

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

AGENDA ITEM NO:6.....

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

TITLE OF REPORT:	Patient Story	
AUTHOR:	Health Watch Bolton	
PRESENTED BY:	Jane Bradford, Clinical Director Governance and Safety	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	This month's patient story focuses on the experiences and feedback received from a recent review undertaken by Healthwatch Bolton regarding the Ambulatory Care Unit.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 1 Locality Plan.	
	Joint collaborative working with Bolton FT and the Council.	
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	
	Standing Item	√
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.	

Introduction:

Healthwatch Bolton is the local consumer champion for health and care services. Its core function is that of gathering comment from its resident and transient populations, aiming to influence local health and care services.

‘Ambulatory Care’ (literally; ‘*care of those able to walk about*’) is a term used within the NHS to cover non-emergency, urgent care given within an acute hospital setting without admitting patients to beds. Ambulatory Care Units are springing up all over the country as a way of reducing unnecessary admissions to hospital and taking some of the pressure off Accident and Emergency Departments.

At the same time the term ‘Ambulatory Care’ is being used to describe key components of the forthcoming sector-based general surgery service, which is the first stage of acute-sector transformation in Greater Manchester. Ambulatory Care is also likely to be present within other specialist services which will be delivered on a sector level in future.

This group have been able to develop an understanding of the ‘Ambulatory Care’ model and have identified that wider engagement with the public on this subject would be useful.

Purpose of the Research:

To address the following questions:

- Do people understand the term ‘Ambulatory Care’?
- How should we describe this type of set up to help people understand what it is and how it works?
- What do patients think of the idea of having a home-ward/virtual ward option.
- What do people see as the Pro’s and Cons of Ambulatory Care
- What specific features would people like to see in a home-ward/virtual ward service - what would they expect from this and need to support them?

The following pages list the comments/feedback received from this review.

What is Ambulatory Care

- The vast majority of respondents do not understand what the word 'Ambulatory' means.
- Quite a few people stated they did not really understand what happened at the Unit.
- Staff also noted that the name did not help them to explain the concept or manage patient (and other staff) expectations.
- There appears to be a lack of clarity *within* the health system as to what the ambulatory care unit is for and who should be referred there.
- Popular suggestions for alternative names included the words 'assessment', and 'out - patient'.
- Those that did understand the purpose of the unit seemed to have previous experience (either having been several times or from elsewhere).
- It should be noted that Ambulatory Care Units are different in different places so people's expectations of what happens there may be based on what they have seen or experienced elsewhere.

What is Ambulatory Care?

I don't know what ambulatory care means

*I don't understand the name Ambulatory Care Unit
"We don't know. Ambulatory to us means 'walking wounded'."*

"We have no suggestions because even after a couple of visits we don't really know what happens here for every patient."

"I didn't know the name Ambulatory Care - I didn't know that's where I was."

"We've just been trying to figure the name out; does it mean people coming in by Ambulance?"

Other professionals don't always seem to understand what the unit is for

The staff nurse holds the surgical bleep and the conversations with GPs can be difficult in that if the GP insists or puts pressure on for a particular patient to be reviewed then the nurse can find that conversation challenging. Whereas if the bleep was held by a doctor there may be a different outcome to those conversations." (staff comment)

"Patients awaiting medical beds are often sent to wait here as there may be pressures in A&E." (staff comment)

"A&E think we should have all the GP patients and some of those patients can be quite poorly. We do find sometimes that inappropriate patients come to us and we can find that four rooms are not enough. There can be pressure on staffing levels too at those times. Sometimes the balance between staffing levels on A&E and here can seem to be in favour of A&E." (staff comment)

What are the Pro's of Ambulatory Care ?

The perceived benefits of the ACU include;

- A quicker, relatively efficient process compared to multiple out-patient appointments or in-patient stays
- Obtaining results/forward plan in one day
- Less negative impact on other responsibilities as a result of speed
- Admissions avoidance
- Less stressful than A and E
- Convenient Location

What are the Pro's of Ambulatory Care ?

Everything gets sorted out,
relatively quickly

"They did a full assessment on me and asked me lots of things."

"The benefits are getting things sorted and not waiting at home for a letter"

"If we had gone to A&E the process would have been much longer but coming here then everything is seen to in one go without much waiting other than the blood results."

"I suppose if there's something wrong I'll find out. GP time is limited and they don't really have the facilities to do tests."

