



**WHOLE SYSTEM TRANSFERS OF CARE
SCRUTINY REVIEW
FINAL REPORT**

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1.0 Foreword

- 1.1 The Committee made the decision to undertake this review based on a number of concerns raised during consideration of Blackpool Clinical Commissioning Group key performance data. Following investigation it was considered that the key issues identified for review of accident and emergency waiting times, ambulance handovers, delayed transfers of care and bed shortages were all interlinked together and that the most appropriate approach would be to undertake a review of the Whole System.
- 1.2 The importance of the Winter Plan was also revealed when it was shown that the increased demand on services during winter had a knock on effect throughout the year and services were often playing 'catch up'.
- 1.3 This was the first scrutiny review undertaken since I became Chairman of the Adult Social Care and Health Scrutiny Committee and the subject matter was wide ranging and has such a significant impact on patients and their families that I was keen to ensure that a thorough approach was taken.
- 1.4 I would like to thank my fellow Members who participated in the review and asked thoughtful and challenging questions, all the officers from partner NHS organisations and Adult Services at the Council who attended to answer the questions and Sharon Davis, Scrutiny Manager who supported the review.
- 1.5 I would also like to highlight the hard working frontline Adult Social Care and NHS staff who work in often difficult and challenging roles and often receive limited praise for their dedication.

Councillor Hobson
Chairman, Adult Social Care and Health Scrutiny Committee

2.0 Background Information

- 2.1 At the Adult Social Care and Health Scrutiny Committee on 11 July 2018, Members agreed to establish two scrutiny reviews on delayed transfers of care and bed shortages and accident and emergency waiting times and ambulance handovers.
- 2.2 Following the scoping of the reviews and further discussions with relevant officers, it was determined that one review considering the whole system would be more appropriate. There is a strong correlation between each delay and each stage of a care pathway from an ambulance handover through to delays at accident and emergency, transfers between hospital wards and through to discharge from hospital either to home or to care in the community.
- 2.3 The impact of Winter Planning was also considered to be an issue of key importance and the correlation between winter pressures and delays in the system year round. It was therefore agreed with the Chairman that Winter Planning would also form a key consideration of the review.
- 2.4 A large amount of preparatory work was undertaken to identify the following key areas for consideration in the review:
- Winter Plan
 - Demonstration of patient flow
 - Key data demonstrating bed shortages and delays
 - Plans already put in place and the impact of those plans
- 2.5 The ways in which the service user's perspective were considered in detail by Members and it was noted that a gap remained in the links between the Committee and patient groups other than Healthwatch. It was noted that work was ongoing to strengthen these relationships and that for this review the view of the service user would be reflected through stories in the local press, anecdotal evidence presented by members of the public to Members of the Panel and personal experience of service use.
- 2.6 This review relates to the following priority of the Council:
- Communities: Creating stronger communities and increasing resilience.

3.0 Methodology

3.1 The Review Panel used an in a day approach to scrutiny and held one meeting to consider Whole System Transfers of Care, as follows:

Date	Attendees	Purpose
12 November 2018	<p>Councillors Hobson (in the Chair), Mrs Callow, Callow, Elmes, Humphreys, Hutton, O'Hara and Mrs Scott.</p> <p>Kate Aldridge, Head of Delivery and Performance, Blackpool Council</p> <p>David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group</p> <p>Victor Crumbleholme, Commissioning Officer, Fylde and Wyre Clinical Commissioning Group</p> <p>Suzanne Endersby, Interim Programme Manager, Urgent Care – Fylde Coast</p> <p>Katharine Goldthorpe, Head of Quality Improvement, North West Ambulance Service</p> <p>Berenice Groves, Interim Director of Operations for Unscheduled Care, Blackpool Teaching Hospitals NHS Foundation Trust</p> <p>Phil Horner, Deputy Head of Operations, Lancashire Care Foundation Trust</p> <p>Les Marshall, Head of Adult Services, Blackpool Council</p> <p>Charmaine McElroy, Business Manager, Blackpool Clinical Commissioning Group</p> <p>Gill Nixon-Smith, Adult Social Care Service Manager, Blackpool Council</p> <p>Maxine Power, Executive Director of Quality, Innovation and Improvement, North West Ambulance Service</p> <p>David Rigby, Sector Manager West, North West Ambulance Service</p> <p>Karen Smith, Director of Adult Services, Blackpool Council</p> <p>Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust</p> <p>Heather Tierney-Moore, Chief Executive, Lancashire Care Foundation Trust</p> <p>Sharon Davis, Scrutiny Manager</p>	<p>To receive information relating to Whole System Transfers of Care including Winter Planning, Accident and Emergency waiting times and discharges.</p> <p>To identify recommendations and next steps.</p>

