

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**

AGENDA ITEM NO:6.....

Date of Meeting:23rd February 2018.....

TITLE OF REPORT:	Patient Story	
AUTHOR:	Hannah Carrington, Engagement Officer	
PRESENTED BY:	Barry Silvert, Clinical Director, Commissioning	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	Following previous board discussions requesting examples of patient stories with regard to the ambulatory care unit, this month's patient stories relate to patients who would like to share their story about their experiences when using this service.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 1 Locality Plan.	<input type="checkbox"/>
	Joint collaborative working with Bolton FT and the Council.	<input type="checkbox"/>
	Supporting people in their home and community.	<input type="checkbox"/>
	Shared health care records across Bolton.	<input type="checkbox"/>
	Regulatory Requirement	<input type="checkbox"/>
Standing Item		<input checked="" type="checkbox"/>
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	For noting.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	N/A	
REVIEW OF CONFLICTS OF INTEREST:	Review of conflicts of interest not required for this report.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	These stories originate from issues raised with the CCG or providers through complaints and incidents.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	This standard report has been considered against the criteria of EIA and an assessment is not considered necessary for this report.	

This is a story of a patient who wished to share their experience with the ambulatory care unit:-

“On the 7th February, after suffering from severe stomach pain, I was seen promptly at my GP practice and referred to the Ambulatory Care Unit with a query kidney stone.

From walking through the door, I was very conscious of the welcoming, professional and caring staff who dealt with me. Every single member of staff was caring and showed empathy to my situation. At no point was anything too much trouble. I was booked in, seen by a nurse and asked to sit in the waiting area. I was kept up to date on what was happening, received an explanation that I would be seen by a doctor when they had all my results and when it was ok for me to drink, I was given a hot drink.

I was seen by a member of the surgical team. I was put at ease from the outset. He took a full medical history, was very patient and made me feel comfortable whilst explaining what had been going on. At all times he was interested in what I had to say, his listening skills were fantastic. I was then sent for x-rays and once back waited to see another member of a particular doctor’s surgical team. I was seen by a member of the surgical team and his colleague who both again went through my history and results, sorted me out with medication and I was then able to go home.

One particular doctor should be very proud of these two young men, they are a credit to the surgical department as are all the staff who looked after me yesterday.

Thank you”.

Patient Story
Ambulatory Care Unit (ACU)

A 24 year old female came to the ACU following an attendance at A&E the previous night, she had attended A&E due to having a 'severe' headache and blurred vision. On examination the only finding was papilledema on her neurology exam, she had a normal CT head and blood results. The likely diagnosis at this stage was idiopathic intracranial hypertension (IIH) and a consultant decision was made with patient discussion to proceed with a lumbar puncture to confirm diagnosis and potentially start treatment.

Unfortunately the patient then waited all day whilst staff tried to locate an available doctor who could perform this procedure, due to the difficulty of finding an available doctor the patient was sent home to return the next day and eventually ended up going to theatre for the procedure. From this experience the patient made a complaint through PALS due to the amount of time she waited for the procedure which caused her increased anxiety as she had a young family at home and a delay in diagnosis.

Following the complaint in order to improve patient experience and provide a timely diagnosis, one of the ANP's who regularly works within this environment undertook a piece of work to look at the problems occurring when a patient requires a lumbar puncture the main problem being the availability of an experience physician to complete the procedure.

The role of the Advanced Nurse Practitioner was further developed to enable them to complete lumbar punctures which provides the patient benefits of a reduced waiting time, often the ANP will have already built up a rapport with the patient whilst examining them which aids in easing anxiety about the procedure. As the ANP will be carrying out the procedure on a regular basis it is hoped they will become a source of training for the junior doctors and also ensure standards are maintained by regular audit.

When re-audited the waiting time was reduced from average 12.5hrs to 1-2hrs when an ANP is on shift. Since undertaking this additional skill I feel the patient experience has vastly improved from the communication of the procedure to ease anxiety, being able to offer the flexibility of having music and in instances whereby it's safe for the patient to return home arranging a mutually convenient time for the procedure. Some of the patient feedback received is detailed below:-

'I feel fantastic' Patient DG post therapeutic Lumbar puncture whereby her headache resolved whilst in the department due to IIH.

'It wasn't as bad as I thought' Patient BD Lumbar puncture completed to confirm meningitis.

'Calm and reassuring manner took the time to answer my questions' Patient SB Lumbar Puncture performed due to IIH'.