

AGENDA MANAGEMENT SHEET

Name of Committee Health Overview and Scrutiny Committee

Date of Committee 27th July, 2005

Report Title South Warwickshire General Hospitals
NHS Trust – Changes to Services

Summary The Committee to receive papers from the South Warwickshire General Hospital NHS Trust related to a range of proposed changes to service provision

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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member
- Chief Executive David Carter
- Legal Jane Pollard
- Finance
- Other Chief Officers

- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

**Health Overview And Scrutiny Committee - 27th July
2005.**

**South Warwickshire General Hospitals NHS Trust –
Changes to Services**

**Report of the County Solicitor and Assistant Chief
Executive**

Recommendation

To consider proposed changes to services by the South Warwickshire General Hospitals NHS Trust.

- 1.1 A number of papers are attached from the South Warwickshire General Hospital NHS Trust related to a range of proposed changes to service provision for the Committee's consideration

DAVID CARTER
County Solicitor and Assistant
Chief Executive

Shire Hall
Warwick

24 June 2005

13 June 2005.

Option Appraisal on Future of Station Approach, Leamington Spa Physiotherapy Service.

1. Introduction

1.1 General Provision of Physiotherapy services is distributed historically between the Acute Trust and the PCT providers. However, South Warwickshire General Hospitals NHS Trust provides 70% of the **outpatient** workload.

1.2 The Physiotherapy outpatient services in South Warwickshire General Hospitals NHS Trust have undergone a significant amount of modernisation in recent years with review of team structure, staff development, working practices, flexibility of opening hours, type of delivery e.g. group sessions; function restoration programme. Modernisation techniques have been applied including validation of waiting lists, centralisation of appointments, booked admissions and this year computerisation of appointment systems. This has resulted in a vast reduction in routine waiting times (19 weeks to 4).

1.3 The Station Approach services in Leamington are part of the provision of out-patient Physiotherapy Services from South Warwickshire General Hospitals NHS Trust. The majority of the workload here is in the musculo-skeletal category, with a few respiratory/other cases. The team here links closely with Warwick Hospital for specialist provision (hydrotherapy; women's health; neurology), professional development and management.

1.4 The team is made up of a broad skill mix of qualified physiotherapists from Superintendent III to junior with support from a receptionist and assistant posts. However, this team work flexibly across all sites within the Acute Trust, most working on a rotational basis for development and flexibility of cover to meet demand, and all (with exception of clerical) contribute to on call and weekend service provision for Warwick Hospital.

2. Background

2.1 Station Approach Physiotherapy Department provides a service to those patients living in north and central Leamington, Lillington, South Leamington areas; Sydenham and Whitnash, and those living on the outskirts of Leamington; Radford Semele, Cubbington; Harbury; Offchurch.

2.2. Leamington Spa Physiotherapy Services were historically provided at the Warnford Hospital prior to its closure. Most services were centralised to Warwick Hospital, but at this time, there was particular demand to retain Physiotherapy Services locally. It was felt to be important to give good geographical access to this service. The Council has provided rent-free accommodation for the service in the Pump Rooms in Leamington Spa since 1993/4.

2.3 In 1997, the Council proposed to renovate the Pumps Rooms and re-site Leamington's Art Gallery as part of the 'Regenesi's' programme. They provided 'Portakabin' facilities at the Court Street site for the Physiotherapy Service; an interim measure.

2.4 As the land in Court Street was required for redevelopment, in 2002 the 'Portakbins' were refurbished and relocated to Station Approach with improved parking and access. At this time the land was available rent-free from the Local Authority.

2.5 In 2004, the Local Authority have imposed charges to the Trust amounting to £47,000 per annum; this has been negotiated down to £30,000, however the council are adamant that these charges must be imposed. The Trust in conjunction with commissioners are required to review options for provision of these services in the short term as a matter of urgency, then also in the longer term.

3. Activity at Station Approach

The Physiotherapy services at Station Approach manage referrals from:

2004/5	New	Follow-up	
GPs	2000	12,600	60 %
Consultants:	1000	8,500	40 %
approx. Total	3,000	21,100	

The Caseload consists of:

	%
Musculoskeletal	60
Trauma and Orthopaedics	28
Rheumatology	4
Respiratory Medicine	3
Other	5

GP referrals emanate from practices:

	Approx. no new patients	Approx. follow-ups	GP Referrals: Sessions required ideally
Sherbourne medical:	250	1800	15 at Central Leamington or Warwick
Clarendon street	270	1600	
Croft medical centre	270	1700	
Warwick Gates	50	370	1 Warwick
George Street	270	1900	13 at Brunswick street or vicinity or Warwick
Brunswick street	120	680	
Lisle Court	200	1600	
Spa medical	100	650	
Cubbington	130	1600	2.5 Crown Way
Kenilworth	50	200	1 Kenilworth/ Warwick
other	290	1800	
			32.5

All staff working at Station Approach also contribute to the out-of hours service at Warwick Hospital in Orthopaedics; Respiratory Medicine and ITU. It is vital to retain this benefit, as the viability of this service would be jeopardised. In addition, staff work on rotation to Warwick Hospital, which facilitates recruitment to a professional group in which there is a national shortfall; the Trust has developed recruitment strategies in conjunction with George Eliot Hospital which in 2004/5 has resulted in the Trust being fully staffed, whilst Coventry counterparts continue to suffer from poor recruitment and retention. The PCT has historically experienced a shortfall though in latter years the position has improved.

4. Options:

1. Station Approach remains in situ.

Local Authority imposed a rental charge on the land of £47,000 (reduced by negotiation to **£30,000**) on an annual basis from 2004-5, plus cost of repairs, maintenance and services. PCT commissioners would be required to fund additional costs if the services were to remain.

Benefits

- Retains exiting local services for Leamington population.
- GPs and local people are satisfied with existing services.
- No parking or travel restriction for patients (1: 3 patient walk or cycle to the Leamington department).

Disadvantages:

- In the context of disinvestment in the Trust generally, reduction in Physiotherapy or other services required to meet rental costs.
- Ongoing high cost of running the service and maintenance of the site.
- Current accommodation is in a temporary “Portakabin” facility, which is unlikely to be viable in the long term.
- Patient satisfaction surveys have identified issues of lack of privacy and poor temperature control.

2. Relocation : 20 sessions at Health Centres and Warwick Hospital.

This model would be based on the hub and spoke concept, with staff working from the Warwick base and receive training, development and professional support through this route. Staff would work flexibly to outreach clinics in Health Centres (Brunswick Healthy Living Centre and Crown Way in Lillington) or Community Hospitals, but rotation and joint working at the Warwick base would prevent professional/clinical isolation.

We would need to accommodate approximately 24,000 treatments (3000 new of these) in total. Ideally around one third of these would need to be provided in and around Leamington in order to meet transport and health need requirements of existing patient group. There is limited accommodation available in the Leamington area, though the re-siting of 2 w.t.e. Physiotherapists is viable therefore enabling the required volume of the patients (GP direct access referrals) to be accommodated; focusing services for those patients of greatest need. Whilst one of the favoured options for patients, space at the RLSRH is at a premium, nevertheless development of out of hours working here may be explored over time.

There would be approximately 11 staff to accommodate in outpatients at Warwick Hospital including existing ward-based staff who take speciality outpatients and existing staff of Warwick and Leamington teams. In addition, there are special clinics e.g. Back Track; Cardiac and Pulmonary Rehabilitation etc. The receptionist at Leamington would join those at Warwick Hospital and appointments for all sites would be co-ordinated centrally ultimately supporting e- booking.

Requirements:

2 wte Leamington staff would provide clinics in Health Centres; this is possible at sites; Brunswick Healthy Living Centre (14 sessions); Crown Way (6+). Total 20 sessions per week. The PCT have identified a cost of £25 per session but have agreed to support the Trust by offering accommodation rent free; to be reviewed in 2006.

A minor capital scheme would be required to the Warwick Hospital department (appx1) to develop gym facilities at Warwick in order to accommodate increased numbers requiring this facility; in addition though extended opening hours for the department will be implemented.

Benefits

- This is a practical solution to raised costs of service delivery.
- Reduced overhead costs (appx.1).
- A good proportion of the direct access (GP) activity can be accommodated in Leamington Spa.
- Opening hours at Warwick Hospital can be extended thus improving access for the 66% of patients who are of working age.
- The approach meets the PCT's commissioning principles: delivering care near to patient's home; provided improve accessibility of opening hours; enables flexibility of service delivery in order to meet demand; flexibility of service to reduce and maintain equability of waiting times; cost-effective care.
- 1 team required providing services therefore opportunity to review skill mix, with potentially some efficiencies i.e. merged gym classes assisting reduction in waiting times.
- 1 larger team may provide opportunities to redesign services.
- Retains flexibility of service provision and cover.
- Prevent professional isolation thereby retaining staff in an area where there is a national shortfall of staff.
- Centralisation of computerised appointment systems to support electronic booking and choice in the future.
- Opportunity to develop preventive/ educational sessions in line with primary care strategy e.g. falls.
- Service targeted to locality of greatest need (social deprivation), and begins to overcome cultural barriers to access.
- Use of facilities which incorporate other health care professionals, encouraging an holistic approach to patient care.

Disadvantages.

- Uncertain future of accommodation on PCT sites.
- Some capital costs to redesign Warwick Department to accommodate additional staff.
- Increased travel time for some patients and staff.
- Staff need to be at Senior grade to hold broad range of skills required to work independently; though review of skill mix would ensure that changes are cost neutral.
- Extra cost and inconvenience to park and travel for some Leamington patients.
- Public opinion favours retaining the unit.

3. Permanent Build in Leamington

Benefits

- Retains existing provision of local services
- Good publicity

Disadvantages

- High capital expenditure and longer-term recurring costs, therefore probably not viable in the short term. However it may be possible to incorporate this within the PCT's Strategic plan in conjunction with other therapy and primary care services.

5. Public Consultation

Opinion has been sought through questionnaires to patients issued at Station Approach; 99% favoured retention of local services. Of the alternative sites potentially on offer, patients preferred Brunswick Healthy Living Centre, Crown Way or the Royal Leamington Spa Rehabilitation Hospital. Other comments from patients related to strongly voiced opinions on parking and associated costs.

The Patient Forum have been kept informed of, and have expressed an understanding of, the issues surrounding the proposal to change.

The Health Overview and Scrutiny committee were informed in March in writing, and expressed the view that they did not require the issue to be discussed again at the June meeting which was offered by the Trust. At the June meeting they requested that it is discussed again at the July meeting.

Meetings are planned with the commissioners and local councillors June 21,22.

