

## Urgent Health Care Review – Summary of Issues and recommendations

Themes from Public Listening Event (15/10/2014)	Health providers' response (12/11/2014)	Recommendations
<p><b>1. Communication and Access to urgent health care services</b> 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 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 Stoke Mandeville Hospital 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><b>Suggested practical improvements included</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Enhanced training for staff to ensure</li> </ul>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Staff training undertaken.</li> <li>• Signposting improved.</li> </ul>	<p><b><u>Recommendation 1</u></b> <b>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.</b></p> <p><b><u>Reason for this Recommendation</u></b> 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</p>

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<p>the right advice is being given to patients as to which treatment centre to attend at first point of contact.</p> <ul style="list-style-type: none"> <li>• Clearer signposting within Stoke Mandeville Accident &amp; Emergency.</li> <li>• Greater transparency of Minor Injuries and Illness Unit and Stoke Mandeville Accident &amp; Emergency for the public to see how well services are performing and how improvements are being achieved.</li> <li>• The scope to learn from best practice elsewhere to improve standards.</li> </ul>	<ul style="list-style-type: none"> <li>• Friends and family test feedback being rolled out and results publicised. Improving picture -42 (April 2013) now +67 (Sept 14).</li> <li>• Refreshing their website to link with NHS Choices website to ensure co-ordinated feedback.</li> </ul>	<p>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.</p>
<p><b>2. Treatment Received</b>  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 Stoke Mandeville Accident &amp; 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</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 Stoke Mandeville Hospital – introducing transfer protocol to ensure identified patients are fast-tracked through to relevant service on arrival at Stoke Mandeville Hospital (children should already be fast-tracked through to</p>	<p><b><u>Recommendation 2</u></b>  <b>Enhanced administration and management liaison is required between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital Accident &amp; Emergency, so patients only have to “tell it once” at their first point of urgent health care access at Stoke Mandeville Accident &amp; Emergency or High Wycombe Minor Injuries and Illness Unit, other than to confirm their condition.</b></p> <p><b><u>Recommendation 3</u></b>  <b>Increased awareness is required of</b></p>

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<p>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><b>Suggested practical improvements included</b></p> <ul style="list-style-type: none"> <li>• A co-ordinated appointment system for Stoke Mandeville Hospital and High Wycombe Minor Injuries and Illness Unit through one place administrators.</li> <li>• More fully trained triage nurses.</li> <li>• Improved communication and co-ordination between MIIU and SM A&amp;E on patient referrals.</li> <li>• Improved waiting facilities at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident &amp; Emergency.</li> <li>• Care practitioners being able to deal with a wider range of minor injuries at High Wycombe Minor Injuries and Illness Unit.</li> <li>• Enhanced awareness and training of staff on referral arrangements.</li> </ul>	<p>our paediatric decisions unit).</p> <ul style="list-style-type: none"> <li>• Heralded transfers from High Wycombe Minor Injuries and Illness Unit to Stoke Mandeville Hospital 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).</li> <li>• Working to reduce the number of transfers to Stoke Mandeville Hospital (clinicians electronically reviewing x-rays before confirming/recommending the need for patients to be transferred).</li> <li>• Temperature control has been an on-going issue for last two years.</li> </ul>	<p><b>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 &amp; Emergency..</b></p> <p><b><u>Recommendation 4</u></b>  <b>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.</b>  <u>Reason for Recommendations 2, 3, and 4</u>  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</p>

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		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.
<p><b>3. Urgent health care facilities</b> Experiences shared related to the lack of 24 hour 7 day a week services at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident &amp; Emergency. 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 eg x-ray service.</p> <p><b>Suggested practical improvements included</b></p> <ul style="list-style-type: none"> <li>• Clarifying and communicating the purpose of the MIIU, including the range of facilities available and when, especially if not 24 hours.</li> <li>• The scope for more treatment to be undertaken at Minor Injuries and</li> </ul>	<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"> <li>• 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.</li> <li>• 24/7 service of simple fractures plastered at MIIU (complex/</li> </ul>	<p><b><u>Recommendation 5</u></b> <b>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.</b></p> <p><b><u>Recommendation 6</u></b> <b>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.</b></p>

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<p>Illness Unit, including follow-up appointments.</p> <ul style="list-style-type: none"> <li>• Provision of wheelchairs at Minor Injuries and Illness Unit (NB: The Medical Director of Bucks Urgent Care undertook to resolve the wheelchair availability issue within the week).</li> <li>• The need for more mental health training for out-of-hours GPs.</li> </ul>	<p>compound fractures transferred to SM A&amp;E.)</p> <ul style="list-style-type: none"> <li>• Blood tests 24/7.</li> <li>• Wheelchairs in place at Minor Injuries and Illness Unit reception. Porters from Bucks Healthcare NHS Trust at main hospital reception.</li> <li>• In negotiation with mental health services about incorporating them as part of the Minor Injuries and Illness Unit.</li> </ul>	<p><u>Reason for Recommendations 5 and 6</u> The commitment to ensure Wycombe Hospital continues to flourish is welcome, with one of the aims being to reduce the number of transfers to Stoke Mandeville Accident &amp; 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 Hospital Accident &amp; Emergency, with positive waiting times at High Wycombe Minor Injuries and Illness Unit. The Healthwatch Bucks survey revealed the need to enhance the patient experience in urgent care waiting rooms.</p>
<p><b>4. Distance and travelling between Stoke Mandeville Hospital Accident &amp; Emergency and High Wycombe Minor Injuries and Illness Unit</b> 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</p>	<p>Delays to book patients into hospitals from ambulances: Wycombe Hospital – total monthly range from 12 mins (Aug 14) to 10 hours 37 mins (Sept 13) Stoke Mandeville Hospital – total monthly</p>	<p><b><u>Recommendation 7</u></b> <b>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.</b></p>

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<p>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><b>Suggested practical improvements included</b></p> <ul style="list-style-type: none"> <li>• As many services as possible delivered at High Wycombe Minor Injuries and Illness Unit, including outpatients' appointments, to reduce travelling times.</li> <li>• Reviewing the booking in arrangements for ambulances.</li> <li>• Reducing the cost of travel and improving the frequency of public transport.</li> <li>• Improving the roads between High Wycombe and Stoke Mandeville.</li> </ul>	<p>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"> <li>• Issue is the hospital's capacity to receive patients, rather than the ambulances delaying discharges.</li> <li>• 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.</li> <li>• Park and Ride from Handy Cross to Wycombe Hospital – 9,000 journeys pa.</li> <li>• Multi Storey Car Park at SM due to be completed January 2015.</li> <li>• Parking at HW hospital is recognised as a major issue.</li> <li>• Improving the roads is not the health providers' responsibility.</li> </ul>	<p><u>Reason for this Recommendation</u> 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) and at Stoke Mandeville Hospital it ranges from 38 hours 23 minutes (September 2013) to 80 hours 07 minutes (June 2014).</p> <p><b><u>Recommendation 8</u></b> <b>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.</b></p> <p><u>Reason for this Recommendation</u> The A4010 is the crucial road artery between Wycombe MIU 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</p>

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