Health Overview and Scrutiny Committee

27th July 2005

Station Approach Physiotherapy Service

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Therapies



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Station Approach Physiotherapy 'Portakabin'

History

- Warnford Hospital
- Pump Rooms rent free from 1993/4
- Portakabin at Court street in 1997
- Station Approach when land required for redevelopment in 2002.
- **?** 2005



- Outpatient Physiotherapy Services for Learnington Spa (Trust provides also Warwick and Stratford Outpatients)
- Staff (7) employed by Trust;



- Referrals: from GPs and Consultants (post-operative or conservative management).
- Musculo-skeletal; Trauma & Orthopaedics; Rheumatology; Respiratory.
- 66% of working age



Current Position

- Extra costs:Local Authority land rental charges £30,000 -prompted option appraisal for future delivery.
- 'Temporary building'; issues of privacy/ cramped treatment facilities; To; recurrent repair issues.

Public Consultation Process (chronology):

- Meetings with public: Leamington Society; BME;
 Local Councillors; Formal Consultation event
- Media reports:
 - Press articles
 - Radio
- Questionnaires issued to public
- Web site
- HOSC (March; June; July)



Station Approach Physiotherapy 'Portakabin' Trust Board considered options on 23rd

June:

- Retain existing services and identify additional funds - service reduction.
- 2. Relocation of service to:
 - Brunswick Street, Healthy Living Centre (South)
 - Crown Way, Lillington(North Leamington)
 - Warwick Hospital (extended out of hours provision).
- 3. Permanent build.



- Trust Board decision:
- Public opinion to retain the existing portakabin unit. It is acknowledged that further consultation will not change their view and all of the points that the public have raised have been considered.
- Context of Trust's financial pressures and statutory obligations.
- Support for option2 in principle subject to HOSC support that public consultation responsibility has been fulfilled.



Benefits for Trust

- Enables use of permanent facilities
- Flexible and efficient use of staff resources.



Station Approach Physiotherapy Service

Benefits for patients:

- greater choice of location /appointment times
- treat more patients
- extends opening hours to support working people (66%)
- Enables service to target those groups in greatest need ('hard to reach'; greatest deprivation)



HOSC

- multitude of consultation events have been held
- implementation date delayed to enable wider consultation
- further consultation would not elicit additional information for consideration.

Public Consultation Minor Injuries Service Stratford Hospital

Wednesday 13th July 2005



Format for this evening

- 18.30 Welcome & Introductions
- 18.35 Presentation Urgent care in
 - South Warwickshire
- 18.50 Discussion groups
- 19.50 Close



Urgent care in South Warwickshire

- Accident and Emergency
- Minor injury services
 - □ Ellen Badger Hospital, Shipston
 - Stratford Hospital
- Other services
 - □ Out of hours primary care
 - □ Ambulance Service
 - NHS Direct
 - □ General Practice
 - □ Pharmacists
 - Dentists



Urgent care in South Warwickshire

Local delivery plan consultation

- Access to local services
- Delivered by the right people at the right time
- •Primary care rather than hospital provision, when appropriate

Service review and improvement

- Changing needs and expectations
- Meeting targets
- Value for money
- New ways of providing services



Public consultation

- Options for providing minor injuries and other urgent services
- Increase awareness of what services currently exist and education to decide which are needed in particular circumstances
- South Warwickshire General Hospitals Trust considering Stratford Minor Injuries Unit and how the service could be provided differently to ensure resources are used effectively
- South Warwickshire Primary Care Trust need to consider wider issues of access to all types of urgent care



Stratford Minor Injuries Service

- The Minor Injuries Unit provides care for patients in the Stratford area requiring advice and treatment for minor ailments and injuries.
- Activity at the Unit has remained consistently low over the last 3 years.
- Therefore is the Unit in its current format best value for money?



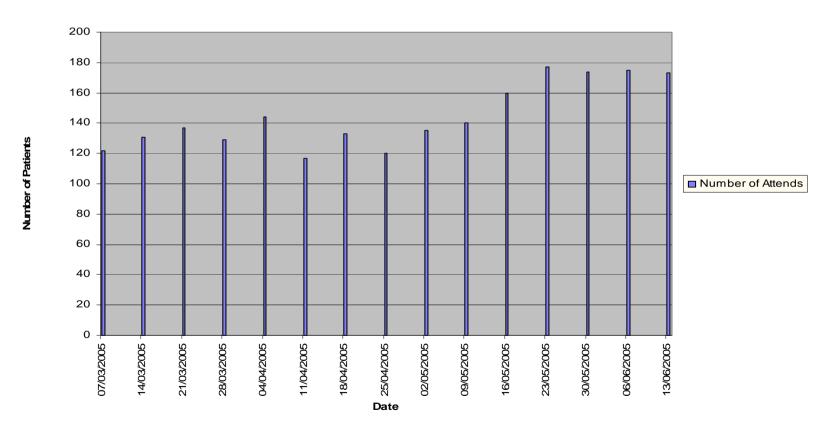
Current position

- Majority of patients presenting to the Minor Injuries Unit could be dealt with by a Nurse Practitioner.
- A total of 33 patients had their care transferred to the Accident and Emergency Department.
- Potentially the Minor Injury Unit could cope with an increase in their attendance figures by 25% week days and 50% weekends.



