

Question Time!

Mark Edwards from the Clinical Commissioning Group, which oversees our hospitals and surgeries, took questions on a wide range of topics from PPG members.

1. **Lister Hospital** had a rating of “Requires improvement.” The chart shows the discrepancy between the Lister and Luton Hospitals over meeting their targets:

November figures:	Target	Lister	Luton
A & E (4 hours)	95%	77.2%	98.1%
Cancer Care (62 days)	85%	75.7%	90%
Planned ops (18 weeks)	92%		92.2%

Mark offered two explanations: Luton has GP triage in A and E, Lister do not. Luton decline to help hospitals at “black” level of demand. However, this did not indicate what Lister plans to do in order to improve its Cancer care and A & E targets and the PPG will be writing to the Medical Director of the CCG for further clarification.

- 2. Parking at Lister (run by Indigo) and QE11 hospital (run by Accuro.)** The income from charges and fines is used to meet ALL costs of operating the carparks and if there is any surplus it is used to benefit patient care. Mark added: *“We are looking into charging at the QE11 in the same way as we do at the Lister - our view is that being disabled does not necessarily impact on ability to pay ... and if hardship is an issue, there are separate processes to support.”*
- 3. The non-emergency ambulance transport service** is being run by the East of England Ambulance Service on a 3 year contract – with potential to extend for a further two. If a patient is discharged after the 6pm closing time the discharge team at the Lister can access the service until 8pm. *“Any time after that, a patient shouldn’t really be being discharged without good reason.”*
- 4. Housebound patients – preventative care.** “Who is responsible for carrying out regular preventative visits to monitor blood, bladder, skin, joints, eyes, nose, ears etc for housebound Alzheimer’s patients?” Mark’s suggestions were subsequently followed up by the PPG member who posed the question and he reported that the Admiral Nurse team, because they care for the carer, cannot offer this service to the person being cared for. The District Nursing team only respond to referrals for specific ailments and when this is fixed they withdraw. Ken Spooner, our Practice Manager, subsequently confirmed that trying to offer patients in general adequate care at their home reveals a weakness in the system. More generalized nursing might provide a solution in the future.
- 5. “Potential years of Life Lost (PYLL)”** In 2014, Stevenage had the highest rate in Hertfordshire. How is it being tackled?” Mark explained that Stevenage has launched a new Health initiative i.e. HealthHub offering free workshops and exercise referral scheme. Ken said that at Knebworth only 6-7% of Patients are smokers but at Marymead 30% of Patients are smokers.
- 6. “GP forward view” 10 high impact actions that aim to release time for staff.** Mark explained that greater patient involvement would be needed to bring about a complete attitude and behaviour change. These actions are: active signposting to make sure the right person deals with the right query, new consultation types, reducing numbers of DNAs (Did Not Attend), developing the team, ensuring productive work flows, personal productivity and partnership working, social prescribing, supporting self-care and developing Quality Improvement expertise.

Mark complimented our PPG for being very pro-active and praised the trust built up between the Surgery Staff and the PPG over the past 6-7 years.