

## Fylde Coast NHS Health Event and Annual Meetings 2016/17

21st September 2017

### Question and Answer Session

#### Questions received in advance of the meeting:-

##### 1. George Holden, Public Governor (Blackpool Constituency)

**What is the data regarding people in our area with Type 1 and Type 2 Diabetes and what specialist services are in place to cover their needs? When was the last review of these services, how is their effectiveness monitored and how is this reported to the Trust and the public at large?**

*There are 18,457 people living with diabetes on the Fylde Coast (9,885 in Blackpool and 8,572 in Fylde and Wyre). 1,297 people live with type 1 diabetes and 17,160 people live with type 2 diabetes. This data is from the National Diabetes Audit.*

*At this time the majority of outcome data used locally is based on nationally produced data – specifically the National Diabetes Audit, the National Diabetes Inpatient Audit, Diabetes Foot Care Profiles, and the Quality and Outcomes Framework. Locally produced data is, in the main, activity data. Work is currently underway to develop local data flows that mirror the national datasets so that they can be monitored as close to real time as possible.*

*The headlines from the national datasets are:*

- *Blackpool and Fylde and Wyre CCGs are outliers for major amputations – 12.5 and 21.3 per 10,000 respectively, compared to an England rate of 8.1 per 10,000. There has also been a significant decrease in rate nationally over the last 3 years.*
- *During the period 2013/14 to 2015/16 patients from Fylde and Wyre spent a total of 5,456 days, and patients from Blackpool spent 9,451 days in hospital for diabetic foot disease.*
- *33.6% of people living with type 1 diabetes in Blackpool and 43.2% in Fylde and Wyre receive all 8 NICE care processes (England 37.3%)*
- *54.8% of people living with type 2 diabetes in Blackpool and 62.4% in Fylde and Wyre receive all 8 NICE care processes (England 53.9%)*
- *Nb. – the 9<sup>th</sup> NICE care process of retinal screening is excluded as this is a nationally commissioned/delivered screening programme not influenced by local commissioning at this time*
- *16% of people living with type 1 diabetes in Fylde and Wyre and 15.8% in Blackpool achieve the 3 NICE treatment targets (HbA1c, Blood Pressure, Cholesterol) (England 18.3%)*
- *43.2% of people living with type 2 diabetes in Fylde and Wyre and 45.7% in Blackpool achieve the 3 NICE treatment targets (HbA1c, Blood Pressure, Cholesterol) (England 40.4%)*
- *The availability of specialist nursing, consultant, dieticians, podiatrists and specialist pharmacist at BTH is lower than the English average.*
- *82.5% of people admitted to BTH were admitted as an emergency, below England average (86.2%).*
- *In 2016, 6.3% of people were admitted for diabetes management, 68.8% for other medical reasons and 25% for non-medical (i.e. surgical) reasons.*

*These national datasets are currently the main source of monitoring of services.*

*Specialist inpatient and outpatient services to support people with diabetes are provided to the majority of people living on the Fylde Coast by Blackpool Teaching Hospitals NHS Foundation Trust. These services are currently activity, rather than outcome-driven.*

*A major review of diabetes services was undertaken during late summer and early autumn 2016. The findings of this review identified 6 hospital specialist areas (covering main complication areas, plus inpatient services), community-based specialist support and upskilling of local care professionals for development, focussing on outcomes-based service delivery, through agreed service specifications.*

*The findings of the review were used to successfully bid for transformation funding from NHS England to transform delivery of diabetes foot care and specialist inpatient nursing support on the Fylde Coast. These projects commenced in April (foot care) and August (specialist inpatient nursing) with outcomes and specifications identified and recruitment to newly identified podiatry and nursing posts underway. The services will commence in Q3 17/18, dependent upon successful recruitment. The transformation funding is being utilised to pump prime changes to delivery of not just foot care and inpatient nursing but also the wider changes identified within the 2016 service review.*