Weekly Attendances

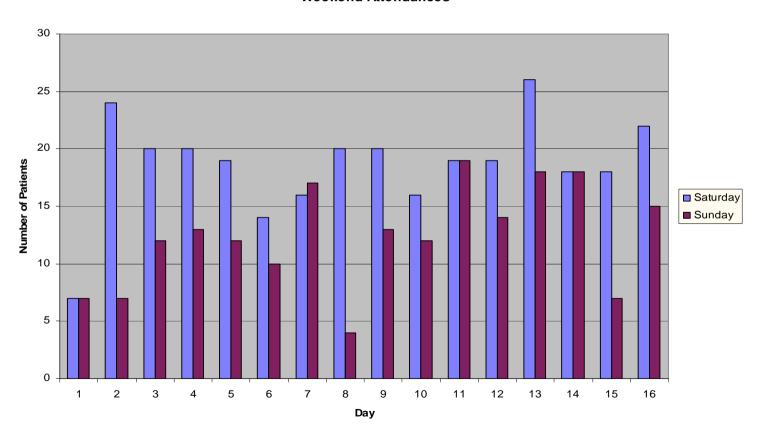






Weekend Attendances

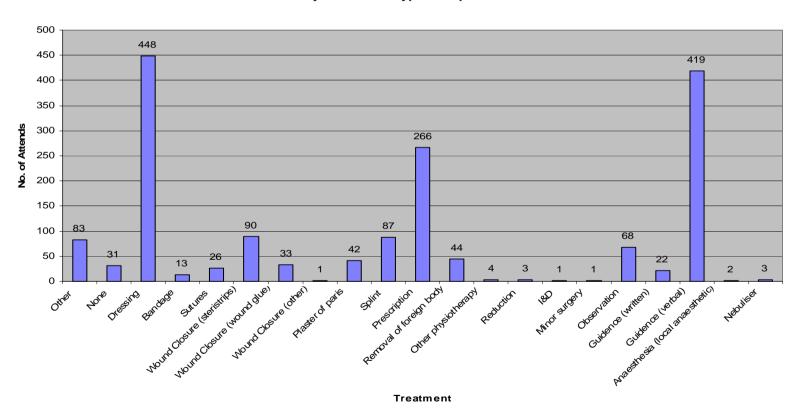
Weekend Attendances





Treatment by Type

Attendances at SMI by Treatment Type for April 2005 - 20th June 2005





Current options

- Change opening hours / days
- Change service to nurse-led



Further Considerations

- Tele-medicine link
- Different workforce Emergency Care Practitioners, Nurse Led, GPs, Pharmacists, Dentists
- GP provided service
- Walk in Centre
- Longer opening hours



Questions / Discussion

- What sort of problems do you think urgent care should be available for?
- Do you think an individual has responsibility to attend to some minor problems themselves?
- What do you think a good urgent care service should include?
- Who do you expect to deal with you doctor, nurse, other?
- How long should you have to wait to see someone?



Next steps

- Today is the start of consultation
- Public views will be collated
- Other views taken into account e.g ambulance trust
- Consultation closes on the12th October 2005
- Information used to draw up specification for urgent care services
- Specification agreed by SWGHT and SWPCT end of October
- Based on specification, any changes services put in place

ORTHOTIC SERVICE

THE PROVISION OF APPLIANCES TO AID MOBILITY OR IMPROVE COSMETIC APPEARANCE



ORTHOTIC SERVICE

- ITEMS SUPPLIED INCLUDE
- SPECIALIST FOOTWEAR
- GAIT CONTROLLING ORTHOSES
- ORTHOPAEDIC LIMB SUPPORT
- PRESSURE HOISERY
- FABRIC SUPPORTS, e.g. lumbar support
- WIGS



CURRENT CHALLENGES

- PATIENT DEMAND AND USE OF SERVICE
- PATIENT COMPLIANCE WITH TREATMENT
- BUDGETARY CONTROL
- NEED TO DEFINE CLEAR REFERRAL GUIDELINES



Case for changes case 1

- Patient lives in Coventry
- Injury from kick boxing
- Patient presents to A&E as walk in
- Patient has no GP
- Appointment to Fracture clinic
- 2 appointments

- Appliance fitted
- Life expectancy of wear of appliance 3 weeks
- Consultant orders appliance (£468 cost)
- Orthotist would have recommended appliance (£163)
- NEEDS CLEAR REFERRAL AND Cost saving £305 PROTOCOLS FOR SERVICE



Patient Expectation Case 2

- Patient referred age 2 and then seen for life without new referrals
- Little or no medical input
 Shoes and ankle and
- Prescription for boots unchanged

foot orthoses provided

 All Orthoses should be based on clinical need

- Patient contract is required and funding identified for life time entitlement
- NEEDS CLEAR PATIENT GUIDELINES FOR SERVICE



COMMUNICATION STRATEGY PATIENT VIEW

- FOCUS GROUPS (WARWICK AND STRATFORD UPON AVON)
- QUESTIONNAIRE FOR EXISTING AND NEW CLIENTS
- TO DEVELOP PATIENT VIEW ON CLINICAL PROTOCOLS AND SERVICE PROVISION



PROFESSIONAL INVOLVEMENT

- COMMUNICATION ON CONSULTATION
- FOCUS GROUP TO DISCUSS REFERRAL CRITERIA AND CLINICAL PROTOCOLS (involving Consultants, GPs, Physiotherapists, Podiatrists)



PROPOSED ACTION AFTER CONSULTATION

- REFERRAL CRITERIA TO BE SENT TO ALL PROFESSIONAL STAFF
- PATIENT BROCHURE ON WHAT CAN BE PROVIDED TO BE AVAILABLE TO ALL USERS
- CONTRACT TO BE AGREED WITH PATIENT
- PATIENTS IDENTIFIED FOR DISCHARGE -WRITTEN NOTIFICATION TO BE SENT TO GP AND PATIENT