Annual Members Meeting 2016

We held our annual members' meeting at 6.30pm on Tuesday 25th October 2016 at Farington Lodge Hotel, Stanifield Lane, Farington, Preston,PR25 4QR. The meeting was open to all members of the public.

If you were unable to attend you can see our presentation

Dr. Paul Marsden, Consultant Respiratory Physician, gave a presentation on COPD

Summary of Questions and Answers from the 2016 Annual Members Meeting

"Lives are being put at risk from the closure of A&E at Chorley; when will it be reopened?"

Delivering a safe and sustainable service is our main priority and it is an unacceptable risk to patient safety to attempt to provide a service that is not staffed sufficiently by the necessary doctors.

As a result of significant issues in staffing, we were unable to continue the delivery of a safe Type 1 ED service across two hospital sites and so we took the decision in April 2016 to downgrade the emergency department at Chorley to an urgent care centre. The redesignated service is provided through a combination of emergency department consultants, nurse practitioners, GPs, nurses and healthcare assistants from 8am to 8pm daily. Since the emergency department was downgraded to an urgent care centre, there have been no patient safety incidents attributable to the service change. As a safety precaution, we arranged for ambulance on-site at Chorley to transfer any acutely unwell patients to Preston. We have seen far fewer transfers from Chorley to Preston Hospital than anticipated. Also, both NHS 111 and 999 services work closely with the Trust to appropriately direct patients.

It is important to note that previous arrangements have not changed in respect of surgical, paediatric and life and limb conditions which continue to be transferred to Preston.

With respect to when we can reopen A&E, we are focused on reinstating the department on a limited hours' basis (12 hours a day) in January, and we have a lot of work to do to make that happen. The new urgent care centre will be open in January and it will bring additional clinicians, and will see a proportion of patients who would have otherwise attended the Emergency Department. So in January we'll be in a better position to safely reinstate the ED.

We still don't have enough staff to reinstate the department now. The independent review commissioned by NHS Improvement and NHS England published in September recognises that to reinstate the Emergency Department now, before the new urgent care centre is operational would require both additional staff and consultants to work significant overtime so this isn't feasible.

At the moment there is no plan to reinstate the ED 24 hours a day. The independent review commissioned by NHS Improvement and NHS England published in September recognises that reinstating the Emergency Department 24 hours a day is not currently realistic.

“Are there plans to build a new super hospital?”

The Trust is committed to ‘Our Health Our Care’, which is the transformation programme for Central Lancashire. The purpose of this programme is to develop new models of health and care for central Lancashire that will ensure we are financially and clinically sustainable for the future.

The programme is clinically led. We are currently in the ‘Solutions Design’ phase, ie we are designing the solutions for the challenges we face in delivering high quality health and care services. As part of this we are engaging with our local communities by carrying out engagement events in November, December and March to ensure that all who wish to be involved are able to have their say on the changes being proposed, so that they are co-designed with the public.

By March 2017 we will have developed a shortlist of options which may or may not include moving to a single site build. In Spring/Summer 2017 we will then carry out a public consultation on the shortlist.

For more information please visit the Our Health Our Care website: http://www.ourhealthourcarecl.nhs.uk/

“How has the junior doctors' strikes affected the Trust and will the Trust be implementing the new contract?”

As at September the Trust has lost £0.8m as a consequence of the April strikes due to cancelled procedures, and estimates a minimum of £0.5m costs associated with the implementation of the new contract.

With respect to implementing the contract, we are still of the understanding that organisations that do not implement the contract will have their training status (and posts) removed. This has been explicit since the start of the contract discussions and is Health Education England’s stance. This would mean that should the Trust choose not to implement the contract we would risk the loss of over 400 doctors in training which is a risk that the Trust cannot take.

We also understand that as the Trust is in breach of its licence; its freedom to choose to implement the contract is also in question. The risk of individual trusts moving to local terms and conditions is significant as this would bring unnecessary inequity and competition to the market and create a bidding war for staff. We therefore continue to progress with the implementation of the contract and are engaging with our junior doctors in this work.

“The number of operations cancelled by the trust at short notice is concerning; what is the trust doing to address this?”

