

REPORT OF WYCOMBE DISTRICT COUNCIL'S IMPROVEMENT AND REVIEW COMMISSION REVIEW INTO URGENT HEALTH CARE IN WYCOMBE DISTRICT

Summary of the Key Findings of the Review

- Wycombe Hospital is a flourishing site and is not closing, with its enhanced cardiac and stroke unit being one of the best in the country. The High Wycombe Minor Injuries and Illness Unit contract has been extended by one year to October 2015.
- The principle being followed is to get patients to the appropriate hospital where they can receive the best treatment most quickly, rather than just go to the nearest hospital which may not have the appropriate facilities.
- Patients' views of the care received in the vast majority of cases is very positive, but patients' experience of the supporting administration/management arrangements is variable and generally much lower.
- Health providers are to be commended for the fast-action taken on many of the issues raised at the public listening event and their full co-operation in this review.
- There is a continuing need to increase effective communication to improve access to the right treatment at the right time and the right place, with good communications between patients, carers, referring services and fellow professionals.
- There needs to be a continuing focus on more joined up care, with fewer gaps between services at Wycombe and Stoke Mandeville hospitals.
- The move to enhance Minor Injuries and Illness Unit facilities at Wycombe Hospital is welcomed, to reduce and minimise the need to travel between Stoke Mandeville and High Wycombe Minor Injuries and Illness Unit for Wycombe residents and thus help to alleviate their travel issues.
- This report makes eight recommendations for health providers and others to consider related to:
 - - improving communication to remove confusion about the appropriate urgent care service to use;
 - - improving patient experience whilst waiting for treatment;
 - - improving service co-ordination between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency;
 - - enhancing facilities at High Wycombe Minor Injuries and Illness Unit to reduce travelling;
 - - ambulance discharge times;
 - - and improving the road network.
- There is a wider public issue on the reconfiguration of health services in Buckinghamshire, including some public calls for an Accident & Emergency service at Wycombe Hospital, but this has not formed part of this urgent healthcare review.

However, it has highlighted the following major challenge for health providers in Buckinghamshire: With rising short and long-term demand for urgent care services, will the measures currently being taken to improve the range of services at Wycombe and Stoke Mandeville hospitals be sufficient to provide first-class patient care and experiences, or will a more fundamental re-assessment be required?

- The Commission undertook a review into urgent health care provision within Wycombe District between September 2014 and January 2015, reporting its findings and recommendations to the Council meeting on 26 February 2015. This was undertaken as a result of the Full Council, at its meeting on 28 July, 2014 unanimously deciding that the Improvement and Review Commission should undertake a review into urgent health care in Wycombe District.
- The Commission wishes to place on record its appreciation to the public, the health providers and Healthwatch Bucks for their co-operation and active participation and willingness to help in conducting this review.

Recommendations to Council - 26 February 2015

Recommendation 1

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 and GP feedback and action 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 and the levels of inappropriate referrals have reduced to an acceptable level, with information on progress made publically available.

Reason for this Recommendation

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. Healthwatch Bucks’ survey found that 30% of people inappropriately arrive at the wrong urgent care location for treatment, some being caused by inappropriate referral.

Recommendation 2

Enhanced administration and management liaison is required between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency, so patients only have to “tell it once” at their first point of urgent health care access at Stoke Mandeville Accident & Emergency or Minor Injuries and Illness Unit, other than to confirm their condition

Recommendation 3

Increased awareness is required of patients (and those accompanying them) daily requirements such as medicine and meals at set times, to enable people to manage their existing medical and domestic needs as far as possible ,when attending High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency.

Recommendation 4

Greater urgency needs to be given to joining up the separate IT systems to assist staff at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital) in being able to give a seamless service to patients.

Reason for Recommendations 2, 3, and 4

The proposed introduction of the transfer protocol to ensure identified patients are fast-tracked to the relevant service on arrival at Stoke Mandeville Hospital 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 High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital 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 the need for the patient to be transferred.

Recommendation 5

The introduction of additional facilities and services at High Wycombe Minor Injuries and Illness Unit gives a further opportunity to promote the “one-stop treatment” approach for patients in High Wycombe, reducing the number of transfers required to Stoke Mandeville Hospital, which should also include follow-up appointments at Wycombe Hospital.

Recommendation 6

The waiting area in High Wycombe Minor Injuries and Illness Unit 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.

Reason for Recommendations 5 and 6

The commitment to ensure Wycombe Hospital continues to flourish is welcome, with one of the aims being to reduce the number of transfers to Accident & Emergency. Out-patients appointments should be offered at Wycombe Hospital to reduce travel times to Stoke Mandeville Hospital for patients. This is re-enforced by Healthwatch Bucks' survey finding that there are excessive waiting times and inadequate waiting room facilities reported at Stoke Mandeville Accident & Emergency, with positive waiting times at the Minor Injuries

and Illness Unit. The Healthwatch Bucks survey revealed the need to enhance the patient experience in urgent care waiting rooms.

Recommendation 7

Ambulance discharge times need to improve, 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.