*The 2 projects are being implemented jointly between the 2 CCGs and the Trust. Podiatry services are clinically leading on the Diabetes foot project and Unscheduled Care are clinically leading on the Inpatient Nursing project. The 3 strategic leads are Pete Smith (FWCCG), Jeannie Hayhurst (BCCG) and Andrew Goacher (Trust).*

*In partnership with the 3 pharmaceutical companies, an ongoing programme of training needs assessment and diabetes study days has been developed, to support upskilling of staff across the Fylde Coast.*

*The implementation of the re-configured Inpatient Service and Foot MDT service as well as the other service developments already identified and agreed will be overseen by the Fylde Coast Integrated Diabetes Steering Group which will report to ACS Steering Groups and the individual Board and Governing Body meetings. The Integrated Steering Group meetings are attended by a local Diabetes UK patient representative and minutes are taken.*

*The Trust will be reporting to the CCG data at baseline and at regular intervals thereafter data such as emergency admissions/readmissions related to diabetes complications, length of stay, amputations which will be used evaluate the diabetes service and guide service provision. With regard to the planned new specialist outpatient services for patients with Diabetes including those services which support patients in out of hospital settings, patient surveys will be undertaken to evaluate patient experiences. The results of this will be reported to the Integrated Steering Group.*

*Finally, the Trust continues to participate in the yearly National Diabetes In-Patient Audit (NDIA) and will be submitting data to the National Foot Audit and the results of these are published nationally and are available in the public domain.*

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## 2. 38 Degrees Blackpool, Fylde and Wyre NHS Supporters

The July meeting of the Trust learned that the average length of stay for non-elective patients at the Vic was two days longer than for comparable hospitals elsewhere. What, do you think, are the main reasons for this, and what steps are being taken to bring the figure down?

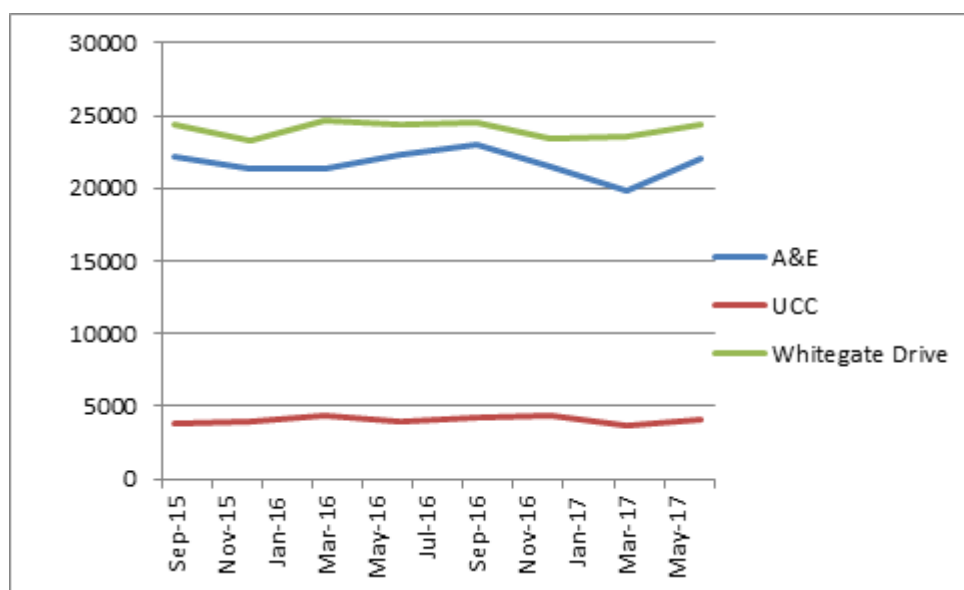
This question was answered at the meeting by Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust (refer to page 6).

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## 3. 38 Degrees Blackpool, Fylde and Wyre NHS Supporters

The aim of commissioners and providers alike is to divert patients away from A+E in order to reduce the pressures there. Can you provide attendance figures for the last eight available quarters for A+E, the Urgent Care Centre and the Walk-in Centre at Whitegate Drive so that we can see the direction of travel?

