

***NHS CHECK***  
**OLDHAM**

**REPORT 1**

**ACCIDENT AND EMERGENCY  
SERVICES**

**DEBBIE ABRAHAMS MP**

**January 2014**

## Acknowledgements

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- Oldham Metropolitan Borough Council
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Kari Mawhood

John Ramsden

Dominic Thompson

Harpreet Uppal

**Debbie Abrahams MP**  
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## 1. Introduction

1.1 Welcome to my first NHS Check Oldham Report, a quarterly series of reports that will examine how national policies from the coalition Government are affecting local health and care services in Oldham East and Saddleworth. I committed to produce these reports as one of my top ten priorities for Oldham East and Saddleworth following your survey responses about the NHS and care services. These reports are informed by national and local statistics as well as data from other sources, such as patient experiences.

1.2 My first report is focusing on Accident & Emergency (A&E) services at Pennine Acute NHS Hospital Trust and in particular at Royal Oldham Hospital. It examines A&E performance and considers the national and local context, including key factors that may be affecting this. The report also includes case studies provided by local people describing their experiences of local emergency and urgent care at a recent NHS Listening Event, as well as insights provided during a visit to Royal Oldham's Emergency Department in December 2013.

## 2. National Context

2.1 In 2012, David Cameron and the coalition Government passed the Health and Social Care Act in Parliament, an Act that reorganised the NHS from the top-down; which nobody wanted and nobody voted for. The reorganisation cost over £3 billion, money that could have been spent on frontline services. And as Andrew Dilnot, Chair of the UK Statistics Authority reported in 2012, the NHS has also had a real term cut in its budget since 2010. The effects of this have included 6,642 nursing posts being lost from the NHS since the General Election and other clinical posts remaining vacant, including Emergency Care consultants.

2.2 At the same time, £1.8 billion has been cut from social care budgets since 2009/10 so many elderly people are not getting the care they need at home or in the community. This leads to increased demand for emergency care when problems occur. Between 2009 and 2011 A&E attendances for people over 90 years old increased by 30%; for those with the most complex needs and arriving in A&E by ambulance, this increased by 66%. Cuts to social care also mean there are delays in ensuring that appropriate support is available for people at home, delaying their discharge from hospital. Add to this the fall in hospital beds from 141,630 to 136,111 since 2010, and it is clear to see the pressure the NHS is under.

2.3 A&E is like a barometer for the NHS as a whole. It acts as an 'early warning system' for any problems in the NHS. For many people it is their port of call when problems occur in other parts of the system. This year, in spite in a fall in the number of people attending type 1 A&E units over the year, we saw the first summer A&E crisis in living memory with hospitals struggling to treat patients in a timely manner with over a million people waiting over 4 hours in the last 12 months.

### 3. Local A&E Performance

3.1 The staff at the Royal Oldham Hospital (ROH) and across Pennine Acute Trust work hard to deliver good quality emergency care, often in difficult circumstances. But the picture of how our local A&E department is coping this winter is mixed, according to official statistics.

**3.2. Waiting Times** for Pennine Acute Trust, which includes the Royal Oldham Hospital, are published on a weekly basis during the winter and show that A&E units locally have been missing their lowered Government target to ensure 95% of people receive treatment within 4 hours.

3.3 This means that **332 people waited over 4 hours at A&E** in the week ending 15<sup>th</sup> January 2014. **Over the last year, the Pennine Acute Trust has missed its A&E target in 30 weeks out of 52 with an average of 277 patients a week waiting over 4 hours for treatment.** This compares with the England average of 145 people waiting for the week ending 15<sup>th</sup> January.

3.4 Statistics from Pennine Acute Trust for the **Royal Oldham Hospital** show that from 1<sup>st</sup> April 2013 to 31<sup>st</sup> December 2013 the hospital achieved its 95% A&E target on 170 days, missed it on 105 days and averaged 95.01% of people seen within 4 hours.

**3.5 Trolley Waits** are also a big problem during the winter, and are also recorded weekly. They measure the time it takes from A&E staff taking the decision to admit a patient to the time when a bed is found. **147 people waited between 4 and 12 hours** on trolleys at Pennine Acute Trust A&E departments in the week ending the 15<sup>th</sup> January 2014, a reduction of 29 on the week before. This compares with the England weekly average of 36.1 people waiting between 4 and 12 hours, and shows a decline in performance for the Trust from 50 people waiting between 4 and 12 hours at Pennine Acute in the comparable week in the previous year. The **Royal Oldham Hospital** has had no trolley waits in the financial year 2013-14 over 12 hours; with 4.99% of people, on average, waiting between 4 and 12 hours.