4.0 Detailed Findings and Recommendation

4.1 Context of the Review

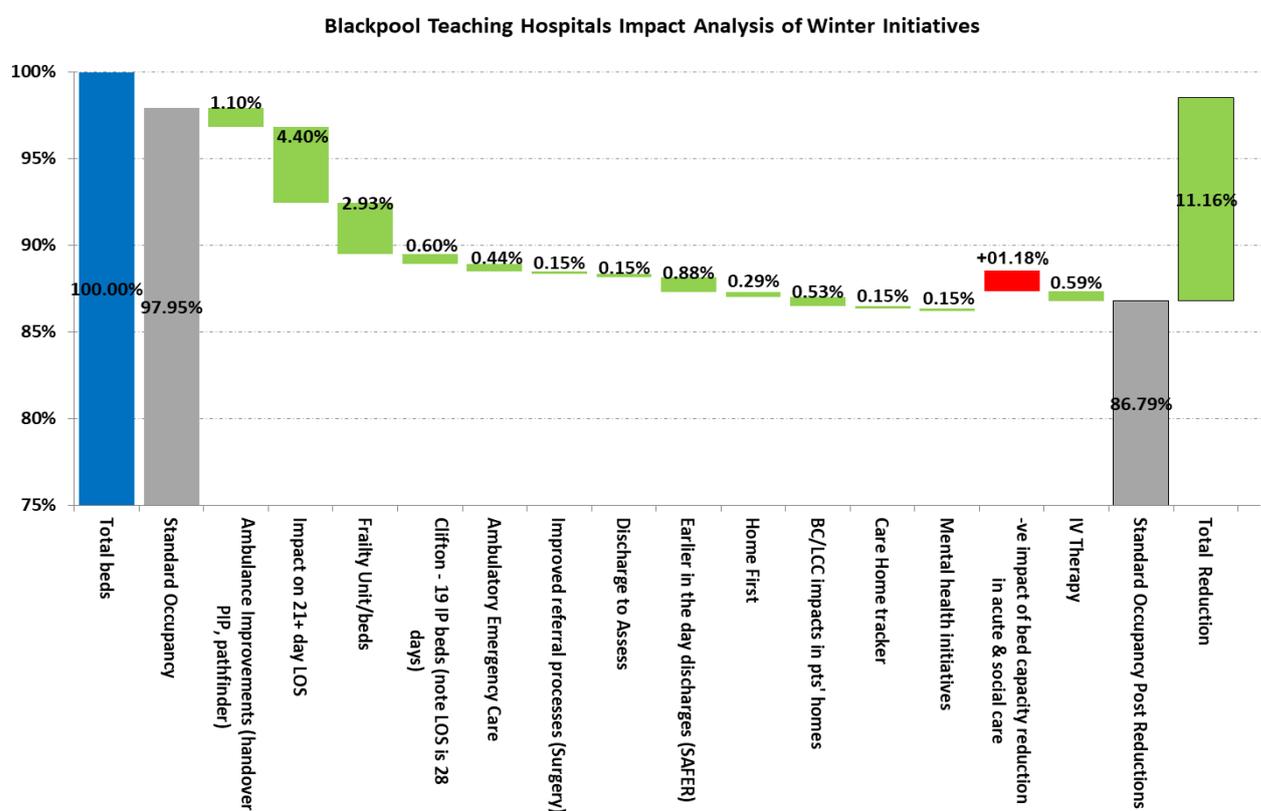
- 4.1.1 At its meeting in July 2018, the Adult Social Care and Health Scrutiny Committee considered Blackpool Clinical Commissioning Group Performance and noted a number of key concerns including the number of patients waiting more than four hours in accident and emergency, full bed occupancy and patient flow from the hospital to other facilities such as Lancashire Care Foundation Trust's (LCFT's) Harbour facility and residential care.
- 4.1.2 The review panel meeting was set up to provide an opportunity for Members of the Committee to discuss the key issues with a range of NHS providers and Commissioners in order to make recommendations for improvement.
- 4.1.3 During the course of the review, Members recognised that NHS and Social Care frontline staff needed support during difficult times and noted their hard work and dedication.