Reason for this Recommendation

Whilst recognising delays are a national challenge, the local waiting times are still unacceptable. At Wycombe Hospital the cumulative delays to discharge patients from ambulances ranges from 12 minutes (August 2014) to 10 hours 37 minutes (September 2013), while at Stoke Mandeville Hospital it ranges from 38 hours 23 minutes (September 2013) to 80 hours 07 minutes (June 2014).

Recommendation 8

Bucks County Council and the Bucks Local Enterprise Partnership should make the improvements of the A4010 a high priority in bidding for funds from Government as part of the Single Local Growth submission.

Reason for this Recommendation

The A4010 is the crucial road artery between Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital, which can impact on journey times depending on volume of traffic and the nature of the road, which will only worsen as additional housing is provided in the north and south of the county.

Detailed Report

1. Background

- 1.1. At their meeting on 28 July 2014 Full Council unanimously agreed, following a motion submitted by Councillor Tony Green, and seconded by Councillor Jean Teesdale, to the following:

“This Council welcomes the recent report by the Buckinghamshire Health and Adult Social Care Select Committee into urgent care provision in Buckinghamshire but believe that additional work is required to fully understand the effect the changes at Wycombe Hospital have had on the residents of Wycombe District.

This Council therefore requests the Improvement and Review Commission to undertake further work on Urgent Care provision in Wycombe that includes:

- A public listening event in Wycombe District to hear from the general public, stakeholders and users of the A&E and Minor Injuries and Illness Unit.
- More evidence on 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”

- 1.2. In Buckinghamshire, health scrutiny is normally conducted as a joint activity with the County Council. The Health and Adult Social Care Select Committee has replaced the Health Overview and Scrutiny Committee, which has an expanded remit that includes Adult Social Care, in addition to local health services and public health. Membership of this Committee comprises of eleven county councillors, a councillor from each of the four local district councils, and a representative of Health Watch Bucks. Councillor Tony Green is this Council’s representative.
- 1.3. The Buckinghamshire County Council Select Committee was asked to undertake the two activities that were included in the motion to this Council, but the majority of the inquiry group was satisfied that sufficient evidence had been gathered to deliver its scope and that the final report came to the correct conclusions and recommendations. (Para 6 on page 5 of their report).
- 1.4. The Buckinghamshire County Council’s Health and Adult Social Care Select Committee had published a report in April 2014 on Urgent Care in Buckinghamshire.

The report made four recommendations, which are shown below, together with the health providers’ responses:

BCC Urgent Care Recommendations April 2014	Summary of Health Providers' Response Sept 2014
<p>That this report, and particularly paragraphs 7-21 is circulated to all local MP's, County and District Councillors, so they can understand why the local Health Scrutiny Committee considers the local A&E provision in place to be in the best interests of all residents, based on it supporting better clinical outcomes and aligning with national recommended practice. (paras 7-21 of their report)</p>	<p>The report was submitted to the Improvement and Review Commission's meeting on 15 September, 2014 to inform this review.</p>
<p>An updated web and leaflet based summary should be produced by the Clinical Commissioning Groups explaining the reasons for the shape of existing urgent care provision in the county, particularly with regard to A&E provision. The webpage should link to original reports and evidence provided at the time of any reconfigurations, and should feature prominently on the websites of Buckinghamshire Healthcare NHS Trust, both local CCG's, and Health watch Bucks. The leaflet should feature at A&E, MIIU and GP surgeries. (Para 22 of their report)</p>	<p>Website, optimised for smart phone use, is being created to guide users to the most appropriate service(s). It is currently being localised for Buckinghamshire for availability in December 2014.</p> <p>"Health help Now" is a web-based solution that lists common symptoms for treatment, which then links through to information on local services.</p>
<p>Video and website communications should be developed by the Clinical Commissioning Groups which inform the public on the urgent care pathways available locally regardless of whether such services are outside the county. These should then feature on CCG, Buckinghamshire Healthcare NHS Trust and Health watch websites, with videos used in GP and Hospital waiting rooms where this is an option. (Paras 24-29 of their report)</p>	<p>Video and website communications are being used and further developed by the CCGs to inform the public. Examples include the MIIU video available on both CCG websites. The urgent care communications group is constantly looking at the best forms of media for our key messages; and evaluating their effectiveness.</p>
<p>The web based Urgent Care summary explanation should be accompanied by a guide explaining how the services which comprise the pathway are commissioned and monitored, and signpost to published data on performance and cost. (Para 30 of their report)</p>	<p>Work has been underway for some time to plan information campaigns for the public in Buckinghamshire, to ensure they know which services to use and how to access them. The NHS is taking a more proactive role in helping people to make the decision about where to go. We will be running/supporting three main campaigns this year:</p> <p>Talk Before you Walk – we want people to</p>

BCC Urgent Care Recommendations April 2014	Summary of Health Providers' Response Sept 2014
	<p>make better use of the help available from pharmacists and the NHS 111 service. This campaign is designed to reach some of the people we know are frequent non-urgent users of A&E – parents of the under-fives and young adults.</p> <p>The Earlier the Better – this is an NHS England led campaign which has come about as a result of the high number of elderly and frail people who don't seek help quickly enough and end up in A&E.</p> <p>Flu Vaccination – supporting the public health campaign to increase take-up.</p>