The Trust also consulted with the public at a forum at Dormer Place Conference Centre on the 24th May. The Public were strongly in favour of retaining the unit. Additional points raised at this meeting are discussed here or identified in costs:

5.1 Transport

Ambulance services for patients: 7% of patients travelled by ambulance in 2004-5.

There is potential to reduce the number of ambulance journeys from Cubbington/ Lillington by providing a service at Crown Way though this is difficult to quantify until an assessment of medical conditions can be made of patients presenting. Those requiring transport from central locations and Whitnash would be given priority to Brunswick HLC. There is likely to be scope for patients from Southam (4) to be seen at the Southam clinic.

An increase in distance of 8-9 miles is required in order to change the overall ambulance transport costs. Therefore, cost change is nil or negligible even if, in the unlikely event of a significant number of patients being transported to Warwick

Public transport:

There is good public transport access to Brunswick HLC from the surrounding area; from Whitnash, a 10 minute ride, and from central areas via the 66 bus.

Access to Warwick is via the X17 bus, which takes 20 minutes and runs on a 20 minute basis from the Parish church or top of the town to the hospital.

Car

Journey times to the Leamington sites are minimal; journey times to Warwick Hospital are 10-15 minutes.

There is ample on street parking at Brunswick HLC and Crown Way. Parking is of a premium at Warwick Hospital, though provision of out of peak hours service will help to alleviate this issue. There is, however, a cost to patients for this provision.

Staff travel

Most staff are employed on trust-wide contracts and are therefore not eligible to claim travelling costs; 2 staff may be affected, this will contribute to costs in the first few months of change. Staff would be eligible to claim travel costs between sites where they move within the day; this may occur for training sessions or key meetings but already occurs from Station Approach; negligible

additional costs are anticipated.

5.2 Criteria for Admission to Brunswick/ Crown Way

Priority would be given to patients requiring access to Crown Way or Brunswick Healthy Living Centre:

- ☉ Patient choice based on options available and information re: waiting time.
- ☉ Ambulance transport required to travel to Warwick but not to Leamington sites.
- ☉ Clinical priority: Patients with most significant functional impairment/ pain; long term conditions.
- ☉ Patients living in the South of the Town; Brunswick/ Whitnash priority for Brunswick HLC.
- ☉ Patients living in the North of the town will have priority for Crown Way.

5.3 Extended Opening Times at Warwick, Brunswick or RLSRH.

In order to achieve the extension of opening hours, significant negotiation with the staff group and a change to current working practices is required. By merging the 2 teams of Station Approach and Warwick Hospital there are more staff to contribute to the new practice making the arrangement manageable. There are however implications for all Physiotherapy staff of SWGHT as there is an impact on the emergency on-call provision for the hospital. This will be managed by reviewing practices for ward teams as well as outpatient teams and therefore culminates in a significant change, but one which will create improved flexibility for all aspects of the service.

To extend opening hours at other sites is less practical in the short term; i.e. having sufficient numbers of staff to cover a range of opening hours on a number of sites. In addition, the Brunswick HLC is currently managed by 'Regenesi's', who would need to provide reception/caretaker cover out of hours to ensure health and safety arrangements regarding security are in place to support staff operations. At RLSRH some issues need to be resolved in order to make use of accommodation here. There is limited space; there are some political issues around differentials in grading between Hospital Trust and PCT staff, and acceptability to Hospital Staff where PCT staff work within the traditional 8.30 – 4.30, Monday to Friday arrangements. It is feasible that these practical difficulties are worked through over time, looking to improve access on other sites.

5.4 Efficiency gains

There are 3 classes per week which operate on each site and could be merged, hence 3 hours per week of Therapists' time which could be spent on other groups or individual treatments; this would allow for 50-60 additional new patients and the follow-up treatments to be accommodated.

5.5 Scope for reduction in rental charge.

Extensive negotiations have been undertaken with the Council over a period of 18 months. In January 2005, the Trust received a letter from the Community Resources Directorate: "The Executive, however, refused to grant you an extended rent free period.....they are prepared to reduce current rent to £30,000....Rent will be reviewed again in July 2006."

6. How do the options meet the PCT's commissioning principles?

Close to home:

Options 1 and 3 provide local services to the central Leamington area.

Option 2 provides services in the north and south of Leamington, with priority for those with long term conditions. It improves access in one of the areas of greatest need (social deprivation)¹. It will help to reduce follow-ups by enabling the implementation of educational sessions thereby encouraging patient self-management. There is also potential to develop combined (one-stop) appointments at the Brunswick site with other health care professionals.

At suitable times: Options 1 and 3 offer the potential to extend opening hours at Leamington; with the small staff group available there this would offer an additional 2 hours per week. Option 2 increases this potential to achieve an additional 7 hours per week out of the usual 8.30 – 5.00 range, thus providing particular support to working people. It is suggested that a pilot of out of hours working is carried out with audit of DNA and Cancellation levels and trends, and a review of patient survey weighted “preferred” hours.

Reducing and Equitable Waits:

Through centralisation of appointment booking processes and pooled lists it is anticipated that the new service will help to reduce waiting times further and ultimately be a “no wait” service (from 4 to 0 weeks) with waiting time reportable statistically to PCT.

Appropriate to all backgrounds; Addressing Inequitable Access; Offers Preventive services: The development of services in the Brunswick ward will target hard to reach groups and begin to overcome some of cultural barriers to access. It will give potential to explore of the use of educational/exercise or health promotion sessions or provide information in different languages for example.

Capturing and using patient feedback:

The Hospital trust service regularly surveys patients satisfaction levels through patient questionnaire or latterly through observational visits. This will be continued and the new service evaluated through patient feedback.

Benchmarked Productivity: This service can continue to be delivered within the unit costs available. In 2003-4 the South Warwickshire General Hospitals Trust was the 2nd most productive acute service in the West Midlands South ² and 10% more productive the George Eliot Hospital. Option 2 will enable the Trust to continue and improve this position.

Retains Focus on Local Needs:

SWGHT has collaborated with the PCT in modern approaches to service delivery for example Pulmonary Rehab., Back Track Clinic; this collaborative work may be continued by further adoption of these models of care.

7. Costs

See Appx 1.

8. Summary and Recommendation.

The trust has incurred additional service delivery costs for the Physiotherapy Unit at Station Approach from 2004 through lease of land from the Local Authority. The lease is due for renewal on 1st July 2005; the Trust Board is asked to urgently consider options for delivery of this service.

There are few viable options in the short-medium term for re-provision of services. A balance of input to community settings in Leamington Spa and some retraction to Warwick Hospital provides a financially viable option whilst maintaining many of the benefits of local provision for those who need it most. However, there is public support to retain the existing site, despite the inherent difficulties arising from the ‘portakabin’ facility..

The broader issue is one of the right sizing of affordable clinical space to support the thrust of care closer to home. The PCT anticipate that the strategic service delivery plan will consider future estates provision to support capital planning for services as a whole rather than just for therapy in isolation.

Option 2 is recommended with review of structure and working practices across all providers including the potential to collaboratively extend hours/ access to RLSRH or Brunswick HLC.

9. References

1. “Quality of Life in Warwickshire” Warwickshire County Council, November 2004.

2. Department of Health , Office of National statistics, NHS Physiotherapy Services 2003-4

Jan Fereday Smith Operational Performance Manager (Therapies).

APPENDIX 1		FYE	Warwick	Brunswick	FYE	Warwick	Brunswick	FYE
Station Approach		2004/05	Physio	/Crown	2005/06	Physio	/Crown	2006/07
		£	Dept	Way	£	Dept	Way	£
Present Position								
Land rental		30,000			0			0
Portokabin rental		19,000			0			0
Accommodation Rental				0	0		26,000	26,000
Accommodation overheads				2,352	2,352		2,352	2,352
Rates		4,674			0			0
Water		294			0			0
Light/heat		2,000			0			0
Maintenance		3,230	570	0	570	570	0	570
Refuse collection		514			0			0
Cleaning		3,500			0			0
Communications		2,584	1,116		1,116	1,116		1,116
Staff cost/consumables		3,065	2,504	700	3,204	2,504	700	3,204
Postal Service		400			0			0
Ambulance services - change assumed to be negligible					0			0
Capital charges (assume 1 year write-off)	1		17,000		17,000			0
Removal charge -estimated			1,400		1,400			0
Income			(6,300)		(6,300)	(6,300)		(6,300)
Sub Total		69,261	16,290	3,052	19,342	(2,110)	29,052	26,942
Maintenance								
maintenance -building/ repairs		2,000			0			0
maintenance -contract		148	70		70	70		70
maintenance - equipment		1,082	500		500	500		500
Sub Total		3,230	570	0	570	570	0	570
Staff Cost								
staff travel		561		700	700		700	700
stationery		417	417		417	417		417
consumables		2,087	2,087		2,087	2,087		2,087
Sub Total		3,065	2,504	700	3,204	2,504	700	3,204
Cash effects								
Capital			17,000		17,000			0
Reduced stock holding			(1,000)		(1,000)			0
Sub Total		0	16,000	0	16,000	0	0	0

**Chronological Events surrounding Consultation on Future Options
for Station Approach Physiotherapy Unit in Leamington Spa.**

Date	Event	Person responsible
11 08 04	Letter to council requesting reduction in land rental in order to retain central services.	Alan Hammerton Director of Facilities
20 09 04	Council invoice identifying land rental charges	AH
14 12 04	Cost pressure issues discussed internally	Nick Dawe Director of Finance
22 12 04	PPI Steering group informed of potential to change	Jl
24 12 04	Press article in Courier identifying potential to move to Warwick Hospital.	Leamington society
03 01 05	Exploration of potential accommodation	JFS
07 01 05	Letter from Council: refusal to grant extension of rent free period	Janet Monkman (CE).
12 01 05	Liaison with PCT providers re accommodation	JFS
14 01 05	Liaison with Warwick/ Leamington locality managers PCT re options.	JFS
14 01 05	Courier printed 2 letters from public.	
19 01 05	Meeting with PCT operations director re; options.	JFS
19 01 05	Letter received from James Plaskitt	Janet Monkman responded 03 02 05.
20 01 05	PCT letter received	Peter Huskinson
21 01 05	Press article re; change	
01 05	PCT Patient Forum received a few calls from public; concerns dispelled by service delivery at Brunswick Street.	Tammy Howarth
28 01 05	Met with public: Leamington Society; Archie Pitts; Rex Adams John Picking. Discussed intent for public consultation	JFS;JB
01 02 05	Meeting with PCT Commissioners; Peter Huskinson	JFS
03 02 05	Press release; patients encouraged to write to JFS	JFS
02 05	Questionnaires issued to public at Station Approach to assess views.	Nikki Bradbrook
Wk beg 21 02 05	Liaison with Alwin McGibbon re; agenda / papers for HOSC.	JB;Jl.
02 03 05	Attended Health Overview and Scrutiny Committee	JFS; Jl; Janet Monkman; Peter Hawker; Nick Dawe.
08 03 05	Meeting with PCT re accommodation at Brunswick St.	JFS
11 03 05	Leamington Society visit to station approach	Nikki Bradbrook
17 03 05	Email correspondence with Leamington society Archie Pitts	JB

