"Not the Default Option"
A review into levels of attendance at Accident and Emergency Departments

East Kent Hospitals University NHS Foundation Trust welcomes the above report, produced for Kent County Council's Health Overview and Scrutiny Committee.

The report summarises well, many of the key issues around attendances at Accident and Emergency Departments across Kent and Medway.

We welcome the recommendations described in the report and offer the following responses to HOSC members for the meeting in July 2012:

Recommendation 1

The patient journey should be seamless, with no duplication of diagnostic tests, or better communication with patients of why tests are being carried out. We ask the commissioners and providers to report back to the Committee with details of what work is being undertaken to assess the scale of the problem and achieve this.

We provide GPs with direct access to diagnostic examinations. This approach is consistent with ensuring that patients are given access to early diagnostics, ensuring faster treatment pathways and better health outcomes for patients in our community.

The ability to scan patients before being referred to the secondary provider enables GPs to discuss the outcome the scan with the patient and agree their on going treatment, which may be management via the GP surgery or onward referral to a specialist service in one of our hospitals.

This approach is also coherent with the government's white paper (and now bill) - Equity and Excellence: Liberating the NHS, as well as many other health initiatives including; 6 week diagnostic waits; the Cancer Reform Strategy and TIA & Stroke management.

We take pride in the early implementation of these initiatives for patients that require early use of diagnostics to support better outcomes. For example, the daily TIA service ensures that patients are seen at the clinic and have an MRI scan on the same day. Supporting early treatment of these patients and potentially avoiding a future stroke.

Our Pathology services provide a 24 hour turnaround time for blood results. GPs access the results electronically via an IT system, Dart OCM. Our pathology staff are available to discuss interpretation and offer support to the GP. This process ensures the patient is referred to a specific pathway of care, which may be provided in the primary or acute setting.

There is daily dialogue between the operational staff and key diagnostic services to ensure that internal standards for investigations are maintained with minimal duplication of requesting tests. As part of our drive to improve services, a number of patient pathways are being reviewed from 'end to end' to identify areas where requests for diagnostic tests have been duplicated. Where this is found to be the case, the required improvements will be put in place.

In relation to the need to improve communication with patients of the reason why diagnostic tests are being carried out, we recognise this as a definite need for all healthcare providers.

Our healthcare professionals are required to clearly explain to patients why diagnostic tests are required. The results of a recent CQ Audit demonstrate that communication to patients is not always optimal. The CQ Audit also highlighted issues with our outpatient clinics where we acknowledge that some physicians do not always explain to patients clearly enough why diagnostic tests are required. In response, we have developed an action plan which documents changes that need to take place to ensure communication between the clinician and patient is improved.

We intend to introduce a telephone helpline for patients who attend an outpatient appointment. If a patient is concerned or unsure about the information they have been given during their consultation with the doctor they can use the helpline to ask for further clarification, including help with understanding why diagnostics tests are required. The patient's query will be directed to the appropriate area to ensure the correct response is given.

We will continue to monitor its performance in this area through the use of patient surveys so that we can be assured of improving communication with our patients.

Recommendation 2

Lack of awareness or confusion around the alternatives to accident and emergency mean turning to A&E is often the simplest and most rational choice, even where it is not the most appropriate one. Commissioners and providers should produce a joint communication plan to simplify the choice of GP out-of-hours services, minor injuries units, walk-in-centres and other alternatives and improve public understanding.

We are working closely with partners and commissioners in exploring ways to reduce attendances at A&E departments through the Integrated Urgent Care Board (IUCB). We would support the IUCB in developing a joint communication plan to simplify the choice of alternative providers and to improve public understanding of service provision.

Recommendation 3

Following from the above recommendation, the Committee asks that commissioners and providers explore the appropriateness and viability of introducing standardised opening hours around a clearly understood set of services across all the minor injury units in Kent.

We provide 24 hour, 7 day A&E services from the William Harvey Hospital in Ashford and from Queen Elizabeth The Queen Mother Hospital in Margate. We also provide 24 hour, 7 day Emergency Care services from Kent and Canterbury Hospital, Canterbury. All three sites have co-located 24 hour Minor Injuries Units attached to them.

We also provide a Minor Injuries Unit service from Buckland Hospital in Dover. The MIU at Buckland Hospital, Dover is open from 0900hrs to 1900hrs Monday to Friday and 1000hrs to 1800hrs on weekends and bank holidays. We have profiled these opening hours to match patient needs based on a review of attendances.

Recommendation 4

We ask the commissioners to provide further information on the costs per case for those patients seen at a walk-in centre or minor injuries unit compared to those seen at A&E departments.

We believe that our Commissioners are best placed to respond to this recommendation.

We are of the view that patients should attend the most appropriate facility and that healthcare providers should respond effectively and efficiently to the patient's condition. We will continue to work with commissioners through the IUCB in reviewing the provision of walk-in centres, MIUs and A&E departments.

Recommendation 5

The Committee congratulates the work done so far in developing Liaison Psychiatry services and asks that commissioners and providers work together to ensure the successes are consolidated and the service fully rolled out across the county.

We are involved in discussions regarding the further development of Liaison Psychiatry services but recognise that this is a service area which the Kent and Medway NHS and Social Care Partnership Trust leads on behalf of Commissioners.

Recommendation 6

The role of GPs in ensuring the goal of each person receiving the most appropriate treatment at the right time is achieved cannot be underestimated. We ask NHS Kent and Medway to provide assurances that all of the emerging Clinical Commissioning Groups are leading on the work to develop the urgent and emergency care pathway.

We continue to work with GPs and CCGs in developing integrated healthcare services on behalf of our patients.

Recommendation 7

The rollout of 111 is a great opportunity accompanied by great risks. There is only one chance to introduce it properly. The Committee requests that the commissioners of the service and relevant providers involve the HOSC and other key stakeholders early on in the development of the communication and implementation strategies.

We value the involvement of the HOSC with this issue and undertake to work with our partners with the implementation of 111, including communicating plans as service change is indicated. We recognise that our commissioners are best placed to lead on this recommendation.

Recommendation 8

The creation of the Health and Wellbeing Board and transfer of substantial public health responsibilities to local government provides a golden opportunity to develop integrated preventive health plans and we ask the Health and Wellbeing to prioritise work which will reduce the number of people entering the urgent and emergency care pathway in the first place.

We are members of the Integrated Planned Care and Long Term Conditions Board which has been established in Kent and Medway. One of the aims of this Board is to examine how A&E attendances could be reduced for patients with long term conditions.

We are also keen to work with CCGs to explore further ways of reducing A&E attendances by providing increased levels of care closer to the patients' home through the increased use of telemedicine and tele-health and through the improved provision of ambulatory care, for example.

Recommendation 9

The HOSC requests that NHS Kent and Medway produce a written report for the Committee by the end of the year detailing what success has been achieved in reducing attendance at A&E and what plans have been agreed with the NHS provider Trusts in order to further meet the challenge.

We believe that NHS Kent and Medway should take the lead on this recommendation.