

LEICESTER CITY HEALTH & WELLBEING BOARD
EXTRAORDINARY MEETING TO CONSIDER URGENT CARE - 6TH March 2014
SUBMISSION FROM HEALTHWATCH LEICESTER CITY

The performance of A&E at Leicester Royal Infirmary has been of real concern for many months and the particular circumstances arising on a number of occasions last autumn, and most recently on 17th February, causing great distress and anxiety to patients and their carers many of whom were frail and elderly, were completely unacceptable.

- Whilst the Emergency Department at Leicester Royal Infirmary is situated within the City and whilst this is a meeting of the City Health & Wellbeing Board, UHL serves a population of around 1million people and the resolution of the issues we face are not those of only the hospital **BUT** of the whole Leicester, Leicestershire & Rutland health **AND** social care community.
- The pressures upon the Emergency Department are not new; there have been several crisis moments over the last 15 years as Healthwatch, LINKs and prior PPI bodies can attest.
- UHL's A&E department is by no means the only one facing huge pressures.
- The present A&E Department was never built to envisage the current numbers coming through the doors – originally envisaged 100,000, currently nearly 200,000.
- There has been a year on year cumulative increase in the number of people attending A&E since 2000, with a significant increase in numbers over the last three weeks to levels not previously recorded.
- The evidence would suggest that UHL are clearly dealing with more acute cases coming through A&E but on the same bed base which has remained constant for many years.
- In July 2013 an Urgent Care Working Group [UCWG] was established to get a grip upon Urgent Care because UHL was failing consistently to meet the 95% target for people to be seen, dealt with, admitted or allowed home within 4 hours.
- The UCWG has met weekly, with Dr M Pepperman representing Healthwatch Leicester & Leicestershire, taking a full part.
- Strenuous efforts have been made to fully understand the challenges facing the Emergency Department with a huge commitment from everyone involved.
- **Considerable strides have been made – the introduction of the front of house triage system for ambulatory patients has been very successful in diverting perhaps a third of patients away from A&E to more appropriate community provision e.g. GPs, Pharmacists.**
- A most thorough research of all the component factors has been undertaken and before Christmas the three CCGs in LLR led a piece of work within ED and the hospital, with Healthwatch input, to identify a range of solutions.



- The City CCG has stimulated a range of initiatives to keep people who do not need to be there, out of hospital; however, the data presented to the UHL Board on 27th February 2014 indicates that this has not yet resulted in any reduction in GP referrals; in fact they continue to rise. If this is indeed the case, could we know why?
- Similarly, has there been any reduction in the number of people being referred inappropriately to hospital by the Out of Hours Service?
- We recognise that a number of additional community and intermediate care beds have been provided or reinstated but are not sure these are sufficient to take into account the projected growth in the elderly population in LLR.
- The number of patients needing to be accepted by the Leicestershire Partnership NHS Trust is growing and some of these patients are having to be treated out of County.
- We are very aware of the on going pressures on social care as a result of the huge cuts in local government expenditure.
- UHL has recognised many of its own system failings and carried out extensive work to remedy these; key senior staff have been recruited – there are now 16 out of 24 A&E Consultants in post.
- **Performance has improved considerably BUT not consistently.**
- Two “super weekends”, involving the collaborative work of all partners, were successfully held in January.
- **Notwithstanding the above, there have been a number of occasions when pressures upon A&E have become intolerable for patients; on 17th February ambulances were backing up at the hospital with patients facing long waits and delays BEFORE even getting into A&E. For elderly, frail and possibly confused patients in particular and those in pain and distress this is clearly an unsatisfactory and unacceptable situation.**
- Healthwatch finds it surprising that given these situations, just how few people complain, and how understanding many are, of the pressures being faced by staff within the ED. HW is really concerned about the unremitting nature of the demands placed upon front line staff and their managers within the department and their possible demoralisation.
- Perhaps the most challenging issues to be resolved are those related to the INFLOW of patients to the ED and the **DISCHARGE/TRANSFER of patients from the UHL; patients and the public and Healthwatch on their behalf** need to know **what else** the LLR health and social care community, **working together**, can do.
- Whilst Healthwatch may understand and do its best to explain, many members of the public find it hard to understand why, if the system is struggling to find suitable alternative places for patients so they can be discharged from hospital, a Ward at Loughborough Hospital can be closed, opened again and now about to be closed again, all within the space of nine months.

This submission has been informed by enquiries made to the Healthwatch Information line, comments made to Healthwatch at the various engagement events held in the last six months, information from the Healthwatch Participating Observers on the Urgent Care Working Group, the CCG and UHL and matters raised with the Interim Chair when he has made presentations at the Community Meetings throughout the City.

Philip Parkinson, Interim Chair, Healthwatch Leicester and Healthwatch representative on the Health & Wellbeing Board.

2nd March 2014