Organisations Contacted

- 1.5. The following stakeholders were contacted on 8 August 2014 for assistance with this review: Aylesbury Vale Clinical Commissioning Group; Chiltern Clinical Commissioning Group; Bucks Healthcare NHS Trust; South Central Ambulance Service; Bucks Health and Adult Social Care Select Committee; Dr Jane O'Grady, Director of Public Health; Bucks Health and Wellbeing Board; Mr Steve Baker, MP; Councillors Tony Green, Jean Teesdale, Councillor Julia Adey, District Council Cabinet Member for Community (this includes health matters).
- 1.6. The following organisations and groups were also contacted as part of this review: Bucks 50 Plus Forum - Action Groups (Lane End, Marlow Bottom, Marlow, Stokenchurch) Bucks 50 Plus Forum - Affiliated Groups; 'Movers and Shakers' in Wycombe District; Community Impact Bucks; Carers Bucks; and Age UK Bucks.

Scope of this Review

- 1.7. The Commission, at its meeting on 15 September 2014, agreed the scope of this review 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."

- 1.8. The Commission acknowledged that there was an on-going debate regarding the current configuration of the local acute healthcare services, which this review was not designed to address, although it acted as important context to the debate.

How this Review was undertaken

- 1.9. The Commission decided that, given the nature of this review, the conduct of this review should be undertaken by the Commission itself, rather than through a Task and Finish Group. The Commission undertook this review between September 2014 and January 2015.

- 1.10. The review consisted of:

Public Listening Event (15 October 2014)

Presentation from, and discussion with, health providers and consideration of written evidence received. (12 November 2014)

Presentation from, and discussion with, Healthwatch Bucks. (11 December 2014)

2. Public Listening Event – 15 October 2014

- 2.1. A public listening event was held on Wednesday 15 October 2014 starting at 7 pm at Bucks New University. The primary focus of this event was to hear from users and residents of Wycombe District on how well the current arrangements work as seen through the eyes of the public (not just the providers of the service), with the aim of producing some practical recommendations to the relevant agencies to ensure people get the best health care treatment they can as quickly as possible.
- 2.2. The Council's public listening event, chaired by the Chairman of the Commission, saw 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 Accident & Emergency 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; Health watch Bucks; Director of Public Health (representative of); Bucks Health and Wellbeing Board; and Steve Baker, MP.
- 2.3. There were approximately 75 people in attendance, who shared a range of experiences in accessing urgent health care services at Stoke Mandeville Accident & Emergency 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.
- 2.4. 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 Accident & Emergency service, citing the large catchment area, forecast population and the major road networks.

2.5. 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 Stoke Mandeville Accident & Emergency and High Wycombe Minor Injuries and Illness Unit.

Theme 1- Communication and Access to urgent health care services

2.6. Experiences shared related to people's confusion on how and when to access which urgent health care service. Specific experiences shared also related to a lack of understanding of the range of services the High Wycombe Minor Injuries and Illness Unit 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.

2.7. Suggested practical improvements included

- Improved targeted co-ordinated 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 Stoke Mandeville Accident & Emergency.
- Greater transparency of High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency 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.

Theme 2 -Treatment received

2.8. 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 Stoke Mandeville Accident & Emergency and High Wycombe Minor Injuries and Illness Unit, 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.

2.9. Suggested practical improvements included

- A co-ordinated appointment system for Stoke Mandeville and High Wycombe Minor Injuries and Illness Unit through one place administrators. More fully trained triage nurses.
- Improved communication and co-ordination between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency on patient referrals.
- Improved waiting facilities at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency.
- Care practitioners being able to deal with a wider range of minor injuries at High Wycombe Minor Injuries and Illness Unit.
- Enhanced awareness and training of staff on referral arrangements.

Theme 3 - Urgent health care facilities

2.10. 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, 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, e.g. x ray service.

2.11. 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

Theme 4 - Distance and travelling between Stoke Mandeville Accident & Emergency and High Wycombe Minor Injuries and Illness Unit

