DORRIDGE SURGERY



PATIENT REFERENCE GROUP

FOR YOUR INFORMATION

No. 30 - January 2018

A LITTLE ON THE LATE SIDE

BUT

A HEALTHY NEW YEAR TO YOU ALL.

This year will be quite exciting with many challenges being faced by the Doctors and Staff.

The 1st of April sees the formal commencement of the Birmingham and Solihull Clinical Commissioning Group, which will be the largest CCG in England. As a result of this merger there will be changes to services for patients across the new CCG, but inevitably this will take time to evolve and there are no details at present.

Likewise our Practice, being a part of the Solihull GP Alliance, may bring in changes and again once anything comes to light we will be keeping you informed.

THE SURGERY WILL BE CLOSED FOR TRAINING NEXT WEDNESDAY AFTERNOON.

7th February 2018

As part of the Changes taking place, the Surgery will be closed from 1 pm on Wednesday afternoon the 7th February. During the period of Closure the BADGER service will provide cover up to for patients just as they do now for the out of hours cover.

There is a different telephone number for BADGER when providing cover during the day, it is

0300 555 9999

This closure will enable the Staff to be collectively briefed on the shaping of local services to be provided in the future.

DO YOU HAVE DIABETES?

The Poster below will be of interest to you.



www.diabetes.org.uk

A charity registered in England and Wales (215199) and in Scotland (SC0391@6piabetes UK 2016 0977E



A £2.2million chemotherapy unit which will improve provision for cancer patients is to open at Solihull Hospital.

Work is scheduled to start soon to transform an empty ward into a modern new facility which has been specifically designed to meet the needs of chemotherapy patients.

The investment by the Heart of England NHS Foundation Trust, with the support of Solihull Hospital Charity, will also create 51 new jobs.

The new centre will allow people living with cancer to have better access to treatment and will create a more peaceful and relaxed environment. It will initially have 24 patient treatment chairs and this is expected to rise to 31 within three years.

Benefits of the new unit include a garden, a quiet room for patients, easier parking and a separate entrance to the main hospital building.

At the moment, all chemotherapy patients treated by the Trust, which runs Solihull Hospital, Heartlands Hospital in Birmingham and Good Hope Hospital in Sutton Coldfield as well as Birmingham Chest Clinic and Solihull Community Services, are cared for on Ward 19 at Heartlands or at the Sheldon Unit at Good Hope.

Over the past four years there has been a greater need for chemotherapy treatment at Heartlands and this move will ease some of the pressure there. Some patients with more complex needs will still be given chemotherapy at Heartlands.

The new unit, which will be in the former Bruce Burns Unit at Solihull Hospital in Lode Lane, should also mean that patients should get seen more quickly.

Sharon Rogers, Group Manager for Oncology for the Trust, said: "This new unit will make a big difference to patients who are undergoing chemotherapy and supportive treatments.

"It has been designed specifically with patients in mind and it will be purpose built for this sort of treatment. All in all, it will be a much better experience for people who need chemotherapy."

The new unit will benefit patients from across the whole area covered by the Heart of England NHS Foundation Trust but for patients in Solihull it will mean they can have chemotherapy closer to home than at present.

Among the new staff being recruited there will be extra nurses, a dietician, pharmacists, pharmacy technicians, consultants and support staff.

The Bruce Burns Unit was formerly a centre run for people with mental health issues.



DR KAREN LIM

"Many thanks for asking me to write a few words about my new post as a GP Partner at Dorridge Surgery.

I have been working in the same practice for several years and have very much enjoyed the happy and caring family atmosphere we have.

I was very pleased when I was appointed to join the existing three partners.

The health service is changing more than usual at the moment with new treatments and facilities competing with an urgent need for more traditional caring services for our growing older population.

I am keen to help steer us through these difficult times, make best use of the resources we have and help introduce new ideas so that we can continue improving our existing services.

I want to make sure our practice continues to offer the best service for our community."

Meanwhile.....

A reminder arrived in the Chair's inbox, which we share with you below:

HIGH CHOLESTEROL SEMINAR - HEART OF ENGLAND FOUNDATION TRUST

Just a gentle reminder we have the High Cholesterol Health Seminar at 5.00pm on Tuesday 13 February 2018 in the Education Centre at Heartlands Hospital with refreshments available from 4.15pm. The session will be hosted by Dr Alan Jones, Clinical Director, Laboratory Medicine.

If you wish to secure your place and attend the seminar, please email us at: membership@heartofengland.nhs.uk or call the membership office on 0121 424 1218.

Please invite any friends and family to join the seminar which is free of charge.

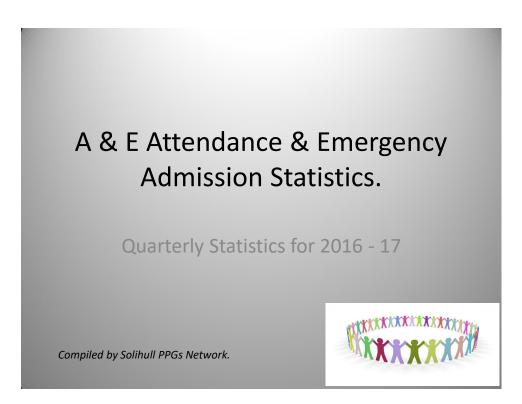
Meanwhile.....

Have any members experienced delays in obtaining a prescription from their named Pharmacy? If so, please send your comments to lanjmblack@gmail.com , the Chair of Dorridge PPG.

