

System Resilience Group (SRG) Chorley A&E – Minutes

Tuesday 14 February 2017
Bowman Room, Chorley House

Present:

Jan Ledward	Chief Officer, Clinical Commissioning Groups (CCGs) (Chair of the meeting)
Graham Curry	Sector Manager South Lancashire & Fylde, North West Ambulance Service (NWAS)
Emma Ince	Deputy Head of Planning and Delivery, CCGs (for Mrs Mellor)
Suzanne Hargreaves	Operations Director, Lancashire Teaching Hospitals (LTH)
Karen Partington	Chief Executive, LTH

In attendance:

Erin Portsmouth	Head of Communications and Engagement, CCGs
Sandra Lewis	Executive Assistant, CCGs (Minutes)

Apologies:

David Beckett	Chief Executive, GTD Healthcare
Jayne Mellor	Head of Planning and Delivery, CCGs
Mark Pugh	Medical Director, LTH
David Rigby	North West Ambulance Service
Mike Smith	Head of Assurance and Delivery - Lancashire, NHS England

Item No.	Subject	Action
20/17	<p>Welcome and Apologies</p> <p>Apologies above and it was noted that there was no representation from GTD Healthcare.</p>	
21/17	<p>Minutes / actions from meeting – 25 January 2017</p> <p>The minutes of the meeting held on 25 January 2017 were approved as an accurate record of the meeting.</p> <p>Actions</p> <p>Mrs Hargreaves requested an extension to Preston GP medical admissions going to Chorley MAU instead of Preston whilst escalation levels are still high.</p>	

NWAS : Activity Information

Mrs Hargreaves tabled the ambulance activity and patient flow and highlighted the following:

Since 18 January 2017 the number of ambulance arrivals at Preston with a Chorley postcode is moving in line with previous activity levels.

With regards out of hours, there continues to be an average of 6.5 ambulances per night from the Chorley area coming through to Preston, compared to a previous average of 2.5 per night. This needs monitoring and is an on-going issue.

LTH is undertaking a prospective audit on patients' conditions that the ambulances bring in and what impact the Kitemark would have. Mrs Partington said that every patient from Chorley would be audited as to the reason for attendance and whether they could have been seen by Urgent Care or A&E.

A number of meetings have been held with the acute physicians to agree how to manage the GP medical admissions being received back on the Preston site. There is a significant level of clinical concern due to the lack of capacity on the Preston site, and the ability to accept an increased medical take at present would lead to further pressure, delays and increase the potential risk of 12 hour trolley waits.

Therefore, a number of actions have been agreed, which include estate moves, mobilisation of the ambulatory care pathways and job plan changes to support medical admissions being moved back to Royal Preston Hospital. The team are working towards a resolution for 1 March 2017.

The Business Intelligence team is undertaking an analysis of Preston GP referrals to the Medical Admissions Unit in Chorley and the impact on ambulance conveyances. Mrs Ince asked what the risk would be as there would no longer be additional ambulances overnight.

Mr Curry said that there would be greater pressures as ambulances would have to come to Preston and, therefore, patients will not be getting to hospital as quickly. He also raised the issue of turnaround times, with two hour handovers but acknowledged that this is a recent pressure. He said that from 16 February, the extra ambulance would cease and would increase the pressure for NWAS, who would not be able to guarantee the same emergency care.

Mrs Ince said that where there is an A&E department, ambulances can convey patients to the hospital site and they can be treated either by A&E or Urgent Care whichever is the most appropriate service. Mrs Ledward advised that the Kitemark needs to be in place as soon as possible to enable direct conveyances with NWAS able to handover to

	<p>the Urgent Care service rather than A&E transferring those patient to urgent care.</p> <p>Mr Curry commented that it was only the evening that was an issue and there was small demand for the Medical Admissions Unit at Chorley due to the Preston one being closed.</p> <p>Mrs Ince emphasised that A&E is open 12 hours and there is activity variation in the ambulance contract anyway and the numbers expected should be able to be absorbed within contract.</p> <p>In summary, Mrs Ledward said that we are continuing to work towards reinstatement of the kitemark as a priority and that the NWAS activity and any impact would continue to be monitored.</p> <p>Mrs Hargreaves advised that February had been very busy to date and it was difficult to understand the impact and consequences to ambulance activity of the re-opening of A&E at Chorley and the introduction of the new urgent care service.</p>	
22/17	<p>Urgent Care / ED Activity and Performance</p> <p><u>Staffing</u> Mrs Hargreaves commented that there was an opportunity to appoint two locum consultants for Chorley. They are currently middle grades doctors but can work as locum consultants for a period of time, i.e. maximum one year. As yet, there was no start date.</p> <p><u>GTD</u> Mr Curry commented that the demand on GTD was less than expected. In response, Mrs Ince said this only related to the PATS (Patient Alternative to Transfer Service). Mr Curry advised that there was data to support this. Therefore, he agreed to e-mail the information to Mrs Ince, who was meeting with GTD the following day. Mrs Ince advised that the PATS leads at GTD and NWAS were meeting to discuss how to maximise the usage of the service and avoid conveyances where possible.</p> <p>Mr Curry said that at the front door, more patients should be going through the Urgent Care Centre. Mrs Hargreaves responded that this depends on the skill mix and is only an issue at Preston where, if appropriate, A&E can transfer patients to the Urgent Care service if they arrive by ambulance.</p>	Mr Curry
23/17	<p>Communications update</p> <p>Ms Portsmouth commented that that there were a number of e-mails / Freedom of Information requests regarding GTD. It was agreed that GTD need a pro-active communication and engagement plan.</p>	GTD

	<p>Mrs Hargreaves advised that GTD had been reliant on agency staff for reception and this needed addressing. Mrs Ince confirmed that permanent staff are now been recruited.</p> <p>Mr Curry reported that the sign stating that A&E was open 12 hours was only on the site and should there be something off site. Ms Portsmouth said this could be confusing because of the Urgent Care Centre being open 24 hours.</p> <p>In response to a query from Mr Curry, Mrs Hargreaves confirmed that when the Preston MAU re-opens on 1 March, GP referrals can be taken straight to the ward.</p> <p>Ms Portsmouth asked what support was required to communicate the message to GPs. Mrs Hargreaves said that the pathway work was being undertaken this week and she would liaise with Ms Portsmouth when completed.</p>	
24/17	<p>Any other business</p> <p>Nothing raised.</p>	
	<p>Date, time and venue next meeting</p> <p>Friday 17 March 2017: 10.30 – 11.00 am Bowman Room, Chorley House</p>	