The Trust is experiencing high levels of bed occupancy which is severely impacting on our elective procedures and our ability to discharge patients in a timely way. The main reason is increased levels of non-elective activity, coupled with the cessation of funding for step-down provision and lack of nursing home capacity.

We are monitoring this risk daily via escalation meetings and calls with the local Clinical Commissioning Groups and the wider health economy and undertaking staffing reviews, including cancellation of nurse training to support staffing of escalation areas.

We have joined the national ‘Delayed Transfers of Care’ improvement programme. We have established an integrated discharge team and a discharge to assess model, and we are working towards implementing a frailty service and care home model in the coming months.

We have also commissioned a third party to implement a patient flow improvement project which is taking place across both Preston and Chorley Hospital sites. The purpose of this project is to standardise inpatient management across all wards and expedite discharge at the most appropriate time safely.

“Why hasn't the Trust been able to recruit the doctors needed to run an A&E when other trusts have?”

We cannot comment on the recruitment processes of other trusts however the Trust has looked at over 150 CVs and we have the processes in place to ensure that applications are turned around within 24 hours, timely interviews are arranged for appropriate candidates, and support is provided by the medical staffing team to ensure robust recruitment practices.

With respect to the agency cap, the Trust board did in fact take the decision to lift the agency cap for ED staff on patient safety grounds prior to downgrading the emergency department. This however did not yield any further applications and gave us no further locum staff to fill the gaps within our substantive workforce.

Has there been any impact on neighbouring trusts like Wigan and Blackpool as a result of the A&E changes?

Whilst there has been an increase in attendances at neighbouring hospitals, it has not been at significant levels and is in line with our expectations. We are also seeing a national increase in attendances since May; as such we cannot wholly attribute the increase in attendances at neighbouring trusts to the service changes at Chorley. We monitor the impact on neighbouring trusts on a daily basis and we are in close contact with our neighbouring trusts in this regard.

The biggest impact has in fact been on the emergency department on the Preston site. To accommodate such increased demand and support patient flow at this time, we have reconfigured the assessment services at the Preston site.

“Do you realise that agencies aren't providing fully qualified interpreters for appointments? From experience, this has proven to not be adequate as we did not fully understand the information told to us. This can lead to medication not being taken/used properly. It can also lead to people not wanting to visit their doctor when ill.”

We have a service level agreement with our providers that clearly sets out the requirement for all supplied interpreters to be qualified to a minimum level, so we are concerned at your comment. If you are willing to provide details about that appointment we will investigate whether the interpreter assigned was appropriately qualified. Please send details to pamela.deeley@lthtr.nhs.uk

“Is there any reason why clerical staff are not employed at clinics instead of nursing staff standing outside consulting rooms in charge of the files. Lovely nurses would be more effectively used elsewhere with their medical qualifications. ”

Clerical staff are employed to greet patients on arrival to clinics, book patients in on our electronic patient record, ensure the patient's details are correct and any relevant medical records are available.

Once a patient is brought round to the clinic they will most often be supported by a Health Care Assistant (HCA) who will be working with a designated team of doctors. The HCA will check the patient's records and undertake any required tests such as weighing the patient or recording the patient's blood pressure. Depending on the speciality of the clinic there are a number of tests and interventions that a HCA or Registered Nurse may need to undertake either before or after the patient has seen their doctor.

Another important role that HCAs undertake in Clinics is to act as a Chaperone for the patient. It is Trust policy that all patients having any kind of physical examination are offered a Chaperone. When acting as Chaperone the HCA will assist the patient to prepare for the examination and ensure their privacy and dignity is protected throughout.

We understand that it may at times appear that the nurses and HCAs in clinic are just looking at notes as their input with patients usually takes place in clinic rooms and so is not observed. HCAs and Registered Nurses play an essential role in providing Outpatients care and while supported by clerical staff they provide clinical care that clerical staff cannot provide.

“With the huge increase in housing in the local areas, what provision is being made to cater for the anticipated additional demand for health care services?”

Clinical Commissioning Groups (CCGs) are responsible for the planning and commissioning of health services for the local population. They receive their funding based on a national funding scheme that is not sensitive to additional population. However there are plans for the CCGs to provide additional GP cover in the new housing areas.