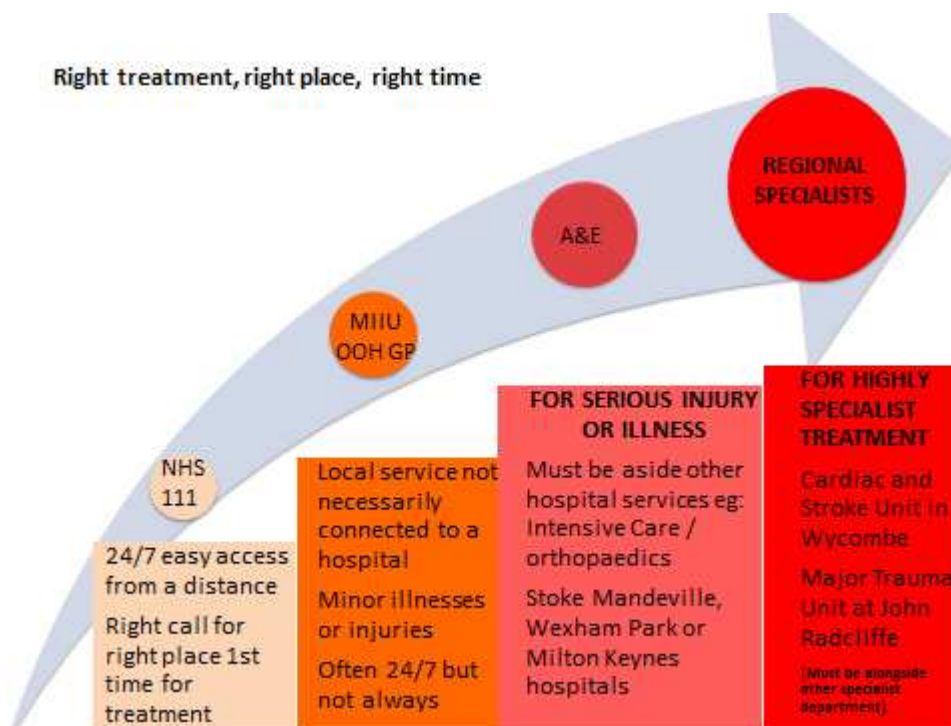
2.12. Experiences shared related to the distance between the two sites, which was made more difficult by the cost of travel and the frequency of public transport and the road constraints. There were generally good experiences of the Ambulance Service, although the length of time to book patients into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

2.13. 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.

3. Presentation from the Health Providers

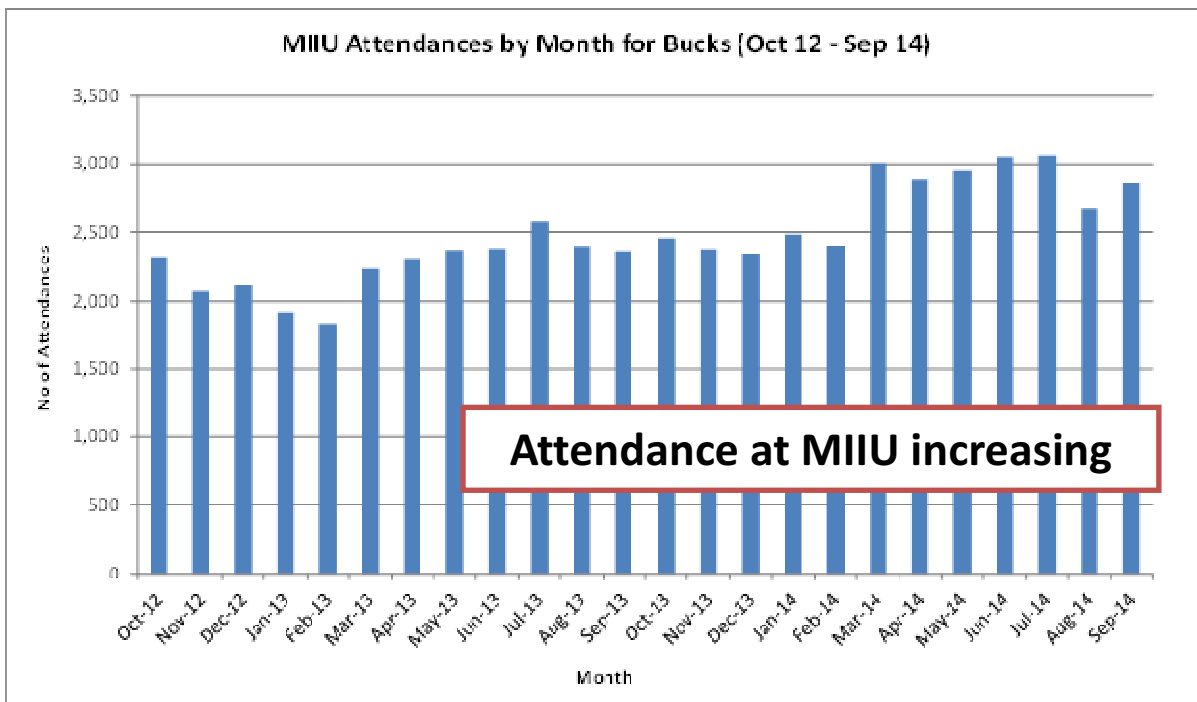
- 3.1 A joint presentation into the local urgent care context and the issues and actions taken as a result of the public listening event was given at the Commission's 12 November meeting. The presenters were Dr Annet Gamell, (NHS Chiltern Clinical Commissioning Group) Peter Boast, (Bucks Urgent Care LLP), Neil Dardis, (Buckinghamshire Healthcare National Health Service Trust) and Andy Battey, (South Central Ambulance National Health Service Foundation Trust). The key points of their joint presentation are detailed below (para 3.2 to 3.20).
- 3.2 By way of background, the clinical decision to centralise Accident & Emergency and inpatient emergency medical services to Stoke Mandeville Hospital was taken to ensure the most seriously ill patients have better access to senior doctors – there is clear evidence that this leads to better outcomes for patients.
- 3.3 At the same time, there was a desire to ensure that people with more minor injuries and illnesses could still have a local service in High Wycombe. The Minor Injuries and Illness Unit (MIIU) was the product of that desire. Providers hear patients' experiences every day in our surgeries, in our treatment centres and via our calls for views about what matters and how our services are used. The focus is on ensuring the right treatment at the right place at the right time.