"It's been great. I'd rather sit and wait for the results than have to come back. The speed within which I have been seen has been brilliant."

"If I could have got into see my GP I think he would have referred me here anyway and it would have taken longer. It's cutting out the middleman what's happened today."

"I have been told that I was sent to the best department to deal with my condition as if we had been sent to A&E the process would have been much longer."

"It's much easier for me - I have 3 disabled children - this way I've been able to make all the arrangements I need."

"I'm not sure (of the benefits) other than we get the scan, results and consultation in one appointment rather than be backwards and forwards."

"I was seen in A&E within 5 minutes and it looks like its going to be sorted here today. It's been great care."

What are the Con's ?

The perceived benefits of the ACU include;

- Some people didn't see any benefit of being in the ACU over being treated in A and E
- Some people felt that the ACU was not connected to their normal clinicians and would have rather have been seen by them
- Some people felt being admitted as an in-patient would have been more practical/comfortable
- The transport and logistics of repeat visits to the ACU was difficult for some people

CON'S

What are the PROS of Ambulatory Care ?

The transport element is difficult

"Transport has been difficult coming here twice a day."

"My partner can't always come with me ; my daughter has two young children and for her to bring me, especially at night, is difficult. My treatment today might have been missed today due to her not being able to bring me."

I could have been treated in A and E

"I don't see any benefit."

"I could have stayed in A&E."

"I don't see any benefit. I had the tests in A&E and could have seen a consultant in there. This is just another department."

I would prefer to see my consultant

"I feel distanced from my consultant I was seeing in hospital. I have no contact with him at all and feel that coming to ACU there is nothing being fed back to him and no-one knows my history."

"Ideally an out patient appointment with my consultant I was seeing in hospital. If the problem had gone away it would be fine but this problem is not going away so I don't feel anyone here really knows my case."

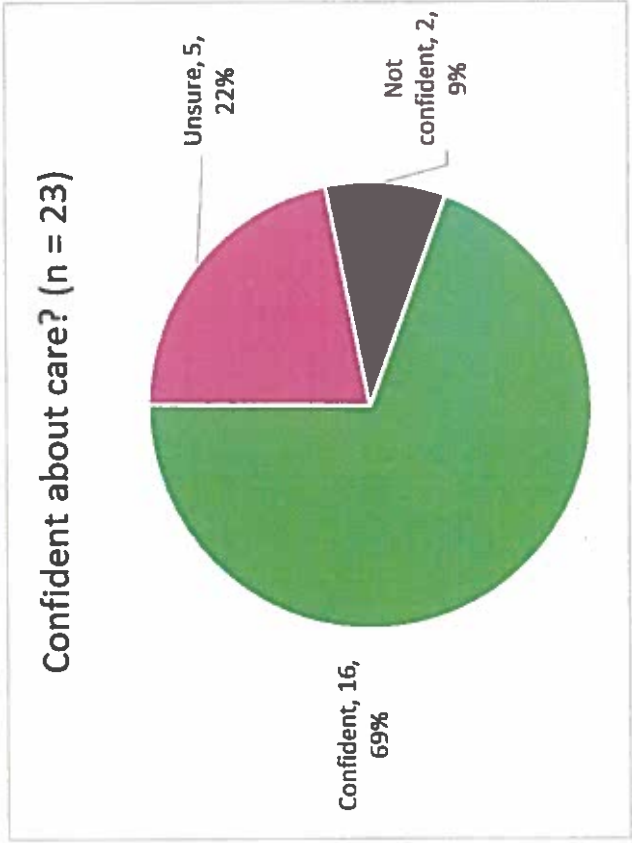
I would prefer to have been an inpatient

"A ward with a bed which is what I thought was happening (would have been better). I could have rested quietly and laid down which would have been more comfortable for me."

"A&E and possible be admitted as an in patient."

Overall Experience

Most people (69%) were happy with their care, felt confident and reassured by their experience and were complimentary to the staff



"I am 100% confident in the care I am receiving."

"Yes. I was very ill last year so I feel very good that they're taking precautions and checking on me."

"I'm confident in the care but the process is slow."

"It's a fantastic service. We can't fault the care and communication is good."

"Nothing. I think they've done everything to the best."

"Nothing. The staff have been great and offered refreshments and the consultant has been lovely and reassuring."

"Nothing. Everyone has been brilliant and answered my questions, providing clear information and offering refreshments."

"Staff have been reassuring."

"It's really good care and they've brought a few people to check so I feel reassured."

