

Urgent Health Care Review – Summary of Issues and emerging recommendations

Four themes were identified at the public listening event on 15 October and a response given by the health providers on the 12 November. These have been summarised below and emerging recommendations proposed for the Commission’s initial consideration at this meeting.

The emerging recommendations will require further review following the input from Healthwatch Bucks.

At the last meeting (12 November) evidence from **Steve Baker, MP** was submitted. His submission highlighted five possible recommendations for consideration, which are as follows.

Proposal	Commentary
1. Allowing patients to access urgent care via Wycombe Hospital at any time	MIIU facilities are being enhanced to offer more treatment on a 24/7 basis. See recommendation 5.
2. Better signage at Wycombe Hospital clearly showing what conditions can be treated at the MIIU	Action has been taken to improve signage following the public listening event.
3. Better signage for the late night/bank holiday pharmacy in Hughenden Road	Although not within the scope of this review this request can be passed on to the Clinical Commissioning Group.
4. Ask Bucks Healthcare NHS Trust to provide more outpatients appointments for local people at Wycombe, rather than travelling to Aylesbury	Included as part of recommendation 5.
5. Removing red tape from local taxis providing car sharing schemes	Further details have been requested from Steve Baker. Wycombe District Council is supportive of any car sharing scheme, so long as it complies with relevant legislation. Given the obvious environmental and financial advantages of such schemes, we would recommend their use wherever feasible or possible.

Themes from Public Listening Event (15/10/2014)	Health providers' response (12/11/2014)	Emerging Recommendations
<p>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 MIU 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 Stoke Mandeville (SM) was also mentioned. The need for more information on performance to aid transparency was mentioned, as well as learning from best practice elsewhere.</p> <p>Suggested practical improvements included</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The "talk before you walk" 111 service is the key service to access to ensure appropriate care referral and minimise waiting times (booked time-slot appointments). • Staff training undertaken. • Signposting improved. • Friends and family test feedback being rolled out and results publicised. Improving picture -42 (April 2013) now +67 (Sept 14). 	<p><u>Recommendation 1</u></p> <p>Following the local campaign that is being conducted and other recent measures (such as the Bucks version of the "Health Help Now" website which was due to be available from December 2014) patients' views should be sought on the ease of accessing the right service. Patient feedback needs to continue until there is less confusion and clear evidence that patients are using the most appropriate service access channels for their medical condition.</p> <p><u>Reason for this Decision</u></p> <p>A number of campaigns and service access channels are currently being implemented and it is important to review, from the patients' perspective, their collective effectiveness of giving easier and clearer access to the right service and to publish the results. The Council's public listening event was a good model to obtain constructive feedback.</p>

Themes from Public Listening Event (15/10/2014)	Health providers' response (12/11/2014)	Emerging Recommendations
<ul style="list-style-type: none"> • Greater transparency of MIU 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. 	<ul style="list-style-type: none"> • Refreshing their website to link with NHS Choices website to ensure co-ordinated feedback. 	
<p>2. Treatment Received</p> <p>There were shared experiences of excellent treatment, but also poorer ones as well, including how people were spoken to by staff. Experiences highlighted the dis-connected and uncoordinated services between SM A&E and High Wycombe MIU, 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.</p>	<p>Work continues to improve the patient experience between the two services (part of reforming urgent care programme). For example, improved communications with patients prior to transfer to SM – introducing transfer protocol to ensure identified patients are fast-tracked through to relevant service on arrival at SM Hospital (children should already be fast-tracked through to our paediatric decisions unit).</p>	<p><u>Recommendation 2</u></p> <p>There needs to be enhanced administration and management liaison between MIU and SM A&E, so patients have a “tell us once” service from their first point of urgent health care access at SM A&E or MIU;</p> <p><u>Recommendation 3</u></p> <p>There needs to be increased awareness of patients' (and those accompanying them) daily requirements, such as medicine and meals at set times, to enable people to cope with their existing medical and domestic requirements as far as possible.</p>

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<p>Suggested practical improvements included</p> <ul style="list-style-type: none"> • A co-ordinated appointment system for SM and MIU through one place administrators. • More fully trained triage nurses. • Improved communication and co-ordination between MIU and SM A&E on patient referrals. • Improved waiting facilities at MIU and SM A&E. • Care practitioners being able to deal with a wider range of minor injuries at MIU. • Enhanced awareness and training of staff on referral arrangements. 	<ul style="list-style-type: none"> • Heralded transfers from MIU to SM are not as complete and through as providers wish to see. Being addressed through injury and illness nurses and joining up IT services (albeit the latter is taking time). • Working to reduce the number of transfers to SM (clinicians electronically reviewing x-rays before confirming/recommending the need for patients to be transferred). • Temperature control has been an on-going issue for last two years. 	<p><u>Recommendation 4</u></p> <p>Greater urgency needs to be given to joining up the separate IT systems to assist staff at MIU and SM in being able to give a seamless service to patients.</p> <p><u>Reason for this Decision</u> The proposed introduction of the transfer protocol to ensure identified patients are fast-tracked to the relevant service on arrival at SM is welcomed, as well as children already being fast-tracked through to the paediatric decisions unit. The introduction of Injury and Illness Nurses to improve the link between MIU and SM is welcome and may be an opportunity to include the above recommendations within their remit with a high priority. The focus on joining up IT services is making slow progress, with a view to clinicians electronically reviewing x-rays before confirming and recommending need for patient to be transferred.</p>