- 3.4 The changes happened because Accident & Emergency is a specialist service. This means it requires co-location of other specialist services to be clinically safe and effective. It is nationally recognised that patient outcomes are better if they receive specialist trauma care - even if this means travelling past another hospital to get it. It allowed health providers to develop Wycombe Hospital's expertise in other areas, with the significant use of Minor Injuries and Illness Unit and MuDAS (multi-

disciplinary day assessment service). The enhanced cardiac and stroke unit on site at Wycombe Hospital used by all Bucks residents, is one of the best in the country.

- 3.5 With regard to the current situation, the High Wycombe Minor Injuries and Illness Unit is open 24 hours a day, 7 days a week, usually treating all patients within an hour of arrival. This is much less than the average waiting time at Stoke Mandeville Accident and Emergency. The Minor Injuries and Illness Unit at High Wycombe is due to treat around 44,000 patients with minor illnesses and minor injuries this year.
- 3.6 The Minor Injuries and Illness Unit contract has recently been extended from 31 October 2014 to October 2015. The next steps will be based on evidence, patient and public involvement and it will be clinically led.
- 3.7 Wycombe Hospital also has enhanced cardiac and stroke services, an innovative Medical Day Unit and the Multidisciplinary Day Assessment Service. The step-down ward for older people is still at Wycombe, along with elective surgery centre, cardiac, stroke, midwifery-led birthing unit, and outpatient services.
- 3.8 The work in promoting the High Wycombe Minor Injuries and Illness Unit and explaining services was covered, with a key focus on using the 111 service for advice, which also offered booked time-slot appointments at High Wycombe Minor Injuries and Illness Unit to minimise the waiting time. High Wycombe Minor Injuries and Illness Unit awareness and attendance was increasing.



- 3.9 In response to the issues and practical suggestions made at the public listening event, the health providers responded as follows:

- 3.10 On accessibility within the High Wycombe Minor Injuries and Illness Unit, wheelchairs were now in place at MIU reception, signposting improved, staff training undertaken and porters were at main hospital reception. The “talk before you walk” 111 service is seen as the key service to access to ensure appropriate care referral and minimise waiting times (booked time-slot appointments are available).
- 3.11 Regarding the X-ray service, the new x-ray unit opens on 26 December 2014 in the MIU, which means there is no need to cross the car park. A radiologist would also be available to provide an immediate service.
- 3.12 For plastering, simple fractures can be plastered at High Wycombe Minor Injuries and Illness Unit 24/7, with complex/compound fractures transferred to Stoke Mandeville Hospital Accident & Emergency. This was sometimes only evident after x-ray.
- 3.13 In respect of other issues, negotiations were underway with mental health services about making that available as part of the Minor Injuries and Illness Unit. Blood tests were available 24/7. Temperature control had been an on-going issue for the last two years.
- 3.14 On communication between the two sites, there were heralded transfers from High Wycombe Minor Injuries and Illness Unit to Stoke Mandeville Hospital Accident & Emergency, Stoke Mandeville Hospital medicine, Stoke Mandeville Hospital surgery and stroke/cardiac at Wycombe Hospital. Patient feedback was partly through the Friends and Family test, which was being rolled-out and the results publicised. There was an improving picture from -42 in April 2013 to +67 in September 2014. The website was also being redesigned to link with NHS Choices website to ensure co-ordinated feedback.
- 3.15 With regard to the link between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency, the various pathways were shared and work continues to improve the patient experience between the two services, as part of the Reforming Urgent Care programme. Improving communications with patients prior to transfer to Stoke Mandeville was also being addressed by introducing a transfer protocol to ensure identified patients are fast-tracked to relevant service on arrival at Stoke Mandeville Hospital. Children should already be fast-tracked through to Stoke Mandeville Hospital paediatric decisions unit.
- 3.16 Work was being undertaken to reduce the number of transfers to Stoke Mandeville Accident & Emergency from High Wycombe Minor Injuries and Illness Unit, with clinicians electronically reviewing x-rays before confirming and recommending the need for patients to be transferred. A bi-monthly forum was being established between Care UK and Bucks Health Trust to enable better collaboration in the future.
- 3.17 On improving access between the two sites, free travel on Arriva buses was offered between main sites for patients, visitors and staff. Over £240,000 was being spent per year on bus transport delivering 100,000 journeys. The park & ride from Handy Cross to Wycombe Hospital totalled 9000 journeys per year. Staff were being encouraged to car share. A multi- storey car park was due to complete at Stoke Mandeville Hospital in January 2015. Patient transport, for those eligible, totalled

over 37,000 journeys, plus supports over 7000 patients using spinal services, MuDAS, and discharge from our inpatient wards. The Community Impact Hub was also jointly funded to provide advice on and signposting to community transport schemes.