Quarter	A&E	UCC	Whitegate Drive
Sep-15	22,168	3,759	24,360
Dec-15	21,381	3,885	23,304
Mar-16	21,424	4,290	24,679
Jun-16	22,385	3,904	24,334
Sep-16	23,020	4,236	24,473
Dec-16	21,448	4,337	23,413
Mar-17	19,827	3,668	23,595
Jun-17	21,991	4,020	24,356



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**4. 38 Degrees Blackpool, Fylde and Wyre NHS Supporters**

**In view of recent concerns elsewhere, what steps are being taken to ensure that non-qualified staff are not being employed in local nursing posts?**

This question was answered at the meeting by Marie Thompson, Executive Director of Nursing & Quality, Blackpool Teaching Hospitals NHS Foundation Trust (refer to page 8).

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**5. 38 Degrees Blackpool, Fylde and Wyre NHS Supporters**

**David Bonson gave an excellent presentation to the Joint Committee of CCGs on the future of urgent care in Lancashire and South Cumbria. Could this be made available online, and will he repeat it in a public forum locally so the community can get to understand the issues involved?**

*Response from David Bonson, Chief Operating Officer, Blackpool CCG:*

*The presentation has been made available via the Healthier Lancashire and South Cumbria website. The link is:*

[http://www.healthierlsc.co.uk/application/files/2315/0782/5347/20170907\\_Presentation\\_JCCCG\\_Sept\\_17.pdf](http://www.healthierlsc.co.uk/application/files/2315/0782/5347/20170907_Presentation_JCCCG_Sept_17.pdf)

*There are no plans at the moment to repeat the presentation locally as it was undertaken as part of my lead role for urgent care on a Lancashire and South Cumbria basis.*

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**6. Councillor Mark Bamforth**

**I would like to ask why is there no long term support for people suffering from severe anxiety or agoraphobia or similar mental health illness, with qualified staff?**

**The unit you had was Adelphi Day Hospital, Blackpool, which was run by a Matron with a Doctor and all qualified staff, you have replaced that service with 6x1 hour CBT sessions, that is a total joke.**

Adelphi House was a service historically provided by Lancashire Care Foundation Trust previously commissioned by Health Authorities. It closed many years ago.

CBT is not prescribed to be only 6 sessions where it is deemed more would be beneficial, however, it is an evidence based NICE guidance service that is now commissioned by Blackpool CCG and Fylde & Wyre CCG. All the therapists are suitably qualified and we are meeting the access, recovery and waiting times for the IAPT Services across the Fylde Coast.

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**Questions raised at the meeting:-**

**1. George Holden, Public Governor (Blackpool Constituency)**

**With regard to mental health services, particularly psychological and counselling services, are we likely to see these services integrated into the wider care system?**

*Dr Tony Naughton, Clinical Chief Officer, NHS Fylde and Wyre CCG responded:*

*Yes, one of the sub sets of the Accountable Care System (ACS) is a Multi-specialty Community Provider (MCP) which we are piloting in Fylde and Wyre. Mental health services are very much part of that community development and there is already strong integration.*

*Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool CCG commented:*

*We are putting a lot of effort into developing mental health services at a primary care level, in the community and in the community teams. We have also worked a lot with psychological therapies, particularly around self-referral for psychological therapy. There are all forms of therapies. This has significantly improved access and recovery rates. We were seeing good outcomes of people with mild to moderate mental health problems.*

**2. George Holden, Public Governor (Blackpool Constituency)**

**How do patients in the community know they can self-refer?**

*Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool CCG responded:*

*All changes take time. There is information on websites and via leaflets and GPs are making efforts to let people know about self-referring, i.e. written information about how patients can access services. All of this change takes time. NHS111 can also signpost people.*

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**3. Dr Jim Gardner, Lecturer, School of Medicine, University of Lancaster**