4.2 Winter Planning

- 4.2.1 The Panel recognised the impact of the winter season on transfers of care throughout the year and received a copy of the 2018/2019 Fylde Coast Winter Plan. The Plan had been jointly written by NHS organisations, Blackpool Council, Lancashire County Council and the Fylde Coast Integrated Care System, and organisations had challenged each other to achieve the best plans possible. Berenice Groves, Interim Executive Director, Fylde Coast Integrated Care Partnership, Blackpool Teaching Hospitals NHS Foundation Trust presented the key aspects of the Plan to Members.
- 4.2.2 The key aims of the Plan included:
- Reducing the numbers of stranded (seven – 20 days) and super stranded (21+ days) patients
 - Reducing the number of delayed transfers of care
 - Reducing the length of patient stay
 - Providing additional and escalation capacity
 - Achieving national ambulance, accident and emergency and scheduled activity standards
- 4.2.3 In order to achieve the key aims of the Plan, three workstreams had been identified around admission avoidance, care and treatment and return to home and a series of 'winter programmes' had been developed for implementation in quarter three of the year.
- 4.2.4 Members particularly noted the following 'winter programmes':

- Additional staffing to provide a minor injuries service 24/7 external to the emergency department.
- The introduction of a patient flow team and process including a head of department. The new team provides a corporate function and will be able to oversee all patient pathways.
- An additional 19 escalation beds at Clifton Hospital from the 6 November 2018 to support the frailty pathway from the front door.
- The change of Ward 24 at Blackpool Victoria Hospital to an acute medical ward from the 6 November 2018 to provide an increased number of beds in acute medical, the type of bed needed the most.
- A threshold and trigger process to utilise Ward 39 at Blackpool Victoria Hospital as a further acute medical ward when necessary.
- The expansion of the Mental Health Liaison Team nurse levels and consultant psychiatry including the use of the Psynergy vehicle.

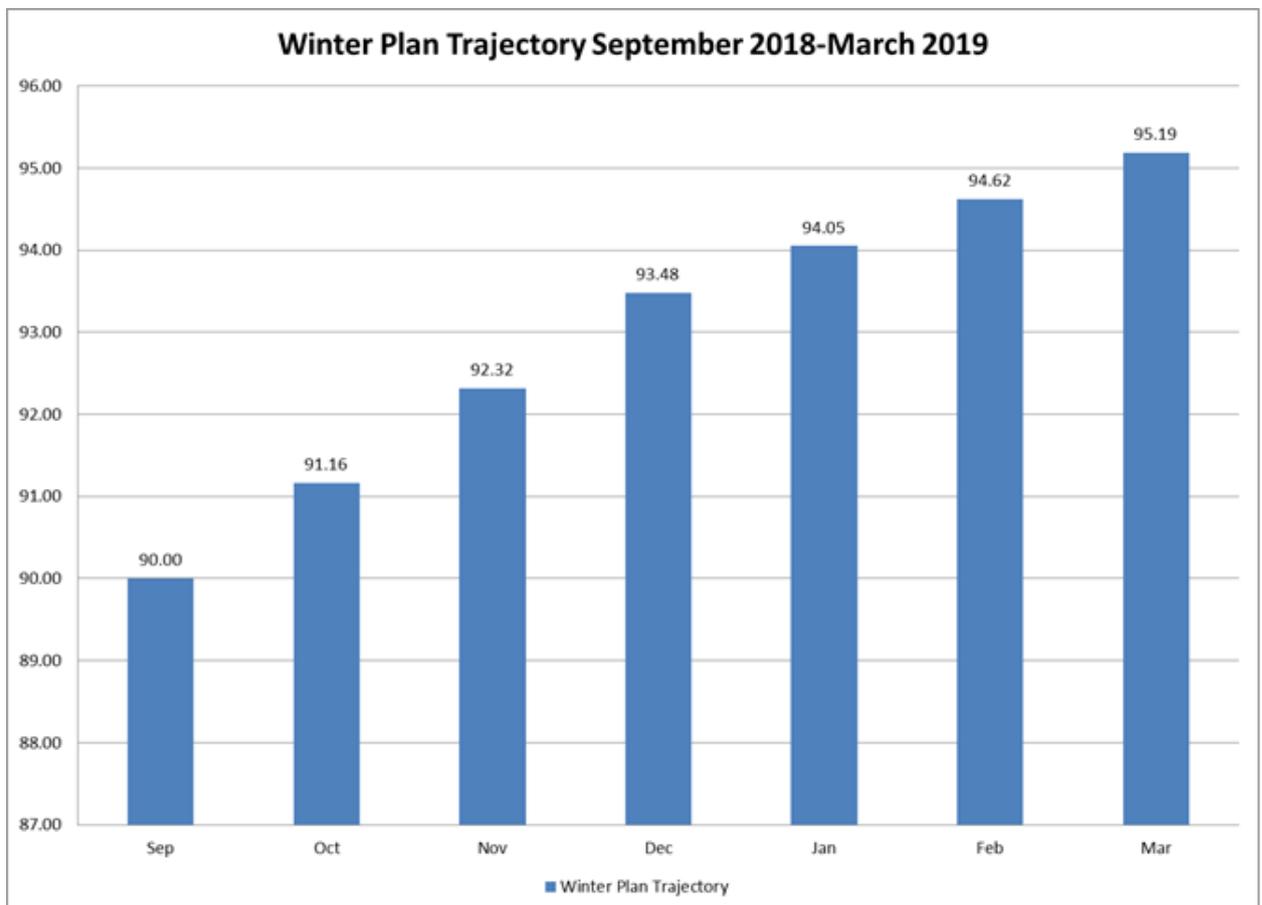
4.2.5 Members were informed that an analysis had been undertaken of the impact of the implementation of all of the initiatives and that a total reduction in bed occupancy of 11.16% had been predicted if all were achieved as demonstrated in the chart below.



