Healthwatch Kingston upon Thames

Hospital Services Task Group Meeting
Tuesday 10th June 2014 10:00am-12:00pm
At Healthwatch Kingston Meeting Room

Present:

Graham Goldspring, Chair	GG
Grahame Snelling	GS
Nigel Spalding	NS
Jo Boxer	JB
Ann McFarlane	AM
Debra McCarthy	DM
Jo Clarke	JC

ITEM		Action
1.	**Welcome and Apologies** GG welcomed the Hospital Services Task Group. Apologies were received from Maurice McCullough and Eleanor Levy	
2.	**Notes of the last meeting and actions** GG confirmed that this Task Group's first priority, as agreed at the last meeting, is A&E.	
3.	**Review of Research on Kingston A&E** • DM advised that Age Concern were unable to provide any reports into A&E and treatment of the older person. GG suggested this Task Group consider working in conjunction with Age Concern to produce such statistics and the possibility of an Age Concern representative speaking at a future Task Group Meeting. DM agreed to contact Age Concern regarding this and JB provided a contact name to approach in the first instance. • GG agreed to draft an email to Affiliates, to obtain their feedback on experiences with A&E at Kingston Hospital. This would take the form of a specific questionnaire. GG requested that Task Group Members send him specific questions to be incorporated. • It was agreed that HWK would invite Reinette, the Patients Experience Improvement Manager at Kingston Hospital, to speak at the next meeting, when specific questions could be asked and data received. Task Group Members were asked to send GG appropriate probing questions by Tuesday 17th June this was agreed. Then GG would draft the email to Reinette, to be sent out by HWK on behalf of the Chair of the Hospital Services Task Group • DM to contact Nick Ainley, who is involved with Kingston Hospital Patient Assembly Group, to invite him to speak at a HWK meeting • GG felt that there should be a link with HWK and Patient Experience Action Team (PEAT). GS suggested that at the next Healthwatch Forum Meeting on 12th August, he would initiate A&E as an Agenda item. Feedback/questions would be sent to GS by the Task Group prior to this meeting. The Group also agreed that a future Enter & View could focus on A&E.	JB/DM GG/All GG/DM DM GS/All

	GS commented that there was a CQC inspection in July 2013 and this has since been followed up by an inspection in February 2014. GG asked if communication issues were addressed, and whether there were improvements noticed in the February Report. An overview of Debra's Report shows that the overriding issues with A&E Kingston Hospital centred around Communication issues, followed by Privacy and Wait Times. NS commented that London hospitals fare worse than those in the provinces and the Group agreed that this was partly caused by a higher usage proportion, under resourcing leading to stress, and a higher number of immigrants with communication issues, who tended to use A&E before considering a GP visit. It was generally agreed that the A&E triage system did not work very well, bedside care was poor and it was hard to get basic needs met. Mention was made that while A&E were meeting the target for four hours waiting time as a maximum, it seemed the quality of care was suffering as a result. Personal stories did not seem to reflect the high performance stats in the Report	
4.	**Subsequent Priorities** The Task Group reviewed the priorities for Hospital Services, as shown in the Chart below. Using a matrix score system, also shown below, the Task Group established that the order of priorities would be: A&E, After Care/Discharge and Communications about appointments as the initial three to focus on. In the meantime, we would collect information and data when available for Weekend Care and Ambulance Services for the future. The task group is working on A&E now. NS suggested that the SW London Collaborative Project should be on the Agenda on an on-going basis. DM agreed to gather PALS data and feedback to the Task Group members. It was agreed that while the Task Group focussed on A&E for the next few weeks, at the same time, Members should be collecting relevant data pertinent to the up-coming priorities of After Care & Discharge, and Communications and Appointments.	DM/All
5.	**Dates for the next Meeting** The date for the next meeting was agreed for Tuesday 22nd July. GG would prepare the Agenda.	GG

DOMAIN	PRIORITY AREA	DRIVER	WHAT/ HOW	INTENDED OUTCOMES
2. Hospital Services	Ambulance Services	Feedback from Affiliates; long delays to get discharged for those with mobility issues; waiting for medical	Patient Transport as Outpatients (non emergency); journey times; wait times	Reduce the waiting time to go home upon discharge; improvement in the non emergency patient transport both to and from the hospital

		reports		
	After Care/ Discharge	Feedback from local people; delays in provision of medical reports upon discharge	little or no explanation of medication/side effects; long waits to go home; is there provision of food/drink while waiting; night time discharge – need data regarding this (under Freedom of Information Act)	Improve the quality of care for patients once discharged; ensuring patients, once discharged, do not "fall through the cracks"
	Weekend Care (Inpatients) (24/7)	Feedback from local people; media reports; a patient that arrives on a Friday – how disadvantaged are they?	Data from Age Concern; quality of care in surgery/diagnostics	More effective use of medical equipment sitting idle over weekends; resource improvements
	A&E Performance	Research by task group showing issues with wait times, privacy, communication	Enter & View into A&E	Improvements in the A&E triage system, wait times, meeting of basic needs (accessibility of refreshments/information); improvements in quality of care while meeting the 4 hour maximum wait time limit
	Communication about Appointments	Anecdotal evidence from the community and HWK members	Enter & View to the outpatients ward; obtain data on cancellations/no shows; PALS data and complaints data	HWK evidence is used to improve communications

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Strategic Priorities

Rank priorities for each criterion using the following scale: **High = 3 points; Medium = 2 points; Low = 1 point**

PRIORITIES	URGENCY	POTENTIAL IMPACT	ACTIONABLE/ FEASIBLE	RESOURCES	COMMUNITY READINESS	INTEGRATION	TOTAL POINTS
Ambulance Services							
After Care/ Discharge							
Weekend Care (Inpatients) (24/7)							
A&E Performance							
Communication about Appointments							

Criteria for prioritization:

Urgency: Is this a priority issue that needs to be addressed in the next 1-3 years?

Potential Impact: Is it likely that addressing this critical issue will have a significant impact on one or more specific populations? Do you have reason to believe you can be successful on this issue?

Actionable/Feasible: Are there opportunities for action to address the critical issue? Is there room to make meaningful improvement on the issue?

Resources: Are resources (funds, staff, expertise) either readily available or likely resources can be obtained to address the critical issue?

Community Readiness: Is this a critical issue identified as important by the community? Are people in the community interested in the issue? Is there community momentum to move this initiative forward?

Integration: Is there opportunity for collaboration? Is there opportunity to build on existing initiatives? Will this duplicate efforts?