17 03 05	Roger copping informed PCT Patient forum of potential changes	
12 04 05	Press Release	Jl
22 04 05	Press article; Roger Copping; Jl response	Olivia Shaw Communication Manager
17 05 05	Options Appraisal Document released to Leamington Society; Mr Archie Pitts	John Sheehan information manager.
17 05 05	Circulation of posters re; public meeting; town hall; Station Approach; Warwick Hospital; Patient Forum ; Leamington society; known interested parties.	JB
20 05 05	Press article informing public of consultation event.	Olivia Shaw Communications manager
24 05 05	Formal Public consultation evening	Jl; JFS
26 05 05	Press article re: public event	
07 06 05	Letter form Leamington society received.	Jl
13 06 05	Option appraisal paper circulated to interested parties; Leamington on Society; Roger Copping	JFS; JB
14 06 05	Response to questions Leamington Society	JFS
17-18 05 05	Further dialogue with Leamington Society	JB
16 06 05	Health Overview and Scrutiny Committee	Jl
21 06 05	Meeting with Cllr Roodhouse; Alwin McGibbon	JFS; Jl
21 06 05	Consultation meeting with County Councillors; Cllr Sarah Boad - Leamington North, Cllr Marion Haywood - Warwick South; Cllr Raj Randev - Warwick West and Warwick District Councillor & PPI Forum member Cllr Roger Copping and Alwin McGibbon	JFS; JB
23 06 05	Trust Board for consideration of options.	Jl;JFS
July	<i>Wider Consultation and circulation of option appraisal.</i>	<i>JFS; JB; Jl</i>
27 07 05	Health Overview and Scrutiny Committee.	Jl; JFS.

Jl = Jane Ives Director of operations

JFS = Jan Fereday Smith Operational Performance Manager Therapies

JB = Janet Bonser Patient Advice Liaison Officer

**PAPER OUTLINING IMPLICATIONS OF REDUCING
THE ORTHOTIC SERVICE EXPENDITURE**
21st JUNE 2005

Orthotic Service

1. Summary

South Warwickshire General Hospital Orthotic Service provides, through GP or Consultant referral, a range of appliances such as insoles, shoes and supportive garments, that are individually made to meet requirements of patients. These appliances are required by patients ranging from young children to older people, who have injury, disease or deformity. The department has developed over many years without financial restraint and has historically seriously overspent, delivering an expensive and often inappropriate service. A draft policy document that clearly establishes referral criteria and levels of provision, ensuring equity of access for patients will be available by 25th July, 2005.

2. Current provision

The Orthotic Service provides services for patients in South Warwickshire. A total of 45 sessions are provided each month at the following locations:

Alcester Hospital	1 per month
Ellen Badger Hospital, Shipston on Stour	2 per month
Royal Leamington Spa Rehabilitation Hospital	1 per month
Warwick and Stratford Hospitals	41 per month

Each session lasts for approximately two and a half hours. The numbers of patients seen range from 11 to 21 per session. Some of the patient numbers attending, particularly those at Ellen Badger Hospital, have exceeded safe capacity. Therefore the numbers of patients seen at each session should be restricted to a maximum of 15. This will be subject to agreement and review with the Primary Care Trust.

The service is supported by NHS administrative staff based at Warwick and Stratford Hospitals. Administrative staff arrange appointments, deal with receipt of appliances ordered, collect payment for certain items (e.g. support stockings). The 3 Orthotic fitters are independent of the NHS and work on behalf of the major supplier (Salts) attending the clinic sessions.

3. Current patient activity for the year 2004/05

South Warwickshire Primary Care Trust	4759
North Warwickshire Primary Care Trust	5
Rugby Primary Care Trust	18

As some patients are not seen every year we currently have a total of 9,000 people recorded as using the Orthotic Service. Of the 9000 patients a number have repeat prescriptions or self present and have not been seen by a GP or Consultant for many years.

In most cases orthotics will be a life long experience with patients needing appliances and support. Future changes in funding and the introduction of Payment by Results (PBR) will mean that the Orthotic Service, and PCT as commissioners, must be aware of adequate tariffs to meet the costs of treatment, e.g. bespoke footwear £280 - £500 per pair, leg braces £1600 – 2 pairs required.

4. Shortfall in current budget allocation

2004/05 Budget spend	Actual spend	Overspend
Total £406,106.00	£564.325.00	£158,219.00

Predicted Shortfall £158,219.00 and any increase in activity for **2005/06**

This does not take in to consideration inflation 2005 or effects of Agenda for Change on staff salaries. Funding for each patient is an average of £79 based on last year,s referrals , some patients, needs can be up 10 to 30 times this amount per year. This ratio of patients to funding will give the service serious problems in prioritising patient care. It promotes a culture of treatment by cost and not condition. This is unacceptable.

5. Comment on current arrangements

Lack of clear guidance, control, patient demand and expectation has resulted in extreme difficulty in adhering to a Service Level Agreement. Delivery needs to be linked to strict referral guidelines in line with other services.

There is a necessity to ensure that every patient's clinical need is the driver and not patient expectation.

6. How savings can be achieved

Patients who have been supplied and fitted with their appliance will be discharged and should further appliances be required, will require a new referral

Patients who fail to attend an appointment on 2 occasions, or who have not been seen for 12 months, will be discharged back to the care of their GP. The service currently has no measure to ensure that patients are using their appliances. Reports from community staff have highlighted that some patients are not wearing appliances for various reasons. A discharge protocol will require patients to sign off when appliances are supplied and are accepted as fit for use. This change will empower patients to take an active part in their treatment, thus shaping patient choice in the service.

Patients will by prioritised by condition not cost and appliances prescribed per episode will be restricted.

Predicted Outcome

A number of clinics will be dedicated to new patients with appropriate follow up appointments. This will support outpatient and consultant led services for both South Warwickshire General Hospitals and the Primary Care Trust.

This proposal will result in a reduction of 1400 appointments each year (3 appointments per clinic) This should have no major impact on new patients, because existing patients will be discharged when treatment is no longer required, freeing up appointment slots. There will be some impact on existing patients who may need to be re-referred.

7. CONCLUSION

In the last financial year (2004/2005) the budget was overspent by £158,219. The Trust cannot afford to sustain this level of deficit. The system can be streamlined and a quality service still provided, although some of the 9000 + patients currently recorded will wait slightly longer with a reduction in appliances being supplied.

Minor Injuries Consultation

13th July was the launch of the consultation process around this work and was started with a public meeting in Stratford.

The meeting was attended by approximately 70 people and members of the press. There was a lively discussion and some useful suggestions made by members of the public. This also gave rise to a number of offers from the public to raise awareness of the opportunity to comment through various organisations that they were associated with. The event was challenging at times but was very positive as it was seen as an opportunity for the people of Stratford to influence what their local health service would offer them.

The attached documents are those that are being issued to people to enable them to raise questions, suggest ideas and comment on thoughts that have been presented.

Once the consultation process comes to an end we will update the committee on the views we have received and the action that we therefore feel is appropriate.

Future provision of urgent and emergency care in South Warwickshire

Introduction

Urgent and emergency care in South Warwickshire is currently provided through a range of services:

- Accident and Emergency
- Minor injury services
 - Ellen Badger Hospital, Shipston on Stour
 - Stratford Hospital
- Other services
 - Out of hours primary care
 - Ambulance service
 - NHS Direct
 - General practice
 - Pharmacists
 - Dentists

The local delivery plan consultation prioritised:

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

The primary care trust and the hospitals trust are working together to review and improve services in line with these principles and to meet:

- Changing needs and expectations
- Targets for quality and equity of care
- Value for money
- New ways of providing services

A public consultation is underway to:

- Consider 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
- SWGHT are considering Stratford Minor Injuries Unit and how the service could be provided differently to ensure resources are used effectively
- The PCT need to consider the wider issues of access to all types of urgent care

Current services

South Warwickshire General Hospitals NHS Trust provides services from two locations, the main Accident and Emergency Department (A&E) at Warwick Hospital site and the Minor Injuries Unit at Stratford Hospital.

The Minor Injuries Unit at Stratford Hospital currently sees approximately 7,865 patients a year (an average of 21 patients a day, with smaller numbers of people attending at weekends). The service is operational from 9am to 5pm seven days a week. The team consist of a Staff Grade Doctor 9am to 5pm Monday to Friday providing 40 hrs of cover. 1 Emergency Nurse Practitioner 37.5 hours a week, 2 Staff Nurse's working total 61.5 hours a week and a Health Care Assistant/Receptionist providing 30 hours a week, X-ray facilities 9am to 5pm Monday to Friday with access to an on call Radiographer at weekends.

The Minor Injuries Unit also provides a base for the General Practitioner (GP) "Out of Hours" service for urgent/unplanned care for a 3 hour session on Saturday, Sundays and Bank Holidays.

The team only treat those patients who present with a minor injury/minor illness. For additional or complex treatment patients are directed, or an ambulance called, to take the patient to the main A&E.

Treatment given to people using Stratford Minor Injuries Service

All patients who access the Minor Injuries Service make their own way to Stratford Hospital. All 999 Emergency Calls are taken to A&E at Warwick Hospital.

Number of Attendances at Stratford

2003/2004	7,185
2004/2005	7,258
2005/2006 (projected)	7,865

From 1st April to 13th June people attended for:

Treatment Type	Number of Patients
Dressing	448
Verbal Guidance	419
Prescription	266
Steristrips (butterfly strips)	90
Splint	87
Other	83
Observation	68
Removal of foreign body	44
Plaster of Paris	42
Wound Glue	33
Patients transferred to A&E	33
None	31
Sutures (stitching)	26
Written Guidance	22
Bandage	13
Wound Closure (other)	1
Other physiotherapy	4
Reduction	3
Incision and drainage	1
Minor surgery	1
Local Anaesthetic	2
Nebuliser	3

The majority of the above caseload does not need to be dealt with by a doctor.

Current options

Closure of the service has been ruled out.