4.2.6 In order to monitor the success of the Winter Plan a series of monitoring indicators had been developed and would be considered and reviewed on a daily basis. These indicators included Accident and Emergency Performance, Bed Occupancy, Average Length of Stay,

Ambulance Handovers and Delayed Transfers of Care amongst others. The Trust would be proactive and react accordingly, using escalation procedures where required to address concerns identified.

- 4.2.7 The additional investment required to implement all of the winter programmes was estimated to be £3.5million. It was noted that a system investment of £2.5million had been achieved, leaving an additional £1million required, but that there had been no impact on delivery caused by the deficit.
- 4.2.8 The risks that might prevent delivery of the winter plan were considered to be getting the discharge process right, recruitment of workforce for both hospital beds, accident and emergency and North West Ambulance Service and for social and primary care capacity. In addition, another harsh winter was a concern as well as a number of 'what ifs', including the potential closure of a care provider, the flu being worse than expected and unknown additional incidents.
- 4.2.9 The Winter Plan performance trajectory was considered to date and it was noted that performance had not met targets in September 2018. In order to achieve a performance of 95% at the end of March 2019, 92% must be achieved in November 2018. It was noted, however, than any performance over 90% would be an improvement.



- 4.2.10 An overview of the winter communications to members of the public was provided including the national campaign for Self Care Week. Other communications regarding the flu vaccination, staying well, extended access and NHS 111 were all planned. The Panel was also informed by Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust that she had undertaken an interview with the Blackpool Gazette in order to raise public awareness regarding accident and emergency and the right time to attend. The Gazette would be running a number of stories over the winter highlighting the pressures and promoting key issues to the public.
- 4.2.11 Speaking of winter 2017/2018, David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group reported that all partners were committed to ensuring previous mistakes were not repeated. He reported that the Accident and Emergency Delivery Board was monitoring the implementation of the plan and partners were challenging each other.
- 4.2.12 The Panel commented that despite reassurances that previous winter plans had been robust they had not had the desired impact. The Chairman highlighted that accident and emergency waiting times had instead continued to significantly increase each winter leading to negative front page reports in the local newspaper. He queried why the 2018/2019 Plan would be different. In response, Mr Bonson advised that winter plans in previous years had not been as robust as the plan for 2018/2019. He reported that services were more prepared, had undertaken more analysis and put in place 'real' plans which they were taking accountability for.
- 4.2.13 All partners would be accountable for the provision of services and were holding each other collectively responsible. Each organisation had their own specific winter plan and had also contributed to and signed off the overarching plan. Implementation and success measures would be positively monitored within a no blame culture.