- 3.18 Distance and travelling times have remained similar to last year, with the main Hospitals accessed by South Central Ambulance Service crews being Stoke Mandeville, Wexham Park, Wycombe (Stroke/cardiac), Harefield (cardiac), Royal Berkshire Hospital and John Radcliffe (Trauma).

On Scene To Hospital

Average Left Scene to Hospital Time, for all grades of call

Month/Year	Aylesbury Ave Left Scene - Hospital	Chiltern Ave Left Scene - Hospital	Wycombe Ave Left Scene - Hospital	South Bucks Ave Left Scene - Hospital
Sep-13	00:20:26	00:25:52	00:26:59	00:16:31
Oct-13	00:20:18	00:26:27	00:28:04	00:15:48
Nov-13	00:20:07	00:26:45	00:27:20	00:16:24
Dec-13	00:20:18	00:25:49	00:27:12	00:16:10
Jan-14	00:20:03	00:26:25	00:27:55	00:15:48
Feb-14	00:19:48	00:26:25	00:28:36	00:16:32
Mar-14	00:20:20	00:25:44	00:27:46	00:15:04
Apr-14	00:19:23	00:25:13	00:27:36	00:15:42
May-14	00:20:10	00:26:01	00:27:15	00:16:50
Jun-14	00:19:50	00:25:35	00:27:34	00:15:56
Jul-14	00:19:15	00:25:45	00:28:33	00:16:00
Aug-14	00:19:47	00:25:03	00:26:17	00:16:34
Sep-14	00:20:10	00:25:38	00:28:03	00:16:46
Oct-14	00:19:18	00:24:55	00:25:52	00:18:34

3.19 Hospital delays have been a national challenge. South Central Ambulance Service continues to work in partnership with their hospital colleagues and there have been improvements through the year.

At Hospital

Excess Handover Delays (In Hours) per month

Month/ Year	Stoke Mandeville Hospital	Wycombe General Hospital	Wexham Park Hospital	John Radcliffe Hospital	Milton Keynes Hospital	Royal Berkshire Hospital
Sep-13	38:23	10:37	154:47	73:06	115:30	27:22
Oct-13	43:26	06:37	204:05	48:38	104:19	33:46
Nov-13	41:13	05:44	209:58	63:28	120:23	33:34
Dec-13	39:42	12:15	175:37	78:07	139:36	57:59
Jan-14	39:53	10:32	88:39	55:21	101:25	33:38
Feb-14	56:40	06:15	75:16	61:37	135:22	30:11
Mar-14	40:08	10:04	63:34	54:38	139:08	38:59
Apr-14	39:03	03:58	74:11	57:30	114:56	33:57
May-14	58:00	07:26	92:49	67:14	111:22	37:13
Jun-14	80:07	00:47	86:35	77:32	85:15	27:34
Jul-14	66:14	01:07	66:34	78:14	123:53	31:07
Aug-14	43:56	00:12	75:22	82:02	95:55	44:03
Sep-14	55:42	NA	59:03	61:16	73:06	45:42

3.20 In conclusion the health providers stated that:

- They wanted to ensure all of their services are coordinated so that patients and the public are clear about where to go for what condition, including during out-of-hours, and within primary care.
- They were holding a series of listening events to hear from local people.
- “Individual patient stories are telling us you want more joined up care, less gaps between services and good communications between patients, carers, referring services and fellow professionals. We will do all we can to make this a reality.

4 Presentation from Healthwatch Bucks

Healthwatch Bucks, represented by Richard Corbett, (Chief Executive) and Ron Newall, (Volunteer) presented the findings of their survey of patients’ experiences of urgent care services in Buckinghamshire.

Their online survey ran from 18 July to 30 September 2014, with 387 respondents giving a cohort of 648 patient experiences. This was a survey across Buckinghamshire with no specific Wycombe focus. The final report will be published shortly after the meeting held on 11 December, 2014.

It was explained that the survey findings gave indications for further review. As an overview the findings revealed that patients gave a lot of positive feedback (*the good*) but there were issues about lack of communication and capacity (*the bad*) and people not being sufficiently supported in an acceptable environment (*the ugly*).

The survey key findings were:

1. Overwhelmingly positive feedback from patients

68% of patients at MIIU were satisfied with their treatment, with high-levels also about Accident and Emergency, 111 and out-of-hours services.

2. Limited patient awareness of the most appropriate local urgent care service

It was clear that the public were still confused over accessing the most appropriate service, with 30% of people inappropriately arriving at the wrong location. The only two brands that people understand are “Accident and Emergency” and “GPs”. Examples from the NHS Choices website were given of jargon which re-enforced this confusion.

3. Inappropriate referrals to an urgent care setting

Although some level of inappropriate referral would be expected, the survey had revealed this was in the region of a quarter, so was an area for further investigation and action.

