Public Health (representative of); Bucks Health and Wellbeing Board and Steve Baker, MP.

Summary of the Event

There were approximately 75 people in attendance, who shared a range of experiences in accessing urgent health care services at Stoke Mandeville A&E and High Wycombe Minor Injuries and Illness Unit.

Each person was asked to share their experience and to suggest one practical suggestion to improve the current arrangements, details of which have been collated.

Whilst not the starting point for the review, or the purpose of the evening, there were a number of calls for more services to be provided in High Wycombe through an A&E service, citing the large catchment area, forecast population growth and the major road networks.

Four themes have been identified, based on the feedback given at the public listening event, whilst recognising that they are all connected and reinforce the overall experience and treatment received:

1. Communication and Access to urgent health care services
2. Treatment received
3. Urgent health care facilities
4. Distance and travelling between SM A&E and HW MIU

1. Communication and Access to urgent health care services

Experiences shared related to people's confusion on how and when to access which urgent health care services. Specific experiences shared also related to a lack of understanding of the range of services the MIIU could deal with, as well as inadequate or wrong advice being given to people as to which service to access. The difficulty of finding your way round SM was also mentioned. The need for more information on performance to aid transparency was mentioned, as well as learning from best practice elsewhere.

Suggested practical improvements included

- Improved targeted communication from all service providers to the public to enable easier and clearer access to the right service for their urgent care needs.
- Enhanced training for staff to ensure the right advice is being given to patients as to which treatment centre to attend at first point of contact.
- Clearer signposting within SM A&E.
- Greater transparency of MIIU and SM A&E for the public to see how well services are performing and how improvements are being achieved.
- The scope to learn from best practice elsewhere to improve standards.

2. Treatment received

There were shared experiences of excellent treatment, but also poorer ones as well, including how people were spoken to by staff. Experiences highlighted the disconnected and unco-ordinated services between SM A&E and HW MIIU, resulting in frustration and delay in treatment. Long waiting times were highlighted, connected to staffing levels, which was accepted if treatment could then be accessed at that service point. The lack of basic provisions, such as food and drink, during waiting times was mentioned, as well as inadequate waiting areas, which made it a difficult experience for people, especially those with other medical conditions. The lack of referral knowledge, especially triage nurses, resulted in poorer experiences.

Suggested practical improvements included

- A co-ordinated appointment system for SM and MIIU through one place administrators.
- More fully trained triage nurses.
- Improved communication and co-ordination between MIIU and SM A&E on patient referrals.
- Improved waiting facilities at MIIU and SM A&E.
- Care practitioners being able to deal with a wider range of minor injuries at MIIU.
- Enhanced awareness and training of staff on referral arrangements.

3. Urgent health care facilities

Experiences shared related to the lack of 24 hour 7 day a week services at MIIU and SM A&E. Examples of such services included ultrasound, plastering, radiology, blood tests and the X ray service at HW MIIU and others. Another experience related

to the lack of any wheelchairs on occasion to transport patients around the MIIU and around the hospital to access other services, eg, X ray service.

Suggested practical improvements included

- Clarifying and communicating the purpose of the MIIU, including the range of facilities available and when, especially if not 24 hours.
- The scope for more treatment to be undertaken at MIIU, including follow-up appointments.
- Provision of wheelchairs at MIIU. (NB: The Medical Director of Bucks Urgent Care undertook to resolve the wheelchair availability issue within the week).
- The need for more mental health training for out-of-hours GPs.

4. Distance and travelling between SM A&E and HW MIIU

Experiences shared related to the distance between the two sites, which was made more difficult by the cost of travel and the frequency of public transport and the road constraints. There were generally good experiences of the Ambulance Service, although the length of time to book patients into hospital was highlighted.

Suggested practical improvements included

- As many services as possible delivered at MIIU, including outpatients' appointments, to reduce travelling times.
- Reviewing the booking in arrangements for ambulances.
- Reducing the cost of travel and improving the frequency of public transport.
- Improving the roads between High Wycombe and Stoke Mandeville.

It is suggested that these views be considered further as part of the meeting on 11 December, in conjunction with the presentation by Healthwatch Bucks on their survey findings.

Submissions to this Review

Health Service providers and other key stakeholders have also been invited to make submissions, including voluntary sector organisations (Bucks 50 Plus Forum and Action Groups, Movers and Shakers in Wycombe District, Community Impact Bucks, Carers Bucks and Age UK Bucks).

At the time of writing this report, the following submissions have been received:

Bucks County Council's Health and Adult Social Care Select Committee

The Select Committee's report into Urgent Care in Buckinghamshire was published in April 2014 (copy circulated with the Commission's agenda 15 September 2014).

The Aylesbury Vale and Chiltern Clinical Commissioning Groups responded to that report's recommendations on 25 September 2014 and a copy of that response is attached as Appendix A.

Steve Baker, MP

Steve Baker has submitted a briefing note on Wycombe Hospital Services for the Commission's consideration, which includes issues as well as questions for those organisations providing and commissioning services. The note concludes with possible recommendations for the Commission's consideration, when the final recommendations are agreed at the January meeting. The briefing note is attached as Appendix B. One of the recommendations refers to the Steve Baker/Durrow hospital plan, a copy of which is attached as Appendix C, together with the Council's reply to the report (Appendix D).

Chiltern Clinical Commissioning Group/Aylesbury Vale Clinical Commissioning Group/Bucks NHS Healthcare Trust/Bucks Urgent Care/ South Central Ambulance Service

Representatives of the above organisations have been invited to attend the Commission's meeting to give a presentation and discuss urgent health care arrangements as part of the review.

The health service providers attending the Commission's meeting (12 November) have been specifically asked to speak to the 4 themes and their current and planned proposals to address the issues raised. A copy of the briefing note from Steve Baker MP has also been shared with the health providers and commissioners attending this meeting for advance consideration of the points made.

Next Steps

11 December 2014

The Commission will receive a presentation from Healthwatch Bucks on their survey results of people in Buckinghamshire who have used emergency, urgent care or the out of hour's services recently or accompanied someone else for these services. The survey results are currently being analysed and Healthwatch Bucks hopes to be in a position to present the findings for Wycombe, as well as Buckinghamshire. A short film will also be shown at the meeting, in support of a current petition to save Wycombe Hospital (www.savewycombehospital.wordpress.com).

This meeting will also discuss emerging recommendations.

14 January 2015

Draft report and recommendations for consideration and approval for submission to Council on 25 February 2015.

Background Papers

- Letter and Enclosures from Steve Baker, MP
- Joint letter dated 22 August from Aylesbury Vale Clinical Commissioning Group, Chiltern Clinical Commission Group and Bucks Healthcare NHS Trust.

Appendices

- A - Letter from Clinical Commissioning Groups/Bucks NHS Healthcare Trust to Select Committee
- B - Briefing note from Steve Baker, MP
- C - Steve Baker/Durrow hospital plan and
- D - WDC's reply to Steve Baker/Durrow hospital plan.