The options currently being considered by South Warwickshire General Hospitals Trust are:

Change opening hours / days

This would

- Retain the service at Stratford Hospital during the times of greatest activity
- Offer savings on the cost of running the unit
- Increase travel for patients at some times and potentially create a higher demand for the ambulance service

Change to a nurse led service

This would:

- Maintain an effective service for patients with minor injury.
- Offer savings on the cost of running the unit

Other options for consideration

The Accident and Emergency Department is currently reviewing patient flow within the department, single point of access for all emergency and urgent care, this will ensure that the patient/user will be directed and treated by the appropriate clinician and appropriate part of the service. i.e. primary care, emergency care, minor injury/illness.

The majority of this caseload can be dealt with by other agencies, i.e. Practice Nurse at General Practitioner Surgery, NHS Direct for advice, Local Pharmacy or Accident and Emergency Department Warwick Hospital. An education and information campaign on the appropriate use of a range of services is to be carried out.

The PCT are considering access to wider primary care services. Options for providing urgent and emergency care could include:

- Tele-medicine links
- Different workforce - Emergency Care Practitioners, nurse led, GPs
- GP provided service
- Walk in Centre

Next steps

Consultation starts with a public meeting to take place at Stratford Town Hall on 13th July 2005 at 6.30 p.m. The meeting will be chaired by Stratford-upon-Avon Town Mayor, Councillor.W.Lowe. The consultation will close on 12th October.

Views from the public meeting and from other sources will be collated and fed into the development of a service specification. The specification will be agreed by SWGHT and SWPCT at the end of October. Based on the specification, new or changed services will then be put in place



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
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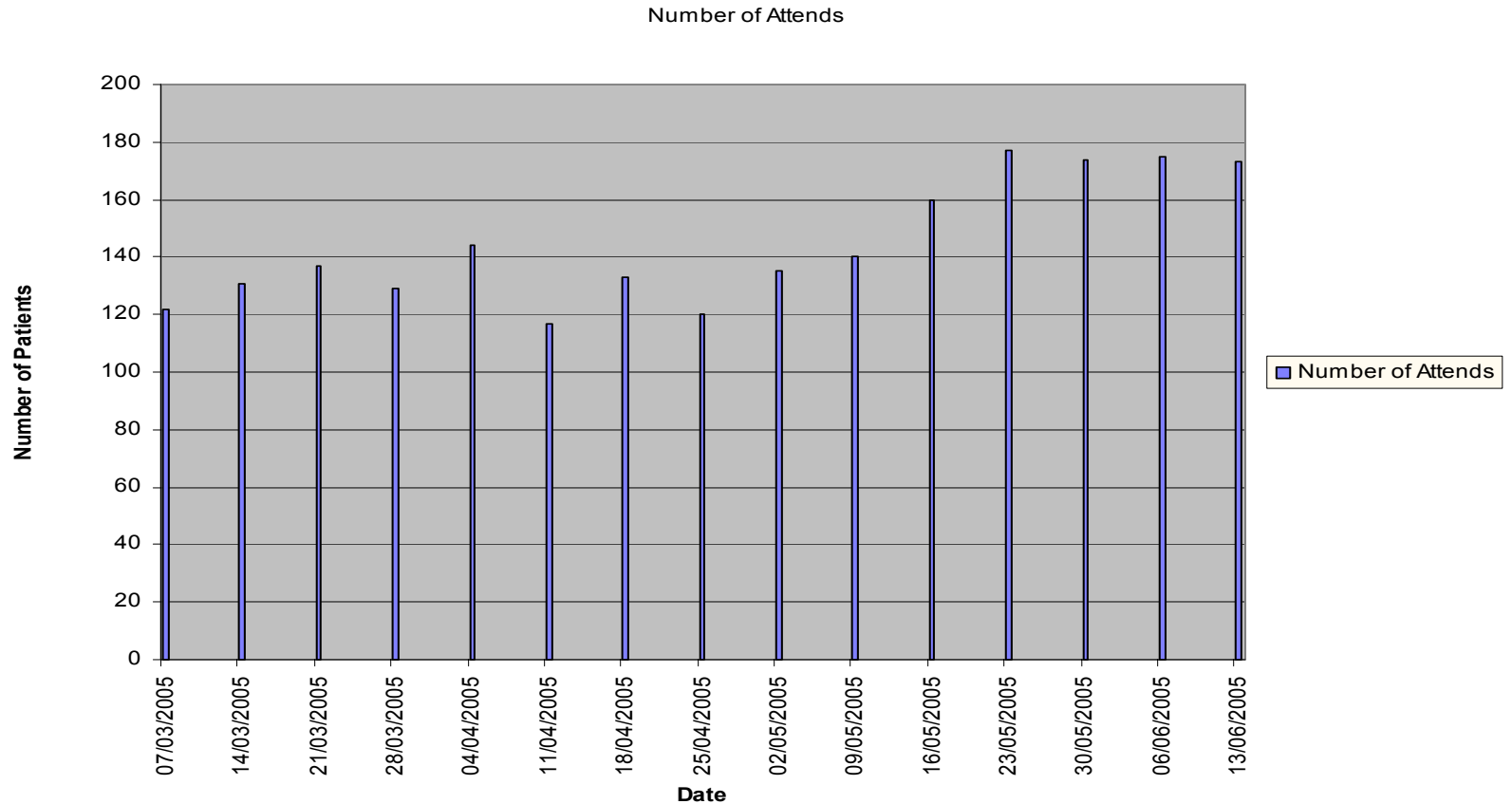
Stratford Minor Injuries Service

- 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?