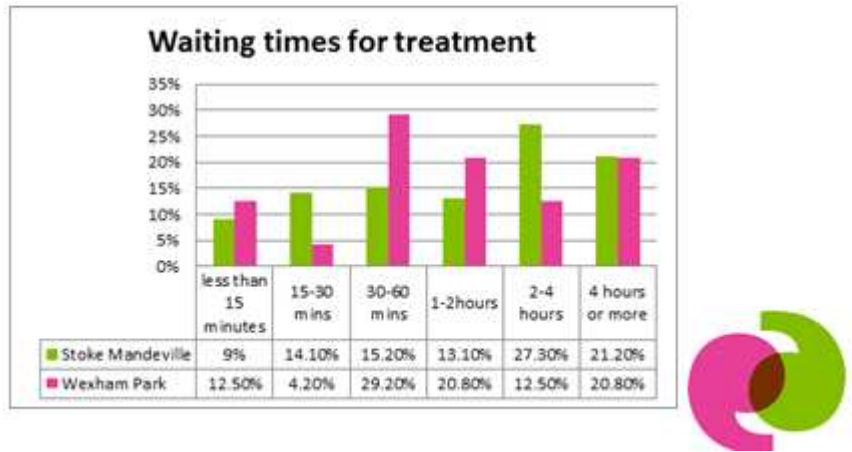
4. Positive waiting times in MIIU

46% of patients reported they had been treated within 15 minutes of being assessed, with 74% of patients treated within 60 minutes.

5. Excessive waiting times and inadequate waiting room facilities reported in Accident and Emergency

Key finding

5. Excessive Waiting Times and Inadequate Waiting Room Facilities Reported in A+E



The survey revealed that 20% of people had not been seen within the four hour target at Stoke Mandeville Accident & Emergency, but that feedback was more concerned with the lack of communication and waiting facilities.

As a result of these findings, Healthwatch Bucks were making the following recommendations:

1. To Increase patient communications to reduce inappropriate attendance.
2. To Improve referral rates to appropriate urgent care services.
3. To clarify, report and monitor local waiting time data publicly.
4. To enhance the patient experience in urgent care waiting rooms.
5. To Improve consistencies in quality of care and patient experiences in urgent care service.

A key issue arising from the presentation was the absence of transportation as an issue, although this was possibly due to the fact that it was a Buckinghamshire wide survey.

Overall, these key findings and recommendations supported the findings and emerging recommendations of the Council's own review and have been incorporated as appropriate.

Whilst not related to the review directly, the discussion highlighted the need and opportunity for councillors to understand more about Healthwatch Bucks. The Chief Executive offered to provide information about their work and offered to speak to

Members to explain how their organisation can help them with health related enquiries they receive from their constituents. The need for everyone to support the work of Healthwatch Bucks, as the patients' champion, was highlighted.

Ozma Hafiz

The Commission also received a presentation from Ms Ozma Hafiz, who had been involved with the 'Save Wycombe Hospital' campaign. Ms Hafiz outlined the history to the campaign over six years to return a full Accident and Emergency Unit to High Wycombe. Many of the views and comments in this presentation reinforced the views of the Council's Public Listening Event in October.

Although understanding the campaign's focus, given the passage of time the Commission considered the focus of the current debate was ensuring the current arrangement worked as well as possible, which was also the scope of this particular review.

In terms of practical suggestions on the current arrangements, three points emerged from the ensuing discussions:

- Paramedics to be better informed about local facilities, to ensure timely transfer to the right urgent care facility;
- Consideration of the patient's home address and the impact of travelling, particularly for women about to give birth, when deciding whether to admit a patient into hospital; and
- Consideration of the needs of mental health patients at both High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency.

5 Written Evidence from Steve Baker MP

5.1 Steve Baker MP submitted a briefing note on Wycombe Hospital Services, which concluded with the following proposals for the Commission's consideration. Reference was also made to the Steve Baker/Durrow hospital plan.

Proposal	Review Findings
1. Allowing patients to access urgent care via Wycombe Hospital at any time.	High Wycombe Minor Injuries and Illness Unit 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 MIU.	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 Health Trust to provide	Included as part of recommendation 5.

more outpatients appointments for local people at Wycombe, rather than travelling to Aylesbury.	
5. Removing red tape from local taxis providing car sharing schemes.	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, the Council recommends their use wherever feasible or possible.

6 Summary of the key Findings of the Review

- Wycombe Hospital is a flourishing site and is not closing, with its enhanced cardiac and stroke unit being one of the best in the country. The High Wycombe Minor Injuries and Illness Unit contract has been extended by one year to October 2015.
- The principle being followed is to get patients to the appropriate hospital where they can receive the best treatment most quickly, rather than just go to the nearest hospital which may not have the appropriate facilities.
- Patients' views of the care received in the vast majority of cases is very positive , but patient's experience of the supporting administration/management arrangements is variable and generally much lower/
- Health providers are to be commended for the fast-action taken on many of the issues raised at the public listening event and their full co-operation in this review.
- There is a continuing need to increase effective communication to improve access to the right treatment at the right time and the right place, with good communications between patients, carers, referring services and fellow professionals.
- There needs to be a continuing focus on more joined up care, with fewer gaps between services at Wycombe and Stoke Mandeville hospitals.
- The move to enhance Minor Injuries and Illness Unit facilities at Wycombe Hospital is welcomed, to reduce and minimise the need to travel between Stoke Mandeville and High Wycombe Minor Injuries and Illness Unit for Wycombe residents and thus help to alleviate their travel issues.
- This report makes eight recommendations for health providers and others to consider related to:
 - improving communication to remove confusion about the appropriate urgent care service to use:
 - improving patient experience whilst waiting for treatment;