**Along with colleagues from Lancaster, we are training more medical students and trying to integrate them into the system. Reference was made to integrated teams and whether new professional groups/socio groups emerging has created new gaps in the workforce and whether we need to address this.**

*Dr Tony Naughton, Clinical Chief Officer, NHS Fylde and Wyre CCG responded:*

*The future for new roles in primary and secondary care is exciting. There is a slight over-supply of pharmacists so they are trying to bring them into primary care. There is an enhanced training programme and we are trying to bring them into General Practice as a career step. We are looking at how we can upskill our healthcare workers so we can do basic procedures. This is very fertile ground to support primary care and we need to take these opportunities to make best use of skills.*

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#### 4. 38 Degrees – Fylde and Wyre Supporters

Reference was made to the length of stay for non-elective patients at BTH. At the July Board meeting, it was reported that the Trust's length of stay was two days longer than for comparable hospitals elsewhere. What are we doing to address this?

*Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust responded:*  
There are complexities on the Fylde Coast relating to health and social isolation which link into length of stay. The Trust has focused on a couple of areas in the last two years – access to diagnostics/x-rays and weekend working. As importantly we have the Clifton Hospital model where we rehabilitate our patients in hospital. A significant piece of work has been undertaken in conjunction with Lancashire County Council which has confirmed that too many patients are assessed in the hospital setting. The challenge is that patients need to be taken out of a 10 bedded room and transferred to a safer environment for assessment. A significant piece of work has been undertaken with the Scheduled Care Division to try to move the assessment process from a hospital bed to a community setting with the aim of hopefully ensuring that the right patients are in the right place for the rest of their life. The challenge is about working differently. Work is on-going across Lancashire, despite the pressures on finances, and it has been agreed that this should be dealt with away from the patient's bedside. It is a complex issue which needs to be addressed. It links to patient safety and is high on the radar from both quality and safety perspectives.

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#### 5. Aspden, Outgoing Staff Governor (Non-Clinical)

All three organisations are doing very well having frontline staff going the extra mile and it is to be applauded but has consideration been given to the support staff behind the front line staff and the pressure on them? Are you supporting the staff behind the frontline staff?

*Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust responded:*  
We are very aware of the pressures on the staff who work across the corporate functions. We are looking at sharing work across the three organisations. We are supporting the increase in non-clinical staff wherever appropriate and needed. There is a lot around sharing services and we will be developing this even further during the next 12 months. (The corporate functions slide in the presentation shows how we will work together).

*Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool CCG commented:*  
We have talked to a lot of clinicians. We held a full day workshop with a whole range of support staff. The challenge we gave them was to forget they work for different organisations and forget the rules and tell us how you could do your job most effectively if the barriers did not exist. They came back with lots of really good ideas. There would be huge benefits to our patients by thinking through and working through how staff work and how to support the infra-structure and how to improve things overall.

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**6. John Goodacre, Associate Dean, University of Lancaster**

**We very much value partnerships with colleagues and there are exciting opportunities to be innovative in how we improve health. There is a question about innovation in this particular part of the country. There are a number of major initiatives on-going which are distinctive, i.e. Vanguard, and this is the only part of the country which has these initiatives in the same area. Organisations here are learning to work across sectors and staff are developing their skills and knowledge and we need to make the most of this. There are some national distinctive programmes.**

*Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool CCG responded:*

*This is a nice reminder because we are aware that we do not always perform well in terms of innovation and improvements. I undertake some national work. Dom Berwick, an American clinician, was speaking at a meeting and he gave some examples of really good work. A lot of this was "us". Fifty per cent was from the Fylde Coast and Lancashire. We need to recognise that whilst we might do something great in Fleetwood, we don't do it in Blackpool. Something might be done well in Morecambe Bay but not done in Preston etc. We need to pick up the links.*

*Dr Tony Naughton, Clinical Chief Officer, NHS Fylde and Wyre CCG commented:*

*It is very stimulating to discuss issues, problems and thoughts with somebody who has a different angle and discipline. It is about creative thinking. We need to keep talking about how they problem solve.*

*Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust commented:*

*We are very involved with the University. Both Ian Johnson (Chairman) and Mark O'Donnell (Medical Director) are very involved. We are looking to develop an innovation hub for the Fylde Coast linked with research and development work and we want to joint this up.*

*Ian Johnson, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust commented:*

*It should be a virtual world that benefits all of us. There are two medical schools in the area and it is good that Jim and John are here at this event.*

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**The Fylde and Wyre CCG Chair, Mrs Mary Dowling, commented that a question had been received prior to the event from George Holden regarding diabetes. A detailed response would be provided to George, however, Peter Tinson, Chief Operating Officer, NHS Fylde and Wyre CCG, provided an answer to the question about when the service was last reviewed.**

**7. When was the last review of these services?**

*The Diabetes Service Project was last reviewed in Autumn 2016. A number of bids were submitted to NHS England for additional funding to support development ideas and the funding received has been invested in two project developments – expansion of the Foot Care Service which started in April and provision of specialist in-patient nursing which started in August. The service delivery is regularly reviewed via the ACS Steering Group and the individual Board and Governing Body meetings.*

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## 8. Majorie Nye, 38 Degrees

**38 Degrees undertakes its own research. This year the pay review body for the NHS revealed concerns in its annual report that there is a real problem with recruitment and retention. The 1% pay cap was highlighted. With the Brexit issues, a lot of nurses fear they may need to leave. Also bursaries are being withdrawn. It is difficult to afford to train in the nursing profession. This issue is of great concern and, in view of risks and concerns across the country, what steps are being taken to ensure non-qualified staff are not being employed in nursing posts?**

*Marie Thompson, Executive Director of Nursing & Quality, Blackpool Teaching Hospitals NHS Foundation Trust responded:*

*There is a workforce issue which is a national issue regarding supply and demand. Across the Trust and community services there is very tight governance in terms of safe staffing levels. Each area has agreed a blueprint which looks at the number of registered and non-registered nurses required to deliver care across all areas. Although there is a financial issue we have continually invested in making sure we have the correct establishment.*

*We are working with UCLAN and the University of Cumbria to look creatively at training and how we can resolve this issue for the future. We are offering universities a good source to provide additional placements. We will be able to support health care assistants moving through to become nurses. The Nursing & Midwifery Council recognises that different rates are needed to ensure the health care assistants become registered nurses in the future.*

*We are definitely not diluting the skill-mix. It is about understanding the future care needs of our local population and the required skills and talents to provide this care and, as we move forward in terms of workforce supply, we need to be cognisant of how we can utilise people's skills and talents in different ways, for example, stroke care, where there is a ratio of 60% registered nurses and 40% non-registered nurses, does not require this level of registered nurses for rehab stroke care and can be supported by non-registered nursing. We will be developing new roles within the ACS to move beyond some of the traditional roles seen during the past 50, 60 and 70 years to address the needs required today.*

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## 7. Gordon Halliwell, PPNG

**I frequently hear from patients who have been delayed from discharge from hospital due to the delay in medicine from the Pharmacy Department. Do we recognise the delays within the Pharmacy Department?**

Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust responded:

It is not the Pharmacy Department that is the problem. There is a 45 minute turnaround time. The robot dispenses the medication. It is challenging getting the prescription to the pharmacy department. Prescriptions are usually written by the junior doctors but often they are not issued until they have finished their ward round. In the last two years we have invested in the medical wards by having prescribing pharmacists to speed up the process whereby a pharmacist on that ward will prescribe. The discharge summary element is still a problem as it has to be undertaken by a junior doctor. We are looking at who is the best person to complete the discharge summary. From an IT point of view we are trying to ensure that the summary is populated from the system. It is about getting the timing right for pharmacy and the discharge summary.



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Thanks were conveyed for the all the questions which, along with the responses, will be published on the websites of Blackpool Teaching Hospitals NHS Foundation Trust, NHS Blackpool CCG and NHS Fylde and Wyre CCG.