

RESPONSE TO URGENT HEALTH CARE REPORT

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What is the Commission being asked to do?*

To note the responses and action being taken on the Commission's recommendations from the urgent health care review.

Executive Summary

Following Council approval on 26 February 2015, the seven health-related recommendations were passed to the health providers. One further recommendation (transport) was referred to the Buckinghamshire County Council and the Thames Valley (Buckinghamshire) Local Enterprise Partnership.

The recommendations have been accepted and this report outlines the steps being taken to take them forward.

Background and Issues

The Commission's urgent health care review was undertaken as a result of a motion passed unanimously at the Council meeting on 28 July 2014. The scope of the review was to identify ways to further improve the existing arrangement for urgent health care facilities for people of Wycombe District, which included holding a public listening event in October 2014.

In Buckinghamshire, health scrutiny is normally conducted as a joint activity with Buckinghamshire County Council, through the Health and Adult Social Care Select Committee. The Select Committee was kept informed throughout the review and it was agreed that the response to the Commission's recommendations should be reported to that Committee as well.

The response to the Commission's recommendations was considered at the Select Committee's meeting on 24 March, 2015, as set out below:

Recommendation	Response	Contact/ Officer
<p>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.</p>	<p>CCGS (Chiltern Clinical Commissioning Group) response: We are continuing to carry out work to promote the urgent care services in the area.</p> <p>The Health Help Now app is due to be launched in time for the busy Easter weekend and we are also creating a leaflet to promote the app and which service to go to and when.</p> <p>This leaflet will be delivered by Royal Mail to every household in Bucks. It will also include services relevant to those who live on the borders of the county.</p> <p>The Let’s Talk Health Bucks engagement platform is also now available so we have an additional channel to gain views and opinions of the patients, the public and GPs.</p>	<p>Claire Gourlay (NHS Commissioning Support Unit).</p>
<p>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 High Wycombe Minor Injuries and Illness Unit, other than to confirm their condition.</p>	<p>BHT (Bucks Healthcare Trust) response:</p> <ul style="list-style-type: none"> • Improving communications with patients prior to transfer to Stoke Mandeville <ul style="list-style-type: none"> – introducing transfer protocol to ensure identified patients are fast-tracked to relevant service on arrival at Stoke Mandeville – children already fast-tracked through to our paediatric decisions unit • Heralded transfers from MIIU to: <ul style="list-style-type: none"> o Stoke Mandeville A&E o Stoke Mandeville medicine o Stoke Mandeville surgery o Stroke/Cardiac Wycombe • Looking to establish a bi-monthly forum between Care UK and BHT to enable better collaboration in the future. <p>BUC (Bucks Urgent Care) Response:</p> <ul style="list-style-type: none"> • BUC and BHT are working on closer IT integration as part of their new strategic partnership. This will eventually result in seamless record access at either site. In the meantime patients transferring from Wycombe MIIU to Stoke Mandeville A&E will have their information transferred by secure NHS email or secure fax to the receiving clinicians. 	<p>Claire Gourlay</p>

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<p>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.</p>	<p>BHT response:</p> <ul style="list-style-type: none"> • At triage and when assessed by a clinician - patients medical details and relevant requirements are picked up and taken into consideration • We encourage the use of the 'This is me' booklet for patients living with dementia • Intentional rounding within A&E was introduced late last year – ensuring hourly checks of all patients in A&E • There are refreshment facilities available 24/7 at Stoke Mandeville for patient and relatives. <p>BUC response:</p> <ul style="list-style-type: none"> • Patient information taken at MIIU already includes current medication. Additional information will be taken regarding meal times and special requirements including those of carers attending with patients. 	<p>Claire Gourlay</p>
<p>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.</p>	<p>BHT response:</p> <ul style="list-style-type: none"> • Very few patients require transfer to A&E – demonstrating that signposting is working. However we continue to work to further reduce the number of transfers to A&E – with our clinicians electronically reviewing x-rays before confirming & recommending need for patient to be transferred • We will continue to work with MIIU to identify ways of strengthening and improving communications • Bucks continuing care record is already in place for patients who are coming to the end of their life. All agencies have access to this record to ensure continuity of care. • We are introducing a new electronic patient record system later this year, it has the ability to connect with other systems and this is something that we will explore further in the future once the system is up and running. <p>BUC response:</p> <ul style="list-style-type: none"> • (see previous response) BUC and BHT are working on closer IT integration as part of their new strategic partnership. This will eventually result in seamless record access at either site. In the meantime patients transferring from Wycombe MIIU to Stoke A&E will have their information transferred by secure NHS email or secure fax to the receiving clinicians. 	<p>Claire Gourlay</p>

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<p>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.</p>	<p>BHT response:</p> <ul style="list-style-type: none"> • Wycombe is home to planned surgery centre, cardiac, stroke, breast centre of excellence, so where possible services are provided locally. We also have a whole range of outpatients clinics as well as MUDAS to support frail elderly patients and avoid admission to hospital • We have a programme of working looking at how we improve the administration of outpatients, including how we reduce unnecessary follow-ups (& alternatives to face to face) <p>BUC response:</p> <ul style="list-style-type: none"> • The MIU has recently been refurbished and has a new X-ray facility in place which will hopefully reduce the number of transferred patients to Stoke Mandeville. There are outpatients clinics at WGH where they refer fracture patients for follow up. 	<p>Claire Gourlay</p>
<p>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.</p>	<p>BUC response:</p> <p>The waiting room has been redecorated and a children’s area has been created. The waiting room does not have air conditioning but we do put portable air conditioning units in place at times of hot weather.</p>	<p>Claire Gourlay</p>
<p>7 Ambulance handover times at hospitals need to improve, as the current time frame is too wide and results in a poorer patient experience. Achievable hospital targets and timescales for the reduction in queuing of ambulances are required.</p>	<p>BHT response:</p> <ul style="list-style-type: none"> • Delays have been a national challenge. SCAS continues to work in partnership with their hospital colleagues and there have been improvements through the year • We have increased nurse staffing in A&E to support handovers from ambulance • As part of our system resilience work, and working with social care, we continue to take actions to support discharges in order to free capacity elsewhere in hospital and prevent blockages within A&E • We are working closely with SCAS – we have established a monthly meeting to review in real-time any delays and identifying solutions. We are also looking at the role of advanced nurse practitioner and geriatricians support across the ambulance service and A&E 	<p>Claire Gourlay</p>

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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.	Improvements to North-South routes are a key part of the council's aims for improved connectivity across the county. The County Council will continue to work closely with the District Council to see development come forward in a way that maintains the functionality of the road network and mitigates the effects of new housing and employment growth across the county as far as possible. Bids submitted as part of the Local Growth Fund are prioritised on their ability to deliver economic growth, however if WDC believe this is the highest priority for their area the County Council will be happy to work to bring forward improvements in partnership with the District and LEP in future bidding round opportunities.	Stephen Walford Director - Growth & Strategy Buckinghamshire County Council

Conclusions

The Commission's recommendations have been accepted and work has commenced on progressing them accordingly. When considered by the Select Committee on 24 March, it was clarified that the Minor Injuries & Illness Unit now had 24hr X-ray provision, the timescales for improved IT integration, and the data that would indicate effectiveness of communications to improve patient understanding of urgent care pathways/services.

The Commission is asked to note the position reached.

Background Papers

Agenda and Minutes of Improvement and Review Commission meetings.
Commission's Urgent Health Care Report.

Bucks County Council's Health and Adult Social Care Select Committee.- 24 March 2015.