- improving service co-ordination between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency;
 - enhanced facilities at High Wycombe Minor Injuries and Illness Unit to reduce travelling;
 - ambulance discharge times;
 - and improving the road network.
- There is a wider public issue on the reconfiguration of health services in Buckinghamshire, including some public calls for an Accident & Emergency service at Wycombe Hospital, but this has not formed part of this urgent healthcare review. However, it has highlighted the following major challenge for health providers in Buckinghamshire:

With rising short and long-term demand for urgent care services, will the measures currently being taken to improve the range of services at Wycombe and Stoke Mandeville hospitals be sufficient to provide first-class patient care and experiences, or will a more fundamental re-assessment be required?

- The Commission wishes to place on record its appreciation to the public, the health providers and Healthwatch Bucks for their co-operation and active participation and willingness to help in conducting this review.

The Commission has assessed the health providers' submission with the themes that emerged from the public listening event. This is attached as appendix " ", together with the recommendations that emerged, which are repeated below for ease of reference.

7 Recommendations to Council – 26 February 2015

Recommendation 1

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 and GP feedback and action 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 and the levels of inappropriate referrals have reduced to an acceptable level, with information on progress made publically available.

Reason for this Recommendation

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.

Healthwatch Bucks' survey found that 30% of people inappropriately arrive at the wrong urgent care location for treatment, some being caused by inappropriate referral.

Recommendation 2

Enhanced administration and management liaison is required between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency, so patients only have to "tell it once" at their first point of urgent health care access at Stoke Mandeville Accident & Emergency or Minor Injuries and Illness Unit, other than to confirm their condition.

Recommendation 3

Increased awareness is required of patients (and those accompanying them) daily requirements, such as medicine and meals at set times, to enable people to manage their existing medical and domestic needs as far as possible, when attending High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency.

Recommendation 4

Greater urgency needs to be given to joining up the separate IT systems to assist staff at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital in being able to give a seamless service to patients.

Reason for Recommendations 2, 3, and 4

The proposed introduction of the transfer protocol to ensure identified patients are fast-tracked to the relevant service on arrival at Stoke Mandeville Hospital 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 Minor Injuries and Illness Unit and Stoke Mandeville Hospital 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 the need for the patient to be transferred.

Recommendation 5

The introduction of additional facilities and services at High Wycombe Minor Injuries and Illness Unit gives a further opportunity to promote the "one-stop treatment" approach for patients in High Wycombe, reducing the number of transfers required to Stoke Mandeville Hospital, which should also include follow-up appointments at Wycombe Hospital.

Recommendation 6

The waiting area in High Wycombe Minor Injuries and Illness Unit 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.

Reason for Recommendations 5 and 6

The commitment to ensure Wycombe Hospital continues to flourish is welcome, with one of the aims being to reduce the number of transfers to Accident & Emergency. Out-patients appointments should be offered at Wycombe Hospital to reduce travel times to Stoke Mandeville Hospital for patients. This is re-enforced by Healthwatch Bucks' survey finding that there are excessive waiting times and inadequate waiting room facilities reported at Stoke Mandeville Accident & Emergency, with positive waiting times in MIU. The Healthwatch Bucks survey revealed the need to enhance the patient experience in urgent care waiting rooms.

Recommendation 7

Ambulance discharge times need to improve, 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.

Reason for this Recommendation

Whilst recognising delays are a national challenge, the local waiting times are still unacceptable. At Wycombe Hospital the cumulative delays to discharge patients from ambulances at hospitals: ranges from 12 minutes (August 2014) to 10 hours 37 minutes (September 2013), while at Stoke Mandeville Hospital it ranges from 38 hours 23 minutes (September 2013) to 80 hours 07 minutes (June 2014).

Recommendation 8

Bucks County Council and the Bucks Local Enterprise Partnership should make the improvements of the A4010 a high priority in bidding for funds from Government as part of the Single Local Growth submission.

Reason for this Recommendation

The A4010 is the crucial road artery between Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital, which can impact on journey times depending on volume of traffic and the nature of the road, which will only worsen as additional housing is provided in the north and south of the County.

Concluding Remarks

On balance, the Commission found that there was overall good urgent health care provision for Wycombe District residents, but that there are improvements that need to be made to the existing arrangements.

The Commission wishes to place on record its appreciation to the public who attended the public listening event and all the health providers for their co-operation and active participation and willingness to help in conducting this review.

Once approved by Full Council, this report and recommendations will be passed to the health providers and others for a response. It will also be forwarded to the Buckinghamshire County Council's Health and Adult Social Care Select Committee to aid consideration of their work, with the request that they review progress on these recommendations with the health providers as appropriate.