4.3 Ambulance Handovers

- 4.3.1 The speed of ambulance handovers at Blackpool Victoria Hospital had reduced by approximately seven minutes in the space of a few months in autumn 2018 due to the implementation of new initiatives. David Rigby, Service Delivery Manager, North West Ambulance Services (NWAS) reported that there was a group working across Lancashire on the improvement of ambulance handovers. In order to achieve the improvement, focus was being placed on the quicker assessment of patients and streamlining the information transferred to the staff in the emergency department.
- 4.3.2 Despite the reduction in handover time, the performance at Blackpool of 28 minutes was a long way off the best performing handovers which were around 12 minutes. The Panel noted that the number of ambulance attendances at the emergency department in Blackpool was significantly higher than in other areas and considered the additional pressures on the ambulance service during the many events held in Blackpool.

- 4.3.3 The working relationship between the Council and NWAS during events was described as good. However, Mr Rigby did express concern that the Ambulance Service had to cover all additional costs of servicing large scale events. He also added that the roadworks carried out had a significant impact on the speed at which ambulances could reach patients. NWAS was a contributor to the Safety Advisory Group that discussed such issues.
- 4.3.4 He added that approximately 35% of all patients attended to by NWAS were now left at home with appropriate care, which was making a valuable contribution to 'attendance avoidances' in the emergency department. It was considered that any contribution to alleviate the pressure of attendance at the hospital would contribute to alleviating the pressures in the discharge process. As a result of the reduction in the number of attendances, the patients that were transferred to the emergency department tended to be difficult and serious cases.
- 4.3.5 Maxine Power, Executive Director of Quality, Innovation and Improvement, NWAS added that further work would be undertaken to focus on the handover process by looking at it through the eyes of a patient. Interviews were being carried out with friends, family members and patients in order to find improvements. She added that the reduction of seven minutes per ambulance handover resulted in an additional eleven hours of ambulance time in the community a day based on an approximate 100 handovers undertaken each day. This demonstrated that small changes could equate to a big change.

4.4 Delays at Accident and Emergency

- 4.4.1 It was reported that an additional 1,000 attendees at accident and emergency and urgent care facilities were expected in November 2018. The increased attendances at certain times of the year ultimately had an impact on services year round. However, Members were assured that the additional attendances had been anticipated fully and services were ready. As mentioned during the information provided on 'winter programmes' additional beds have been made available.
- 4.4.2 It was noted that an additional 19 beds would be provided at Clifton Hospital from 6 November 2018, with a further 24 provided at Blackpool Victoria Hospital on Ward 24. If thresholds were met, Ward 39 at the hospital would also be converted to provide an additional 30 beds. The Panel queried if the impact of the additional beds to be provided was optimistic based on the scenario planning¹ that had been undertaken and was advised that the Estates Team at the hospital had been tasked with identifying any potential locations from extra beds and the required oxygen points. It was considered that acute medical beds were most required and the use of modular wards had been considered. However, the introduction of modular wards would not have been

¹ Scenario Planning, Fylde Coast Winter Plan, NHS, Blackpool Council, Lancashire County Council, Fylde Coast Integrated Care System, Section 3.2

achievable in the timescale required. It was suggested that if all the initiatives to prevent attendances at accident and emergency had the desired impact then the additional number of beds would be enough.

- 4.4.3 When discussing the information received at the meeting, Members considered the arrangements in place for visitors to hospital wards and the discord with 'visitors' to accident and emergency. It was suggested that guidance be considered to ease the appearance of a full department in the same way that access to wards was limited. It was considered that the feelings of congestion within accident and emergency exacerbated the situation and attendance by whole families created a feeling of services being overburdened even when there were no issues with over-demand.

Recommendation One

That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.

4.5 Mental Health in Accident and Emergency

- 4.5.1 Phil Horner, Deputy Head of Operations, Lancashire Care Foundation Trust, expanded on the use of the Psynergy vehicle as a preventative tool for reducing the number of inappropriate mental health attendances at Accident and Emergency. He reported that the vehicle was in use in Blackpool and operated by the North West Ambulance Service (NWAS) and Lancashire Constabulary. A local team was providing the service and had built relationships with regular service users. He reported that a pilot of the project had taken place in June 2018 and during that month, when every other accident and emergency department had witnesses and increase in mental health attendances, the number in Blackpool had reduced.
- 4.5.2 At the time of writing the report, night time cover provided by Psynergy was more limited, however, recruitment had recently concluded in order to provide a 24 hour service. The vehicle responded to people in crisis and was quite often use to pick up those patients that might otherwise have been transferred to accident and emergency. When mental health patients were transferred to accident and emergency they were often the patients experiencing the '12 hour breaches' of patient waiting time as the emergency department was not equipped to deal with mental health patients suffering from a crisis. It was reported that early indications demonstrated that the service was having an impact and was allowing more timely intervention by mental health professionals in a better environment than the emergency department.
- 4.5.3 The Mental Health Liaison Team was considering how to improve mental health triaging in the accident and emergency department. It was noted that there was often a