Themes from Public Listening Event (15/10/2014)	Health providers' response (12/11/2014)	Emerging Recommendations
<p>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.</p> <p>Suggested practical improvements included</p> <ul style="list-style-type: none"> • 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. 	<p>40,000+ patients attended MIIU in 2012, of which the vast majority (32-34,000) were able to be treated there. Demand continues to increase at around 10% per year.</p> <ul style="list-style-type: none"> • New x-ray unit opens 26 December in MIIU (no need to cross car park). Dedicated radiology unit from December 2014 to give an immediate service. • 24/7 service of simple fractures plastered at MIIU (complex/compound fractures transferred to SM A&E.) • Blood tests 24/7. • Wheelchairs in place at MIIU reception. Porters from Bucks Healthcare NHS Trust at main hospital reception. 	<p><u>Recommendation 5</u></p> <p>The introduction of additional facilities and services at MIIU gives a further opportunity to promote the “one-stop treatment” approach for the majority of patients at MIIU, reducing the number of transfers required to SM Hospital, including follow-up appointments at Wycombe Hospital.</p> <p><u>Recommendation 6</u></p> <p>The waiting area in MIIU needs to be reviewed, in particular the need for proper temperature control to avoid patients (and those accompanying them) from having to wait in a less than ideal environment.</p> <p><u>Reason for this Decision</u></p> <p>The commitment to ensure Wycombe Hospital continues to flourish is welcome, with one of the aims being to reduce the number of transfers to A&E. Out-patients appointments should be offered at Wycombe Hospital to reduce travel times to SM Hospital for patients.</p>

Themes from Public Listening Event (15/10/2014)	Health providers' response (12/11/2014)	Emerging Recommendations
	<ul style="list-style-type: none"> In negotiation with mental health services about incorporating them as part of the MIIU. 	
<p>4. Distance and travelling between SM A&E and HW MIIU</p> <p>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.</p> <p>Suggested practical improvements included</p> <ul style="list-style-type: none"> As many services as possible delivered at MIIU, including outpatients' appointments, to reduce travelling times. Reviewing the booking in arrangements for ambulances. 	<p>Delays to book patients into hospitals from ambulances:</p> <p>Wycombe Hospital – total monthly range from 12 mins (Aug 14) to 10 hours 37 mins (Sept 13)</p> <p>Stoke Mandeville Hospital – total monthly range from 38 hours 23 mins (Sept 13) to 80 hours 07 mins (June 14).</p> <p>Travelling times similar between 2013 and 2014. Wycombe average 'left scene to hospital' ranges from 25 minutes 52 seconds (Sept 2013) to 28 minutes 36 seconds (October 14).</p> <ul style="list-style-type: none"> Issue is the hospital's capacity to receive patients, rather than the ambulances delaying discharges. Free travel on Arriva buses between main sites for patients, visitors and staff (100,000 journeys £240,000 pa). The only Trust in the region to do so. 	<p><u>Recommendation 7</u></p> <p>Ambulance discharge times need to be improved, as the current timeframe is too wide and results in a poorer patient experience. Achievable targets and timescales for the reduction in queuing of ambulances are required.</p> <p><u>Reason for the Decision</u></p> <p>Whilst recognising delays is a national challenge, the local waiting times are still considered unacceptable (given the range).</p> <p><u>Recommendation 8</u></p> <p>Bucks County Council and the Bucks LEP should make the improvement of the A4010 a high priority in bidding for funds from Government as part of the Single Local Growth submission.</p>

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<ul style="list-style-type: none"> • Reducing the cost of travel and improving the frequency of public transport. • Improving the roads between High Wycombe and Stoke Mandeville. 	<ul style="list-style-type: none"> • Park and Ride from Handy Cross to Wycombe Hospital – 9,000 journeys pa. • Multi Storey Car Park at SM due to be completed January 2015. • Parking at HW hospital is recognised as a major issue. • Improving the roads is not the health providers' responsibility. 	<p><u>Reason for the Decision</u></p> <p>The A4010 is the crucial road artery between Wycombe MIIU and Stoke Mandeville Hospital, which can impact on journey times depending on the volume of traffic and the nature of the road.</p>