Hospitals get paid based on the activity they complete hence we get paid if we do more activity. We are also actively involved in Our Health Our Care, a programme to transform health and social care in Central Lancashire. This will model out the most accurate assessments of population growth by area, and plan for services in and out of hospital that need to be put in place for the future. A particular focus is being placed on services in the community to reduce the overall demand placed on the hospital and to ensure that only people who need a hospital bed are inpatients there.

For more information please visit the Our Health Our Care website: http://www.ourhealthourcarecl.nhs.uk/

To contact the local CCG directly please visit: https://www.chorleysouthribbleccg.nhs.uk/contact-us or email enquiries@chorleysouthribbleccg.nhs.uk

“When is Ward 23 RPH going to get a revamp like all the other wards?”

We are currently working on ward 23. Whilst it won’t receive a full upgrade due to disruption to the ward operationally, I am pleased to inform you we are painting and replacing doors on the ward along with installing a new nurse call systems and bed head lighting. The flooring in the

bays will also be replaced. It is expected that the works will be complete by the first week in December.

“How do I find out more about becoming a Governor of Lancashire Teaching Hospitals NHS Foundation Trust?”

We are due to commence the election process for governor vacancies in the New Year. All members will receive information about pre-election workshops that are being held in January and February 2017 to inform members about the role of the governor and provide details of how to apply. For an informal chat about the role of a governor please call Phebe Hemmings, Company Secretary on 01772 522010 or alternatively email Beth De Nobrega, Membership Engagement Manager at beth.denobrega@lthtr.nhs.uk

“I understand the NHS doesn't recall used equipment such as walking frames, crutches, etc. why? If it's due to cost implications wouldn't prisons offer a suitable work force to use in these circumstances?”

Basic items of equipment, such as toilet frames, commodes, mobile commodes and toilet seat raisers, are provided to patients on prescription to enable them to function safely within their home environments. These basic items of equipment are not on loan but belong to the patient.

Unfortunately, it is not possible for those items to be collected or returned to the hospital for re-use because of the resources required to clean, check and store basic items of equipment. Disposal of these items is advised via council household waste recycling centres or, some items of equipment can be donated to local charities with established equipment stores, dependent on storage space and client need.

Community equipment services are logistical support services which buy, deliver, collect and, where appropriate, recycle items of both health and social care equipment. These are typically large scale items such as beds, mattresses and special adaptations for chairs and we would suggest that contact is made with Lancashire County Council directly in relation to their policy of non-return.

Mobility equipment such as wheeled Zimmer frames, crutches and walking sticks which are returned to Lancashire Teaching Hospitals NHS Foundation Trust are recycled. This is following a close inspection, thorough cleaning and finial replacement to ensure that the items are in good condition and will not put patients at risk.

"Do members of the board not realise that if they were involved in an accident or had a heart attack, having private health care doesn't help and you could be the ones held in an ambulance queue outside Preston hospital or elsewhere?"

There is no waiting time for emergency cases. The ambulance service and emergency departments prioritise patients with serious and life threatening illness or injury. Patients who experience major trauma or who have heart attacks would be admitted to hospital swiftly – such patients would not wait in ambulances to be seen by the major trauma team or emergency department staff.

At Royal Preston Hospital we always try to admit patients to the emergency department from ambulances as swiftly as possible so that patients have a better experience and the ambulance can get back on the road to provide care for others. At times when the emergency departments are very busy, people with less serious illness and injury may experience a delay in being seen because care is prioritised for those who need urgent attention. Sometimes paramedics stay with the patients in the ambulance, or more usually within the emergency department, until the emergency department staff have the opportunity to accept the transfer of care. We do everything we can to ensure this transfer of care happens as quickly as possible.

"You have said that it cost £6M to close Chorley A&E how much have you made by selling the Urgent Care Unit at Chorley?"