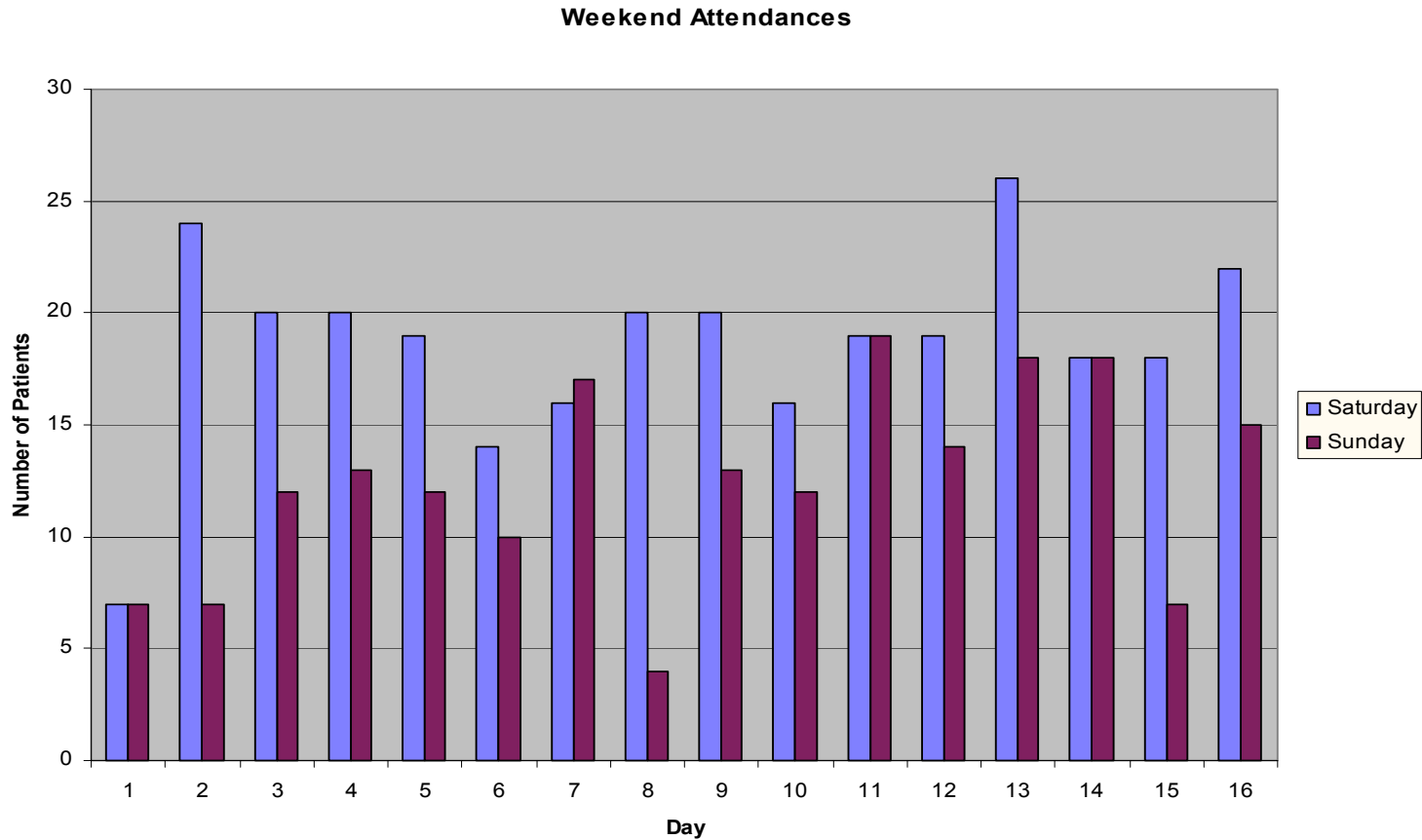
Current position

- 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

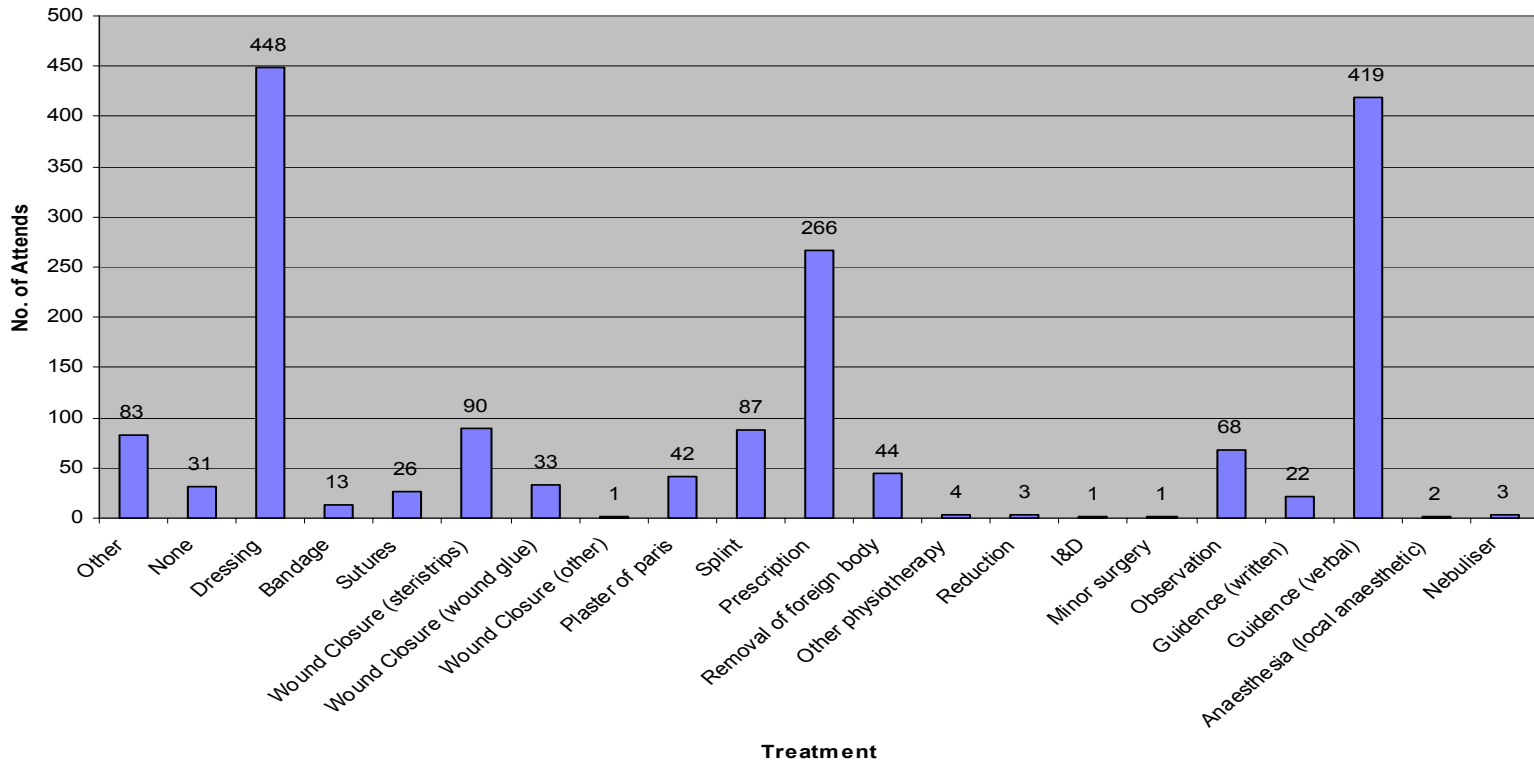


Weekend Attendances



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 the 12th 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

Minor Injuries Service Consultation Plan

It is a priority for South Warwickshire Primary Care Trust to ensure that local services meet local requirements and expectations. This can only be achieved by working with all sections of the community to hear their views and involve them in developing future services.

The aim of this consultation is:

- to share information about the services and the issues that need to be addressed
- to share any options and ideas that we have
- to listen to the views of the public and patients giving them opportunity to assist us in developing options that meet their needs
- to provide quality feedback to the decision making committees ensuring that the final plan has considered and reflects the views of the public

The consultation will take a number of forms to ensure that as many groups and individuals as possible have the opportunity to be involved.

The following information will be provided as part of the consultation process:

- Document explaining the current situation and options
- Statistical information showing use of the service
- Details of how people can contribute to the consultation
- Feedback forms inviting people to give their views

The ways in which we will consult:

- A public events will be held in Stratford where the information is available and staff are there to discuss plans with people attending. Feedback forms will be included in the Comment Packs allowing people to formally record their views
- Online contributions will be available through our website - www.swarkpct.nhs.uk click on consultation - which will carry all the information from the public event along with questions and mechanisms to respond
- Comment packs will be sent to all members of our patient reference panel
- Overview and Scrutiny Committee, Public & Patient Involvement Forum will be invited to comment
- Staff will be offered the opportunity to attend a presentation of the information and to comment through the internal online system. They will also be able to feed comments back through their managers who will be directly involved in developing the plan

A summary of the views received, the plan and summary of how this has been influenced by the consultation will be available by November 2005

The results of consultation will be reported to:

- all recipients who responded directly (and gave contact details)
- will be made available to the public on the web site and on request
- will be shared with the press
- will be shared with OSC, PPI forum, all affected organisations, CVS
- staff

Guide to the types of injuries and circumstances that should lead to the use of the minor injuries service or Accident and Emergency Service.

Accident and Emergency

The A&E department deals with patients who have accidents resulting in serious cuts, broken bones or head injuries. They also attend to people who require urgent medical treatment such as someone with a suspected heart attack or breathing problems. You should always go to A&E if the problem is life threatening or call 999.

Minor Injury

- lacerations capable of closure by simple techniques (stripping, gluing, suturing)
- bruises
- minor dislocations of fingers or toes
- foreign bodies
- foreign bodies in the eye (non-penetrating)
- following advice to attend specifically given by a general practitioner
- following recent injury of a severity that can not be dealt with using simple domestic first aid
- following recent injury where it is suspected stitches may be required
- following blows to the head where there has been no loss of consciousness
- recent eye injury
- foreign bodies superficially embedded in tissues
- minor trauma to hands, limbs or feet.
- partial thickness thermal burns or scalds involving broken skin over a small area

These explanations act as guidance on the types of injuries and circumstances that lead to the correct use of services and is intended to assist members of the public to make informed comments as part of this consultation exercise. The lists are not comprehensive

Total Surveys : 19 of 19

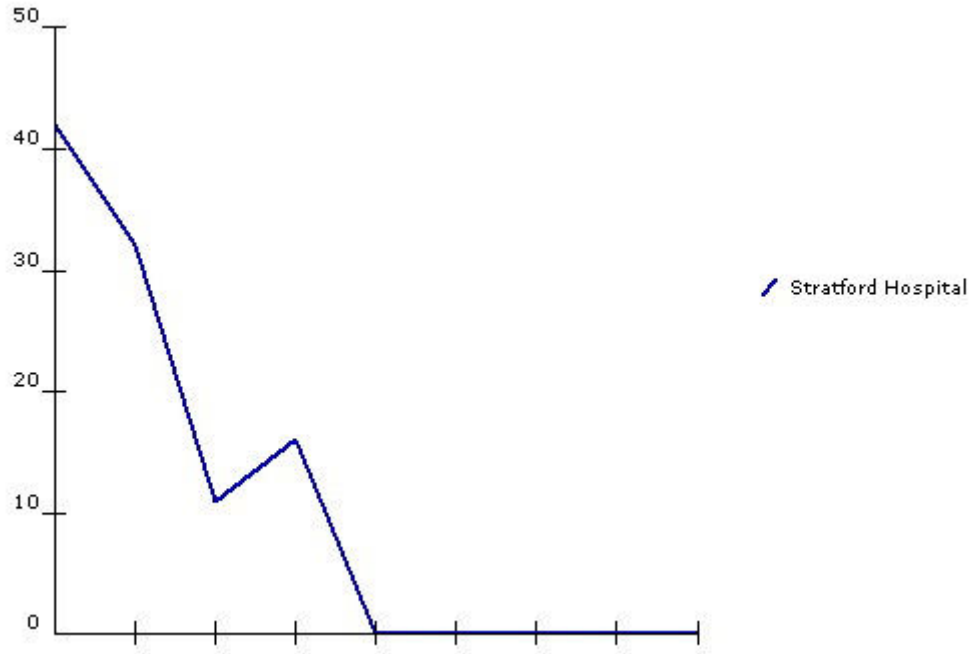
Date From : 06/22/2005

Report Date : 7/12/2005

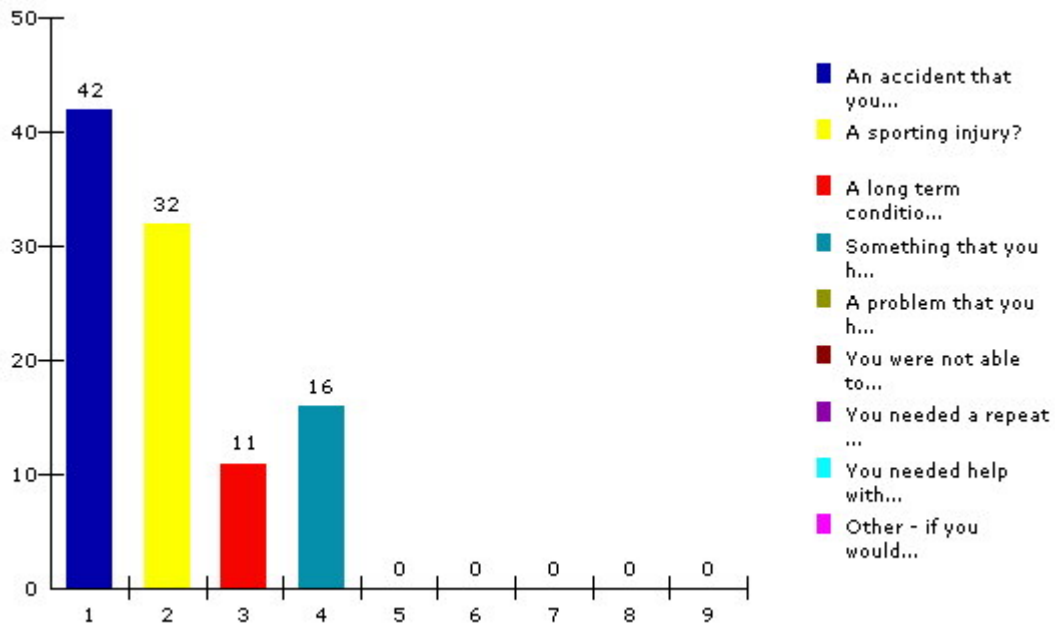
Date To : 07/11/2005

1	Can you tell us the reason for your visit to the Minor Injuries Unit (MIU) today?		
1	An accident that you could not have predicted? e.g. a fall	8	42.11%
2	A sporting injury?	6	31.58%
3	A long term condition that has got worse?	2	10.53%
4	Something that you have had for a few days that has now got worse?	3	15.79%
5	A problem that you have seen someone about but were not happy with the advice you were given and you would like a second opinion?	0	0%
6	You were not able to get to your GP / You needed advice?	0	0%
7	You needed a repeat prescription?	0	0%
8	You needed help with dressings / told to return to the Minor Injuries Unit?	0	0%
9	Other - if you would like to give us some more detail please ask at reception for a form.	0	0%
2	Have you been here before?		
1	Yes - within the past 6 months	11	57.89%
2	Yes - within the past year	2	10.53%
3	Yes - more than a year ago	1	5.26%
4	No	3	15.79%
5	Not sure	2	10.53%
3	If you have been here in the past year, was it for the same reason?		
1	Yes	3	15.79%
2	No	15	78.95%
3	Comment - if you would like to give us more detail please ask at reception for a form.	1	5.26%
4	How did you know that the Minor Injuries Unit (MIU) was available?		
1	Word of mouth	6	31.58%
2	Road signs	2	10.53%
3	Through your GP	0	0%
4	NHS Direct	1	5.26%
5	Always know about it	7	36.84%
6	Local press	1	5.26%
7	Other	2	10.53%
5	Why did you choose to come to the Minor Injuries Unit (MIU) instead of Accident and Emergency (A&E)?		
1	Closer	12	63.16%
2	Shorter waiting time	1	5.26%
3	Injury not serious enough for A&E	3	15.79%
4	Told to come back by staff	1	5.26%
5	NHS Direct advised you	0	0%
6	Other	2	10.53%
6	If you have come for a repeat prescription, would you be happy to:		
1	No - I didn't come for a repeat prescription	12	63.16%
2	Yes - I would be happy to phone and come and collect my prescription at a given time	2	10.53%
3	Yes - I could have got it from my GP if I had allowed more time	0	0%
4	Yes - I could have got this from my GP, but find it difficult that I can get to	1	5.26%
5	Other	4	21.05%

