

Comments on Patient Flows

On 5th December 2013, the Wessex Senate Council met for the second time. The Council was asked by the Clinical Directors of the Strategic Clinical Networks to look into their concerns that patient flows between service providers within Wessex and out of Wessex may not be appropriate and to the patients' benefit and may instead be driven by historical relationships between clinicians and providers. A recent change in responsibility for commissioning specialised services out of area may also be having an impact on where patients were treated.

The Senate faced a constraint in that the data provided and analytical interpretation of the data was high-level because this was all NHS England was able to provide at this stage.

The Senate Council reviewed the data and discussed patient flows within the following services: GP referrals, Maternity, Emergency, Elective Admissions, Transfers between hospitals, Cardiology and Neurology. Further information was required in many of these areas before the Senate Council could deliberate. Actions arising from the discussion are available in the notes of the meeting.

However, there were some general areas where the Senate could take a view and these are listed below:

1. There had been a year on year reduction in the number of GP referrals, transfers and elective activity to hospitals at some distance from Wessex. There had been a small increase in the number of GP referrals, transfers and elective activity to hospitals located just outside the boundaries of Wessex, where patient pathways were well-established. This indicated that Wessex provides comprehensive health services within or just outside the boundaries for the vast majority of patients.
2. Patient choice between Wessex and non-Wessex based providers is to be encouraged where patient access, experience, safety and outcomes are good. Our patient population should be informed when there are more local choices for treatment and given data on access, experience, safety and outcomes
3. Patients should define what is meant by "more local" i.e. what is a reasonable travel distance/travel time (including time spent parking for different types of admission, appointment or treatments, by self-drive, public transport or escorted visit). This may vary according to individual circumstances. Patients, GPs and hospital clinicians need to be aware of the pathway protocols that exist locally and nationally so that they can ensure that patient choice is fully informed

4. Providers of NHS care in Wessex should be able to demonstrate how they deliver patient centred outcomes and how they work with each other to promote care closer to home, in terms of responsiveness to access/transfer requests and pre-admission discharge planning
5. Patients are not well served by waiting in hospital beds. Further data analysis is needed to investigate the patient flows within Wessex: i.e. how long patients are waiting in one hospital when they need the services of another.
6. Standards for inter-hospital transfers should be developed by providers, measured and monitored and they should be in the public domain
7. The patient choice is explained by the GP and should be re-iterated at the point of tertiary referral and the GP should be presented with information to explain why a patient has chosen to go from a local acute provider to a specialist provider some distance away from their home (e.g. London, Oxford or Bristol) when that service is already provided within Wessex - where patient access, experience, safety and outcomes are similar or better.
8. There appears to be little parity of choice in patient flows in mental health services and this should be explored further by acquiring the data and discussing it in the Strategic Clinical Network.
9. The data on patient flows should be re-examined by the Senate Council, with Western Sussex, Royal Surrey, Yeovil, Salisbury and Frimley data excluded. The data should include all flows to mental health providers so that we can better understand whether activity “at some distance” out of Wessex is being driven by a deficit of service provision within Wessex.
10. There was some confusion amongst Senate Council members about the role of the Senate and which issues/topics were appropriate for discussion at the Council meetings. This is perhaps unsurprising as this was only the second meeting, but steps should be taken to further educate and inform members of the Senate Council and the wider health and social care economy about the Senate role.