Many thanks.

Many of you will know that members of the PPG Committee are involved in the Borough wide, **Solihull Patients Participation Group Network.** At a recent meeting, a presentation was made, relating to the Hospital Emergency statistics for the West Midlands.

We share this with you.



A & E Attendance & Emergency Admission Statistics.

Background;

- This analysis was prompted by a request made by delegate(s) during our November 2017 meeting.
- The information is sourced from the returns made by each hospital in England, from which we have then extracted the returns for our local area.
- The information was published in May 2017.

Note;

• Although we have compiled this information from the quarterly returns, it is also available month by month as well.



A & E Attendance & Emergency Admission Statistics.

1. What different types of A&E departments are there?

There are three main types of A&E departments in England.

Type 1 departments are what most people might traditionally think of as an A&E service. They are major emergency departments that provide a consultant-led 24-hour service with full facilities for resuscitating patients, for example patients in cardiac arrest. Some type 1 departments are located with major trauma centres or specialist emergency hospitals and deal with patients who have highly complex or acute conditions. Type 1 departments account for the majority of attendances (68 per cent in <u>2016/17</u>) and the vast majority of waits over four hours in A&E.

Type 2 departments are consultant-led facilities but for single specialties, for example, dedicated to treating only eye conditions or only dental problems.

Type 3 departments treat minor injuries and illnesses, such as stomach aches, cuts and bruises, some fractures and lacerations, and infections or rashes. Type 3 departments, which can be routinely accessed without an appointment, include minor injury units and walk-in centres.



A & E Attendance & Emergency Admission Statistics.

2. How is A&E performance measured in these departments?

The most high-profile measure of A&E performance in England is the four-hour standard. This refers to the <u>pledge</u> set out in the NHS Mandate that at least 95 per cent of patients attending A&E should be admitted to hospital, transferred to another provider or discharged within four hours.

The four-hour standard is monitored for attendances at all types of A&E departments, including A&E services provided by the independent sector for NHS patients (NHS England).

The four-hour standard measures the *total time* patients spend in A&E rather than the time patients spend 'waiting' for treatment to begin. The waiting time clock 'starts' from the time that the patient arrives in A&E and stops when they leave the department to be admitted, transferred to another provider (for example, where more specialist clinical care is needed) or discharged. For patients arriving by ambulance, the clock starts when the patient is handed over from the ambulance staff to hospital staff or 15 minutes after the ambulance arrives at A&E (whichever is earlier).



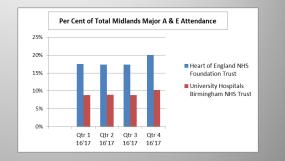
A & E Attendance & Emergency Admission Statistics.

We have concentrated on our two major hospital groups;

- Heart of England Foundation Trust, and
- University Hospitals Birmingham

These two cover approximately 25 – 30% of all Major A & E attendances in the Midland Area.

As can be seen from the graph, Heart of England also experiences approximately twice the number of attendances of University Hospitals.



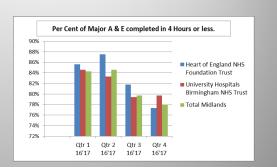
A & E Attendance & Emergency Admission Statistics.

This graph now shows the % of Major A & E attendances that are completed in 4 hours or less.

There may be complex reasons underlying the statistical differences.

e.g.

- Demographics.
- Location emergency occurred.
- Seasonality.
- Areas of specialism.





A & E Attendance & Emergency Admission Statistics.

This graph shows all A & E attendances completed in 4 hours or less. (NHS Target 95%)

All includes;

- Type 1, Major A & E
- Type 2, Departments Single Speciality
- Type 3, Other A & E Minor Injury Units.



Notes;

University Hospitals only have returns for Type 1, Major A & E.



A & E Attendance & Emergency Admission Statistics.

What next?

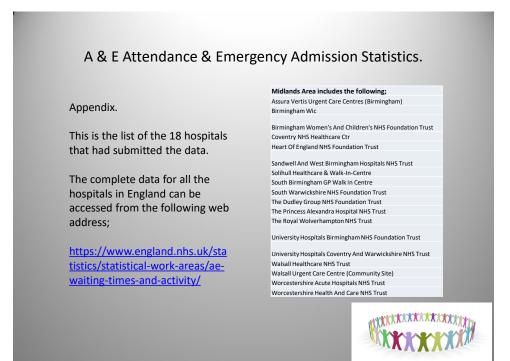
In March 2017, *Next steps on the NHS five year forward view* set three milestones for bringing national A&E performance back to the standard of 95 per cent of patients being seen within four hours:

milestone 1: in or before September 2017 over 90 per cent of A&E patients are seen within four hours
milestone 2: the majority of NHS trusts should meet the 95 per cent standard in March 2018
milestone 3: the 95 per cent standard should be met nationally within the course of 2018.

The first of these milestones was narrowly missed, with 89.7 per cent of people seen within four hours in September 2017 (Figure 2). In our most recent <u>Quarterly Monitoring Report</u>, only 28 per cent of trust finance directors in our survey were very or fairly confident about meeting the second milestone by March 2018.

The four-hour standard is measured across all A&E departments, but performance is poorest in type 1 A&Es. In the latest data for October 2017, 84.9 per cent of patients were seen within four hours in type 1 A&Es, compared to 90.1 per cent across all types of A&E. Only 10 of the 137 NHS provider trusts reporting data for type 1 A&Es saw 95 per cent of people within four hours





Meanwhile.....

STAY WARM!