**3.6 Ambulances** are also experiencing problems in the time it takes both to respond to calls and in the time they have to queue outside A&Es waiting to transfer patients. In the week ending 15<sup>th</sup> January 2014 **22 ambulances had to queue for over 30 minutes** to transfer patients at Pennine Acute Trust A&E departments. This compares with the England average of 25.8 for the same week and shows a similar performance to the same week in 2013 when 19 ambulances had to queue for over 30 minutes. The **Royal Oldham Hospital** takes on average 550 ambulance presentations each week. Over the past three months ambulance waits at the Hospital average 13 per week, which is around 2.5% of all cases.

3.7 Some patients, particularly the frail elderly, can only be discharged when the hospital is satisfied there is the right care in the community for them to be properly looked after. The number of days that have been lost due to patients being kept in hospital when they are ready for discharge because of insufficient services available at home or in the community is also monitored. For Pennine Acute NHS Trust, in the week ending 15<sup>th</sup> January 2013 **78 days were lost to delayed discharges.** A day of hospital in patient care costs approximately £260 so the delay in discharging patients for this week has cost our local NHS **£20,280.** This compares with the England average of 110 bed days lost and shows an improvement in performance from 86 in the comparable week of 2013.

3.8 At the **Royal Oldham Hospital** over the past month an average between 20% and 25% of total medical patients have been classed as fit for discharge but not able to be discharged for a variety of reasons. At the Royal Oldham Hospital this has varied between 30 and 45 patients per day who are Oldham residents. There are also around 10 Oldham residents on average per day in other Pennine Acute Trust hospitals our other sites who fall into this category. Of these most are delayed because of what is described as “Social Work processes” and most of the individuals have complex social or care issues. Oldham Council’s adult social care expenditure has had a real terms cut of over £10m since 2010/11<sup>1</sup>. Since 2010, Oldham Council has had to make £100m in total savings, with further savings of at least £31m to be made in 2013-15.

3.9 A recent Rapid Assessment & Treatment (RAT) pilot has been introduced at ROH to improve the quality of care provided in A&E included timely access to treatment. Although the ‘time to treatment’ for all patients in A&E has increased since 2011, the ‘time to assessment’ for ambulance arrivals has decreased. A dedicated ambulance triage nurse in each shift is helping to ensure a more efficient assessment on arrival. Other data also suggests performance improvements but significant pressures still remain in the local system.

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<sup>1</sup> House of Commons Library figures

## 4. My visit to the A&E Department at Royal Oldham Hospital

4.1 Statistics can only tell you part of the story and I wanted to find out firsthand how staff at Royal Oldham's A&E department were coping in the current circumstances and what this meant for their patients. I met with clinicians, nurses and managers on a Saturday afternoon in December 2013 who gave me a tour of the department. I also had a chance to speak with some patients, who said how much they valued the care they had received.

4.2 During my visit I saw the whole patient experience, from reception through to the discharge suite. In addition to revising the 'patient pathways' and amending clinical rotas to cope with the busiest times, the department is also going through major expansion work, providing separate and more appropriate, paediatric and adult assessment areas. The department works closely with primary care and ambulance service colleagues as well as with social services. The staff reinforced the importance of integrated care, and that this needed to increase over the long term.

4.3 The staff were very open with me and said they were managing for now but the 'time to assessment' target by a Consultant for an initial diagnosis (60 minutes) is a bit too close for comfort and that weekends are particularly pressured. The time I spent in the department gave me a good insight into how front line staff are dealing with the winter pressures and I pay tribute to them. You can see a video of my visit at: <http://youtu.be/3ivvapVGSAg>



## 5. My NHS Listening Event on A&E

5.1 Last November, I organised a listening event for local people to meet with me and share their stories and experiences of the NHS and social care, as patients and staff. Watch the video of the following case studies on <http://youtu.be/dtGOMLWjGLs>



### 5.2 David's story

David is 73 and lives in Saddleworth. He is reasonably fit, doing a lot of walking and enjoying gardening. One Saturday last September, he had chest pains. He told his wife who took him to A&E at Royal Oldham Hospital. As soon as he got into A&E, he explained what had happened and was provided with a 'red notice'. This meant he bypassed the waiting room and went straight through for an electrocardiogram (ECG), which measures how well your heart is working.