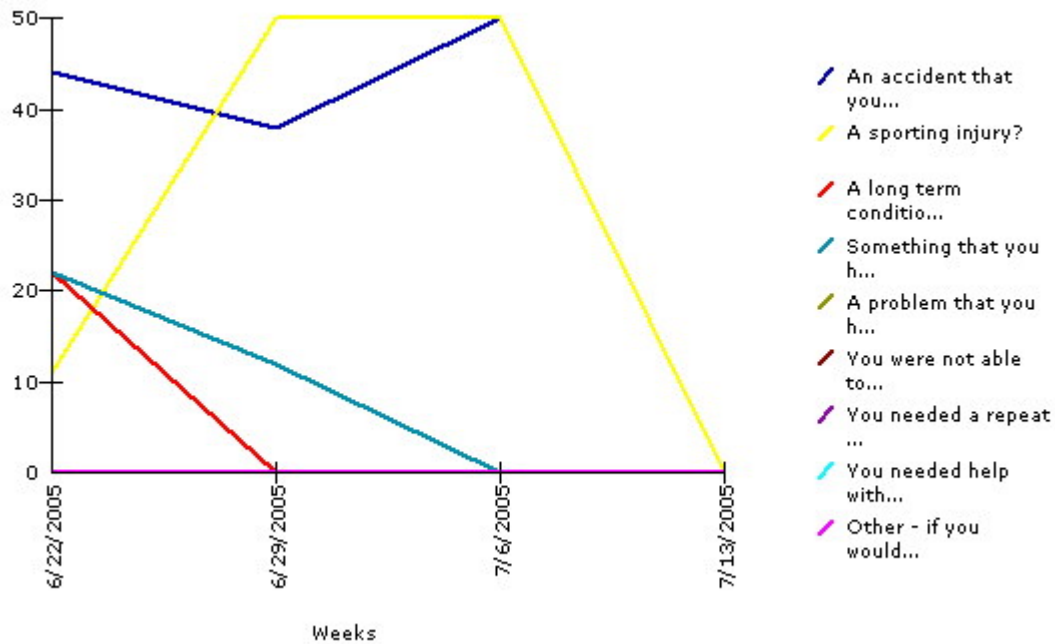
Q.1 Can you tell us the reason for your visit to the Minor Injuries Unit (MIU) today?



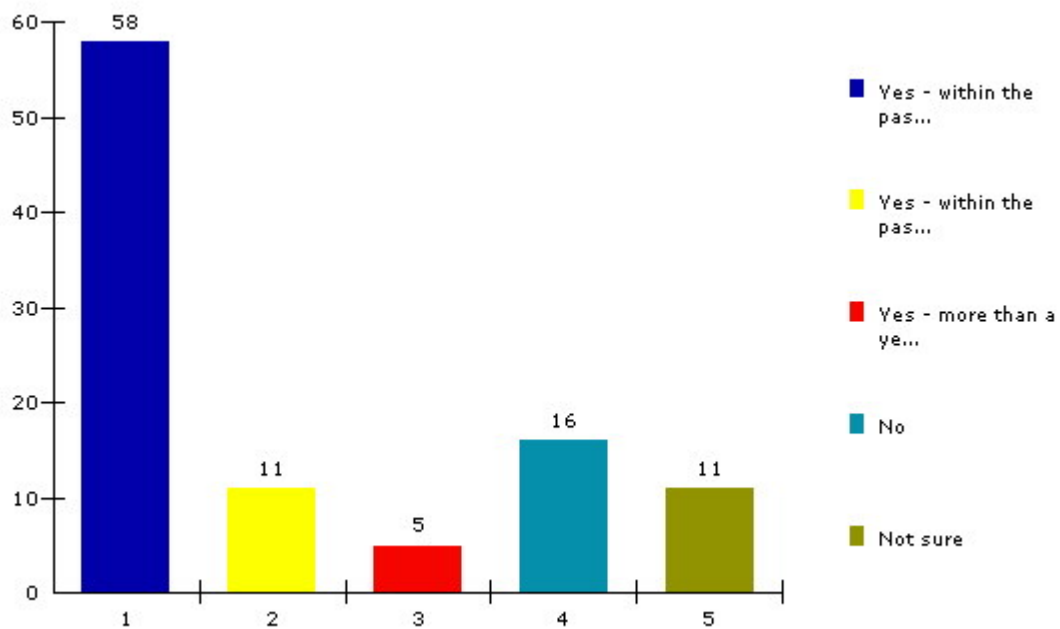
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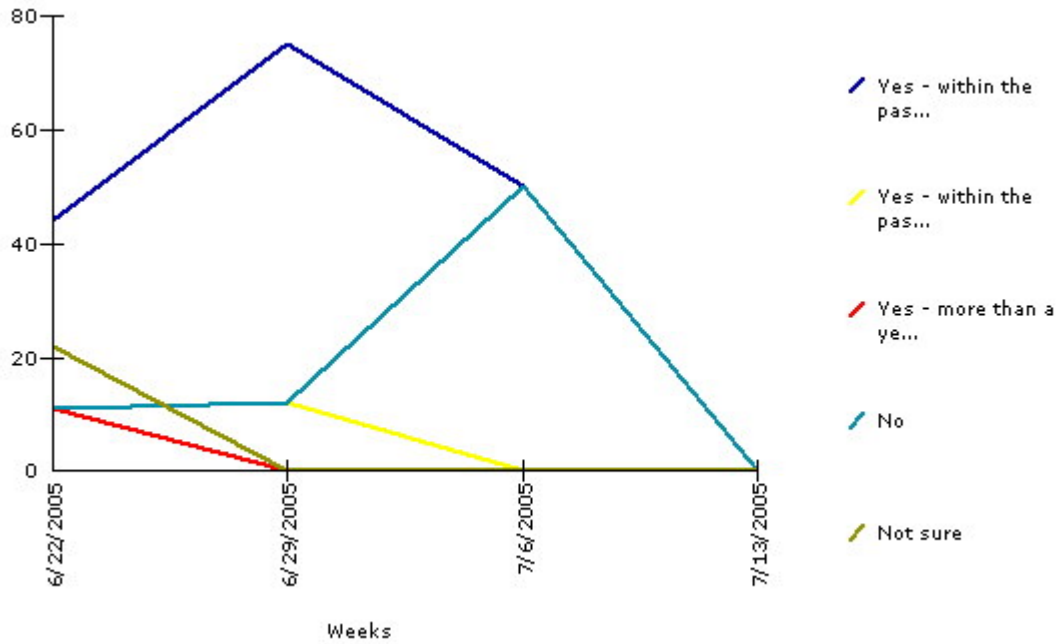
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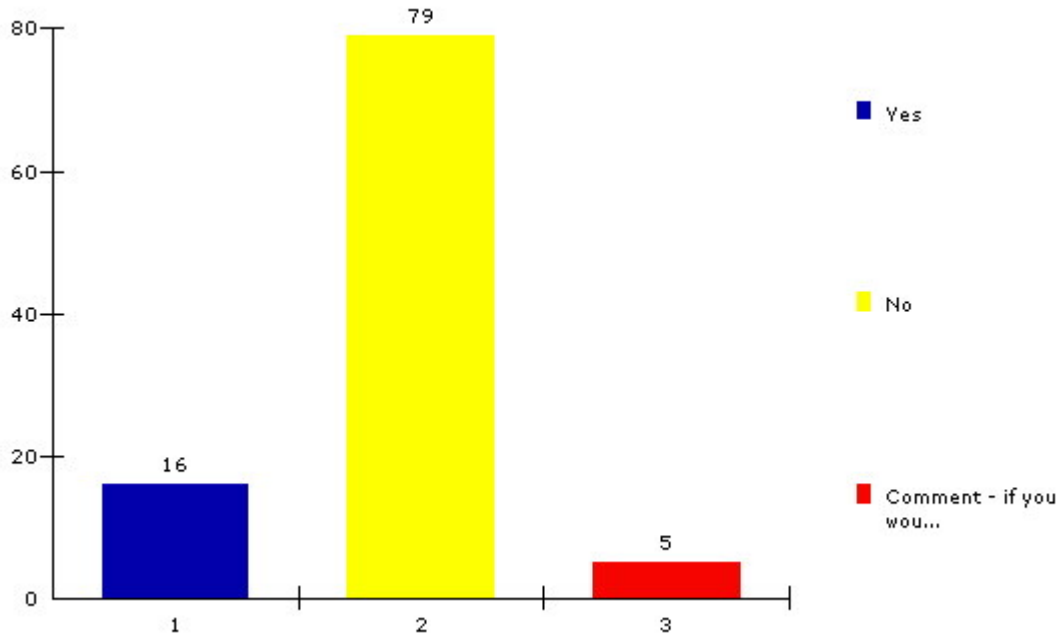
Q.2 Have you been here before?



