

Agenda Item No. 8

Responses from acute trusts in respect of A&E handover delays

Great Western Ambulance Service Joint Health Scrutiny Committee 10th June 2011

Attached are responses from acute trusts in respect of A&E handover delays. These were sent in response to a request of the Committee in the autumn of 2010.

1. Letter dated 21st October 2010 from Robert Woolley, Chief Executive, University Hospitals Bristol NHS Foundation Trust
2. Letter dated 8th November 2010 from Ruth Brunt, Chief Executive, North Bristol NHS Trust

University Hospitals Bristol

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RW/dl

21 October 2010

Romayne de Fonseca
 Scrutiny Officer
 Bristol City Council
 College Green
 Bristol

Dear Romayne

Great Western Ambulance Service (GWAS) Monthly Accident and Emergency Handovers Summary

Thank you for your letter of the 5th October expressing your members' concerns about the performance of the Bristol hospitals in relation to ambulance handover delays, when compared to other hospitals in the South West. We welcome the opportunity to explain the context and challenges that face us in trying to address this important issue.

Firstly, please be reassured that this issue has a very high profile within this organisation; we absolutely recognise that any delay in handing over a patient from the ambulance service to our own services is far from ideal and we are committed to improving our performance in this area.

With regard to specific Trust actions, by the end of this month we will have completed installation of screens which allow the BRI Emergency Department to see live GWAS data on the number of ambulances on route to the hospital as well as how many ambulances are still waiting to off load which we believe will help us to better manage handovers, we have recently endorsed a four point plan to try and dramatically improve flow through our acute assessment and medicine wards and we are hopeful that this will reduce pressure on our bed base, which will in turn assist with patient flow and prompt ambulance handover. Finally, in the longer term, our plans for the BRI re-development will ensure that we have adequately sized and located acute assessment facilities for the nature of the population we service, which all acknowledge is not the present case

However, we would wish your members to be aware that we are operating in a context where resolution of this issue is far from straightforward and lies outside of our scope in a number of areas. As the major regional provider for a wide range of specialist services, as well as being a large provider of general hospital care, we experience a far greater number of admissions by ambulance than smaller, non-specialist trusts which means we are exposed to peaks of activity that others are not. In addition, we have seen a 10.5% increase in overall admissions this year to our Trust and an even greater increase in the number of admissions presenting via ambulance at 13.5% with no change to our physical capacity.

Despite this very significant pressure on the Trusts services, between January and July of this year 7,000 patients were handed over to our hospital in less than 15 minutes compared to 6,752 in the same period last year and so whilst the proportion of patients handed over in 15 minutes remains static at 52% (46% in 2009) we are managing more patients in 15 minutes than ever before. A further sign of our progress is the increase in the number of patients handed over in less than 30 minutes which has gone from 57% last year to 64% this year.

Given this context I would like to take this opportunity to raise the issues, which from our perspective, could greatly assist our attempts to ensure all patients are handed over to our care promptly, when presenting by ambulance

- Full roll out of the GWAS Capacity Management System to ensure that GWAS convey patients requiring urgent care to the hospital site best placed, at that time, to manage their care promptly
- A reduction in the number of patients GWAS convey to hospital, for the former Avon area GWAS convey around 67% of patients they attend, to hospital. Commissioners have invested heavily in models of care to reduce this but we have seen little if any impact. In other parts of the country this is reported to be significantly lower.
- Profiling and management of those practices whose patients have high recourse to the ambulance service to ensure GP practice services are the first point of contact for all, other than those with emergency needs. A vast number of patients presenting to our services, in a non emergency situation, have never been seen by a member of their practice team.
- Support for improved public awareness about the appropriate use of primary, community and hospital based services to try and reduce the demand for scarce, hospital resources when other services are often better placed to respond.

Thank you for your letter and the interest the Committee is taking in trying to improve patient care in this area, please do come back to me or my staff if we can assist you any further.

Yours sincerely



Robert Woolley
Chief Executive

cc John Savage, Chairman, UH Bristol
Ruth Brunt, Chief Executive, North Bristol Trust
Deborah Evans, Chief Executive, GWAS
Stephen Williams, MP

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Our ref: RB/SWa/sl

8 November 2010

Ms Romayne de Fonseka
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Dear Ms Fonseka

Great Western Ambulance Service (GWAS) Monthly Accident and Emergency Handovers Summary – July 2010

Thank you for your letter dated 5 October 2010, which outlines concerns raised during the GWAS Overview and Scrutiny Committee which took place on 17 September 2010.

Within North Bristol NHS Trust (NBT), delayed ambulance handover times has been a high priority for us this year. I fully recognise and accept that the levels of delays are not where we would wish them to be. NBT strives to provide and deliver the best possible patient care and experience, and we recognise that reducing the length of time it takes to hand over our patients from ambulance crews to clinical teams is of utmost importance.

It may also be helpful to give members an insight into some of the challenges we are facing. At NBT we have seen a year on year rise in the number of major patients (as classified under existing national codes) attending the Emergency Department (ED). This has resulted in an increasing number of patients arriving to Frenchay ED via ambulance.

In response to our handover delays, we are currently involved in a number of initiatives to improve performance.

Firstly, we have been working together with GWAS and have, during October, installed visual display screens in both our Emergency Department and Clinical Site Management Team office at Frenchay. These screens contain information from GWAS, which informs the Trust of which patients are on their way to us. This has helped staff in ED to anticipate patients' needs and for the Clinical Site Team to identify beds for patients, if it is suspected that a bed may be required. These screens will also enable the current paper based system of recording handovers to become electronic, which will not only save valuable clinical time,

but provide both GWAS and NBT with better quality data. You may be aware that previously, there was often a significant discrepancy between the handover time recorded by GWAS and that of the ED, which required retrospective validation.

Secondly, by December this year, it is anticipated that the Capacity Management System (CMS) will be fully implemented across the GWAS catchment area. This system enables GWAS crews to identify which of Bristol's Emergency Departments and acute admission wards have the most capacity and/or appropriate beds. In addition the system enables the management teams across NBT and UH Bristol to have access to each other's information so that better joint working can take place.

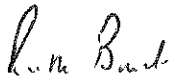
Thirdly, this month, we are about to pilot the opening of a dedicated ambulance handover bay, which will place us in a better position to flex our ED capacity up and down to prevent handover delays.

Finally, we are actively planning with our colleagues across primary care, new models of urgent care delivery, with a view to testing these before we transfer to the new hospital in 2014. We have a workshop later this month, involving GP's, NBT clinical and managerial staff, out of hours providers, PCT clinical staff and patient representatives, to identify new ways of working. There is also a detailed action plan following an ambulance rapid improvement event held in October, which is being monitored and performance managed by our Director of Operations.

Strategically, there is work ongoing across the health community to reduce the number of patients coming into our ED (when clinically appropriate), within GP practices, via public health campaigns and primary care signposting for patients. We actively welcome the members' views on any alternative, new and/or complementary initiatives.

I hope you can see from the above that NBT is taking this matter very seriously. If you require any additional clarification or information, please do not hesitate to contact me.

Yours sincerely



Ruth Brunt
Chief Executive
North Bristol NHS Trust

cc: Peter Rilett, Chairman, NBT
Robert Woolley, Chief Executive, UH Bristol
Stephen Williams, MP