Within 5 minutes he had an ECG. The staff took David's medical history and he was admitted to the Acute Medical Ward. This is a new facility at ROH with about four beds. They did a cardiac enzymes blood test which detected a heart problem.

He saw a doctor the next morning who told him David he had a heart attack and said he would be seen by a cardiologist on Monday morning.

On Sunday afternoon, a cardiac rehab nurse spoke to David about rehabilitation services. On Monday, David was seen by the cardiologist. On Monday evening he was transferred to the cardiac ward.

On Tuesday morning he was transferred to the Silver Heart Unit at Fairfield Hospital in Bury. At midday, David was given an angiogram which identified two blockages in his arteries; two stents were needed to keep the arteries open and it was done there and then.

By Wednesday evening David was discharged. He is now going through cardiac rehab in Oldham.

Overall David's experience was very good and he said he was 'very grateful to the NHS' and in A&E he was dealt with 'very well and very promptly'.

The only criticism he had was concerning the attitudes of some staff to an elderly man on the Acute Medical Unit. Although David said the man was a difficult patient, he felt the staff's behaviour was inappropriate.

### 5.3 Maureen's story

Maureen is 77 and lives in Oldham. She was diagnosed with unstable angina, a type of heart disease around 10 years ago. Angina happens when the arteries of the heart become narrower making it difficult for blood to flow through. This can result in pain or tightness in the chest. Unstable angina means the symptoms vary and are unpredictable.

Maureen has become good at managing her angina, but occasionally when she has an episode she has to go to A&E, because she could be having a heart attack. Normally she is treated quickly at Royal Oldham Hospital (ROH) and sent home, but during a recent angina attack early last year she had to be admitted.

She described, her care from the paramedics who picked her up at home to the treatment she received from the A&E consultant as 'first class'. Because of her condition she didn't have to wait in the reception area but went straight through to a medical assessment unit where she received x-rays, a blood test and Electrocardiogram (ECG) test.

A consultant spoke to her after the tests and said they would like to keep Maureen in overnight so that they could keep an eye on her angina. They wanted to do a further blood test in 12 hours to check if her condition had stabilised. Maureen said the Consultant was, 'Superb' and treated her with respect and dignity. Her additional blood test showed that her condition stabilised and she was discharged the next day.

### 5.4 Julie's story

Julie is in her 40's and lives in Oldham. Last year she became a Mum for the first time delivering a healthy baby boy by caesarean section.

Six months after the delivery she started to feel very unwell and had bad abdominal pains. She didn't want to make a fuss but rang 111 the new NHS telephone service for urgent but non-emergency care. She explained that she had recently had a baby by C-section and was in pain. Julie was taken through some questions but she felt these were not relevant to what she was experiencing, rather more they were reading off a script. She was told a nurse would call her back.

Julie said she had to wait a long time for a call back and was still in considerable pain. Over four hours later after the initial call, she was finally contacted by a nurse who was able to provide medical advice. By this time it was midnight and she was in bed. 'Luckily' Julie said, 'I was on the mend by then'. Julie was disappointed by how long she had to wait for a call back from a medical professional, particularly as she was feeling anxious about the pain.

5.5 A range of other issues and observations were made during the listening event. Everyone who attended the event believed that the NHS was an organisation that we should be rightly proud of. However, it was recognised it is not perfect, and that this was made worse by this Government's policies. The NHS needs to be continually striving to improve

the quality of treatment and care provided, and there is no place for care without compassion.

5.6 Reflecting the points made by A&E staff about better integration between health and social care, this same point was also made at the listening event. It was pointed out that for the cost of a few hundred pounds in aids and adaptations, elderly patients are often delayed from being discharged from hospital, costing another part of the system thousands of pounds. And as we know most people want to get home as soon as possible.

## 6. The Labour Alternative

6.1 I am concerned that David Cameron has left the NHS unprepared for this winter and hospitals are struggling to cope. Nationally there are fewer nurses, fewer beds and fewer senior A&E doctors.

6.2 Adult social care budgets have been cut, and as a result we're seeing more and more elderly people having to go to A&E, and more and more delays in helping them get home again when they've finished their treatment.

6.3 This is a false economy. It is why Labour has said **we will bring health and social care together into a single service**, to put an end to the situation where older people are having to go into A&E because the help isn't there at home or in the community.

6.4 We would also reinstate the requirement that **GPs must offer an appointment within 48 hours**, which the coalition Government abandoned in June 2010, to ensure patients are able to access primary care services.