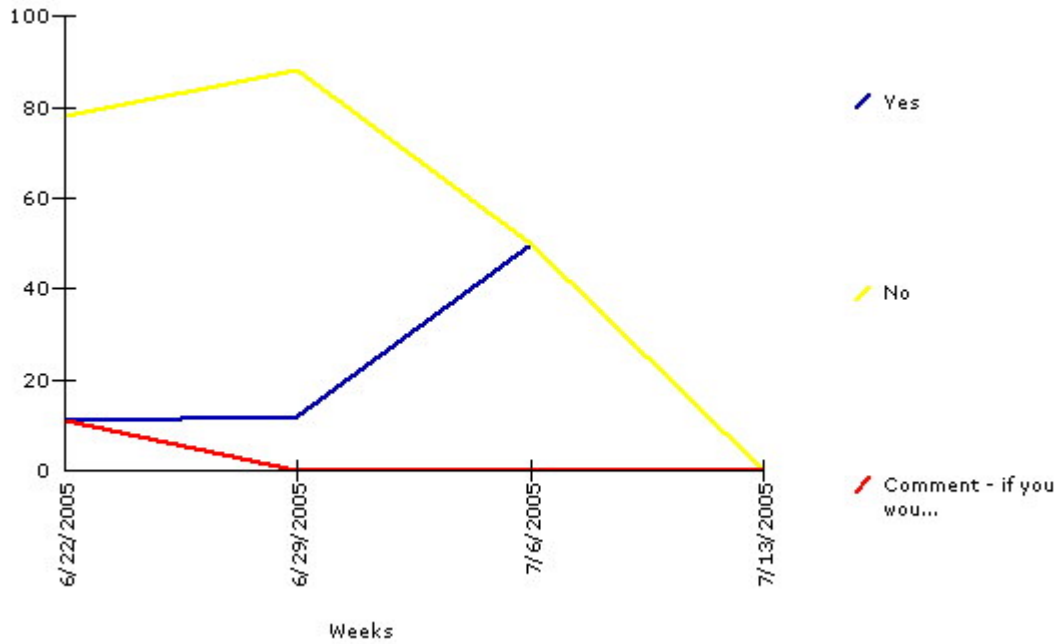
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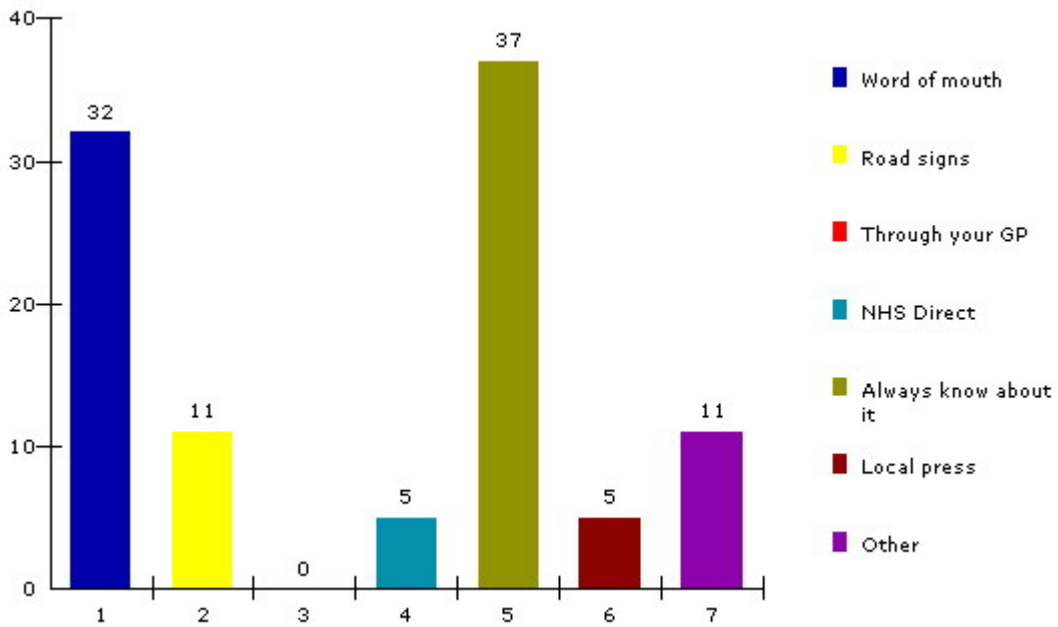
Q.3 If you have been here in the past year, was it for the same reason?



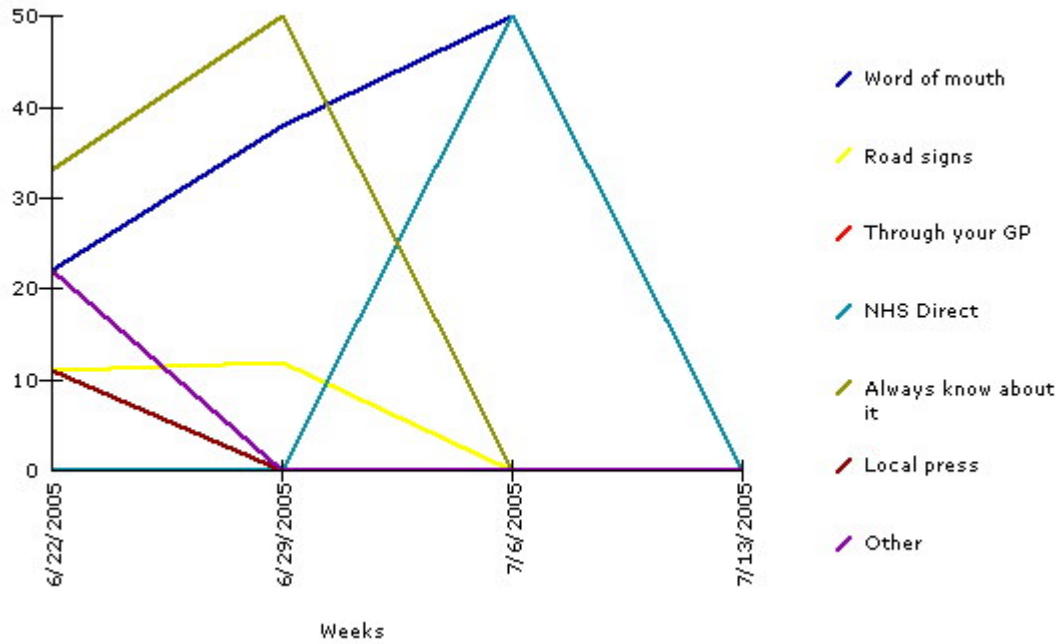
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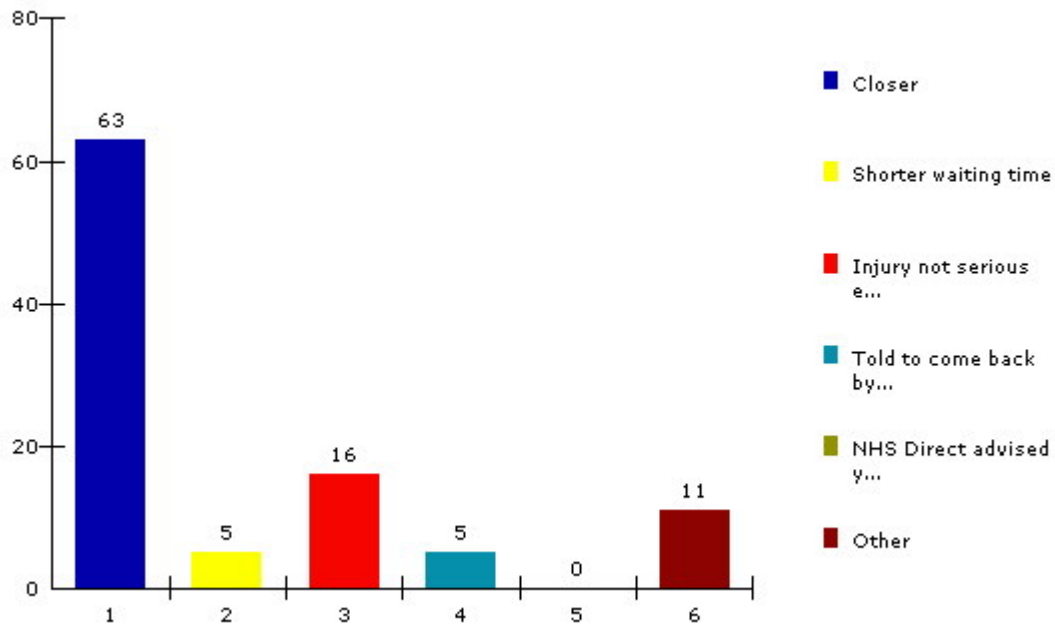
Q.4 How did you know that the Minor Injuries Unit (MIU) was available?