The Urgent Care Centre at Chorley Hospital is and has always been owned by the Chorley and South Ribble Clinical Commissioning Group – so we haven't sold it and we have not made any money. As a temporary measure when we were unable to provide an emergency department service due to staffing pressures, we put in place interim arrangements to provide an urgent care centre service at Chorley to maintain services for local residents. GTD Healthcare will provide the urgent care centre service at both hospitals from January. GTD Healthcare will occupy the Chorley and South Ribble Clinical Commissioning Group-owned urgent care centre building.

"Karen has said that when the Urgent Care Unit is taken over by Go 2 Doc?? In January the A&E will be able to open for 12 hours/day as staff will be relocated to man it properly. If this is the case why can't we have an A&E open now? The excuse has always been that we do not have staff available but we obviously have! We would be far safer with an A&E rather than an Urgent Care Unit as they cannot deal with life threatening emergencies."

The new urgent care provider will bring their own staff to the system as opposed to being run by our staff – so the overall number of staff available to work will increase substantially. Whilst GPs, nurse practitioners and nurses can staff an urgent care centre, for legal reasons to assure patient safety emergency departments must be staffed by appropriately trained and qualified emergency medicine clinicians. So emergency departments and urgent care centres are run by different staff. We have recently converted one middle grade doctor to a permanent post and have secured 1.5 middle grade doctors on a temporary basis which will further increase our staffing capacity to be able to reinstate the department 12 hours a day.

It is intended that the new urgent care service will be co-located to the Emergency Department. The Emergency Department will continue to treat minor injuries and more serious conditions that the Urgent Care Centre can't treat so we still expect to see a significant number of patients.

An under staffed emergency department is not safer than a properly staffed urgent care centre. The decision to temporarily replace the emergency department at Chorley with an urgent care centre was made solely on the grounds of patient safety. Proven procedures have been in place since April to ensure anyone with a serious or life threatening illness or injury is taken swiftly to the nearest emergency department for treatment. There have been no patient safety issues at Chorley since the temporary change in April.

"Given the congestion currently being experienced at PRI A&E how important is it that the UCC is introduced quickly & seamlessly and what are you doing to ensure this happens?"

The new 24 hour urgent care centres are planned to go live in January 2017. It is anticipated that a significant number of patients who currently attend our hospital emergency departments will be seen and treated at the urgent care centre, enabling emergency department teams to focus on those patients with serious and life threatening illness and injury.

"The A&E at Chorley is to be reopened in January & run by a private company that the NHS is paying for, why can't the NHS continue to run the A&E & avoid profiteering by private companies?"

When Chorley and South Ribble Hospital A&E is reinstated as an emergency department it will continue to be run by Lancashire Teaching Hospitals NHS Foundation Trust.

"When can we reasonably expect full A&E resources (24 hrs a day) at Chorley & South Ribble Hospital"

NHS England and NHS Improvement commissioned an independent report which was published in September and which found that reinstating a 24 hour emergency department at Chorley is currently “not feasible”. We are currently focusing all of our efforts in reinstating the department for 12 hours a day when the new 24 hour urgent care centre opens in January. We are continuing our efforts to recruit all the staff we need to enable the department to be opened 24 hours a day in the future.

"Is there a reason why the original A&E unit at Chorley Hospital is not used for day care instead of the unit next door which is now used for daytime URGENT CARE use?"

The emergency department and urgent care centre services at Chorley Hospital are integrated, so the space inside the building enables patients and staff to flow easily between services. We have no plans to utilise this space for day care because the emergency department service will be reinstated in January when the urgent care centre opens 24 hours a day.

"How come we as members of the trust didn't know anything at all about the shortage of doctors until the A and E Dept was actually "temporarily" closed."

There is a national shortage of doctors in many specialties, and we have plans in place to manage the risk this presents to service delivery. The shortage of doctors in the emergency department is a risk we have managed over the past few years by taking a range of actions and continuously monitoring the situation. However a culmination of events created a sudden and significant change to our staffing position that we could not have predicted. This meant swift action was required to maintain patient safety and the speed at which events occurred did not proffer an opportunity to communicate in advance the decisions we had to make. Any planned service change would always be undertaken with full involvement of all stakeholders concerned. However the decision to temporarily replace the emergency department at Chorley with an urgent care centre was taken solely in the interests of patient safety was a response to an immediate staffing problem.