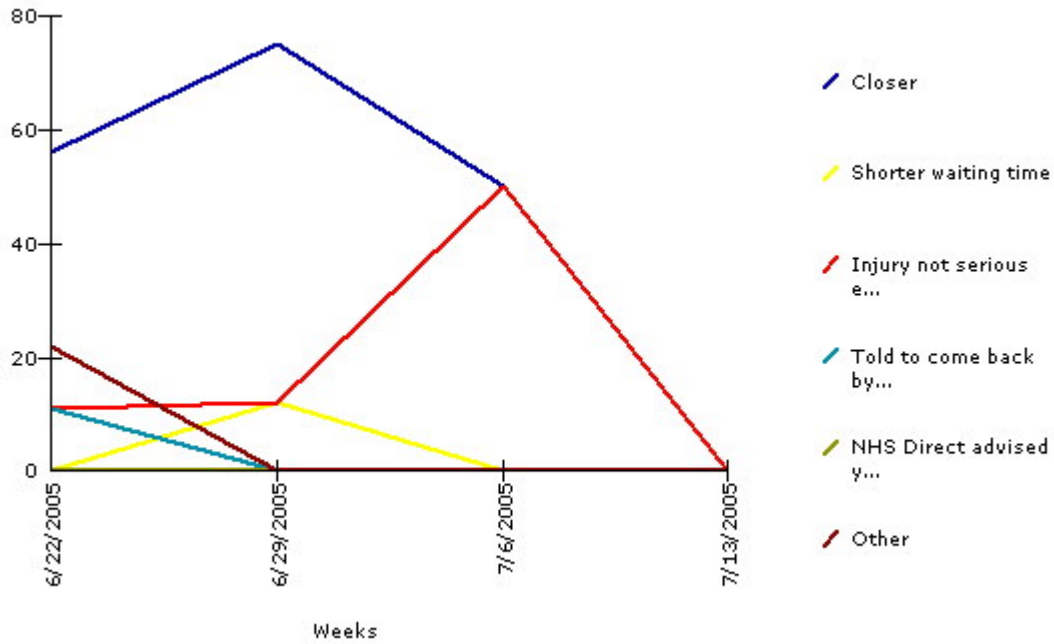
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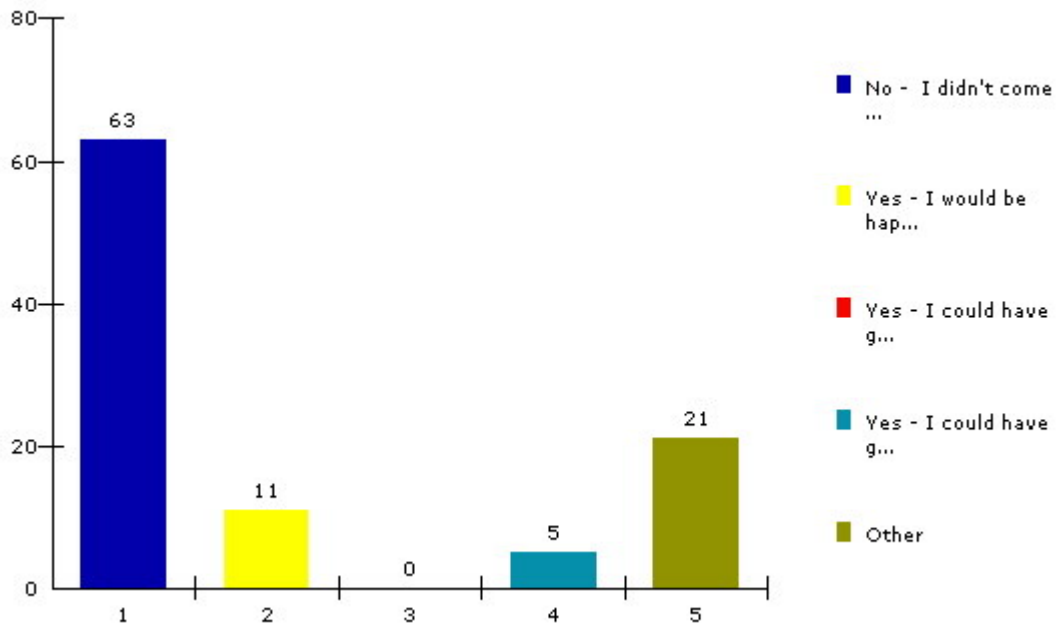
Q.5 Why did you choose to come to the Minor Injuries Unit (MIU) instead of Accident and Emergency (A&E)?



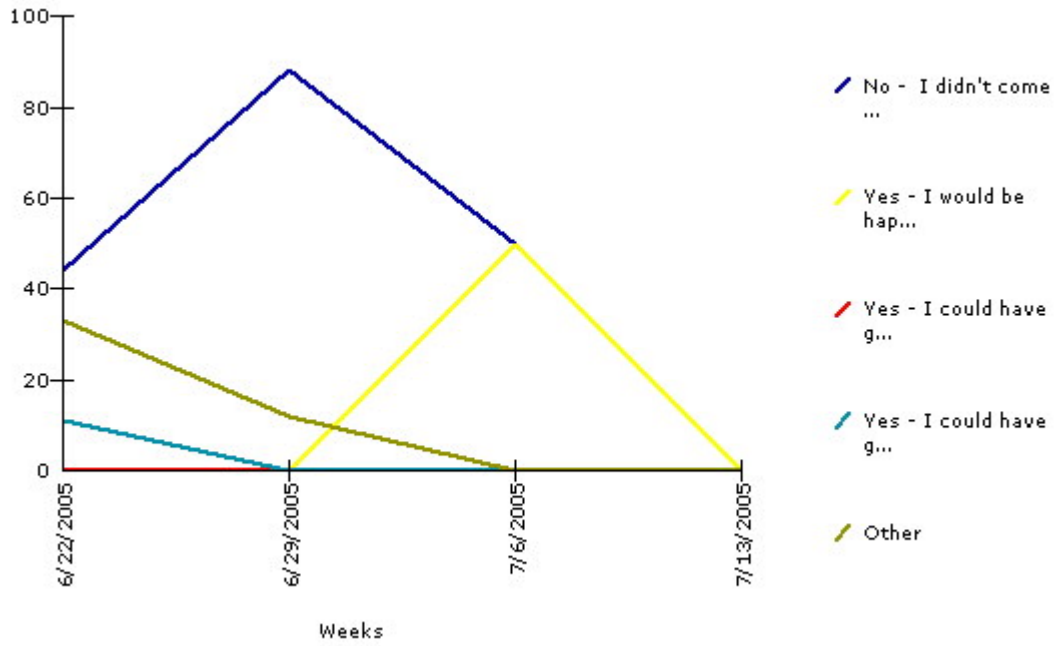
Q.5 Why did you choose to come to the Minor Injuries Unit (MIU) instead of Accident and Emergency (A&E)?



Q.6 If you have come for a repeat prescription, would you be happy to:



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Minor Injuries Service Questionnaire

These questions are intended to be answered once you have read

- **Future provision of urgent and emergency care in South Warwickshire document**
- **Information about the current use of the service**

These were supplied with this form but if you need another copy please contact us at the address below.

Q.

What sort of problems do you think that urgent care should be available for?
(please tick the options you agree with)

- minor cuts**
- minor burns**
- headaches**
- tooth ache**
- renewing dressings**
- repeat prescriptions**
- second opinions**
- stitches**
- minor dislocations**
- bumps and bruises**

Please add any other problems that you think should be included in the service

Q.

If some of the services you need could be provided by another professional would you think that was acceptable? An example may be a nurse treating a cut that needs cleaning and stitches.

Y/N

Q.

There is currently time available in the minor injury service. What would you suggest is the best way to use that time?

- Consider providing additional services (please suggest the service you would like if you tick this option)
- Use the spare time to assist the A&E staff to reduce waiting times
- Provide a walk in centre option

If you have other ideas please list below:

Q.

Your pack of information includes the type of problems that the minor injuries and A&E service is intended to deal. If people attend for a reason that is inappropriate e.g. earache - how do you think the service should respond?

- They should treat everyone who attends
- They should advise that person to make an appointment with their GP
- They should treat them on this occasion but advise them that this not the correct use of the service explaining what they should have done

If you have any other suggestions please list them

Q.

What is important to you when considering what you expect from the minor injury service?

- Close to where you live
- Easy to find
- Easy to park
- Short waiting times
- Regular opening times

If you have any other suggestions please list them

Q.

Why would you choose to go to a minor injuries service instead of A&E?

- Faster service
- Closer
- My injury does not need the expertise that A&E offers
- It is easier than getting an appointment at my GPs
- The problem is not urgent and I did not want to waste a GP appointment

Q.

How long would you consider as a reasonable length of time to wait to be seen?

For a minor injury

- No wait - people should be seen immediately
- 30 minutes
- up to one hour
- up to 90 minutes
- up to 2 hours
- up to 3 hours
- up to 4 hours

For a minor ailment such as earache

- No wait - people should be seen immediately
- Up to 4 hours
- Up to 12 hours
- Within 24 hours
- Within 48 hours

Q.

What type of minor problems do you think people should be expected to deal with themselves or with the help of their local chemist/first aid kit?

If you would like to make additional comments please feel free to enclose an additional sheet of paper.

Please return your completed questionnaire by the end of 12th October 2005 to:
Minor Injuries Service Consultation, South Warwickshire PCT, Communications
Department, Westgate House Market Street, Warwick. CV34 4DE

Thank you for taking the time to give us your views.

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Future provision of urgent and emergency care in South Warwickshire

Introduction

Urgent and emergency care in South Warwickshire is currently provided through a range of services:

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- Minor injury services
 - Ellen Badger Hospital, Shipston on Stour
 - Stratford Hospital
- Other services
 - Out of hours primary care
 - Ambulance service
 - NHS Direct
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Other options for consideration

The Accident and Emergency Department is currently reviewing patient flow within the department, single point of access for all emergency and urgent care, this will ensure that the patient/user will be directed and treated by the appropriate clinician and appropriate part of the service. i.e. primary care, emergency care, minor injury/illness.

The majority of this caseload can be dealt with by other agencies, i.e. Practice Nurse at General Practitioner Surgery, NHS Direct for advice, Local Pharmacy or Accident and Emergency Department Warwick Hospital. An education and information campaign on the appropriate use of a range of services is to be carried out.

The PCT are considering access to wider primary care services. Options for providing urgent and emergency care could include:

- Tele-medicine links
- Different workforce - Emergency Care Practitioners, nurse led, GPs
- GP provided service
- Walk in Centre

Next steps

Consultation starts with a public meeting to take place at Stratford Town Hall on 13th July 2005 at 6.30 p.m. The meeting will be chaired by Stratford-upon-Avon Town Mayor, Councillor.W.Lowe. The consultation will close on 12th October.

Views from the public meeting and from other sources will be collated and fed into the development of a service specification. The specification will be agreed by SWGHT and SWPCT at the end of October. Based on the specification, new or changed services will then be put in place

Minor Injuries Service Consultation Plan

It is a priority for South Warwickshire Primary Care Trust to ensure that local services meet local requirements and expectations. This can only be achieved by working with all sections of the community to hear their views and involve them in developing future services.

The aim of this consultation is:

- to share information about the services and the issues that need to be addressed
- to share any options and ideas that we have
- to listen to the views of the public and patients giving them opportunity to assist us in developing options that meet their needs
- to provide quality feedback to the decision making committees ensuring that the final plan has considered and reflects the views of the public

The consultation will take a number of forms to ensure that as many groups and individuals as possible have the opportunity to be involved.

The following information will be provided as part of the consultation process:

- Document explaining the current situation and options
- Statistical information showing use of the service
- Details of how people can contribute to the consultation
- Feedback forms inviting people to give their views

The ways in which we will consult:

- A public events will be held in Stratford where the information is available and staff are there to discuss plans with people attending. Feedback forms will be included in the Comment Packs allowing people to formally record their views
- Online contributions will be available through our website - www.swarkpct.nhs.uk click on consultation - which will carry all the information from the public event along with questions and mechanisms to respond
- Comment packs will be sent to all members of our patient reference panel
- Overview and Scrutiny Committee, Public & Patient Involvement Forum will be invited to comment
- Staff will be offered the opportunity to attend a presentation of the information and to comment through the internal online system. They will also be able to feed comments back through their managers who will be directly involved in developing the plan

A summary of the views received, the plan and summary of how this has been influenced by the consultation will be available by November 2005

The results of consultation will be reported to:

- all recipients who responded directly (and gave contact details)
- will be made available to the public on the web site and on request
- will be shared with the press
- will be shared with OSC, PPI forum, all affected organisations, CVS
- staff