presentation of mental illness caused by alcohol and drug misuse that required alternative service provision. It was noted that the Richmond Fellowship provided social support in the mental health decision unit.

4.6 Primary Care and NHS 111

- 4.6.1 Members discussed the effectiveness of the NHS 111 service in preventing attendances at accident and emergency. Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust advised that there were no real statistics to demonstrate the impact of NHS 111.
- 4.6.2 Maxine Power, North West Ambulance Service (operators of NHS 111) reported that there was a clear increase in usage of NHS 111 when primary care alternatives were closed such as evenings and weekends. She added that NHS 111 referred fewer patients to accident and emergency than was often perceived. The key to providing a good service to patients using NHS 111 was an up to date and complete directory of services.
- 4.6.3 The route a patient may take was discussed in detail, from calling NHS 111, making a GP appointment, attending an extended access appointment, attending a walk in centre to attendance at accident and emergency.
- 4.6.4 The breadth of appointment type and option was cited as a potential problem. It was considered that there was a fine line between giving patients more choice and so much choice that it became confusing. It was also suggested that whilst accident and emergency provided solutions for patients there was no reason for them to stop attending the emergency department for issues that could and should be treated elsewhere.
- 4.6.5 The extended access appointments were also an area of concern for Members. The appointments were only available at three venues across the Fylde Coast and it was suggested only 65% of all available appointments were utilised. Patients trying to access services who were unable to get a same day GP appointment were more likely to attend the walk in centre and may also contribute to inappropriate attendances at accident and emergency.
- 4.6.6 The role of the Neighbourhood Hubs was considered in supporting a single point of access to services. It was noted that the hubs were operational and included social workers, voluntary sector representatives and were becoming more multi-disciplinary. It was noted that NWAS was considering opportunities to refer patients directly to the Neighbourhood Hubs, which if implemented would be a positive outcome.

Recommendation Two

That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of

appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.

4.7 Discharge from Hospital

- 4.7.1 A key initiative of the winter plan was to improve **patient flow** through the hospital through the introduction of a new team that would bring together knowledge of all patients in the hospital and their pathway through services. The new team had sight of all systems, knew the location of all available beds and were able to oversee all patient pathways. It was hoped that the team would have a significant impact on delayed transfers of care throughout the hospital.
- 4.7.2 The focus on patient flow, in a complex building would ensure that better systems could be introduced where required and that the hospital was more prepared to take action to further a patient's journey. It was noted that a wide range of data was available and the hospital knew which days were busier than others and the team could prepare accordingly.
- 4.7.3 Victor Crumbleholme, Commissioning Manager, Fylde and Wyre Clinical Commissioning Group added that beds could be freed up in advance of busy times based on the data collected and 'red days'² could be planned and anticipated for.
- 4.7.4 It was recognised that discharge processes required improvement and the Patient Flow Team would address discharges as another step in the patient's pathway. The Team was providing a greater visibility and constant knowledge of patients. When a patient was first admitted, it should be clear what their pathway was, the clinical care required and when they would be discharged, all contributing to more expedient discharge processes.
- 4.7.5 Karen Smith, Director of Adult Services, Blackpool Council advised that additional social care staff had been provided to assist improvements in discharge systems. She spoke about the problems that staff had in parking at the hospital, among other small issues, highlighting that the issues were preventing workers from carrying out their roles effectively.
- 4.7.6 The Panel provided anecdotal evidence that a large number of delayed discharges from hospital were caused by delays in receiving prescriptions from the pharmacy. It was accepted that this was the case and Blackpool Teaching Hospitals NHS Foundation Trust advised that the main contributors to delays were known and were being looked at, citing delays caused by diagnostics and the plans put in place to increase provision.

² 'Red day' – A red day is a day of no added value for a patient. A Green day is when a patient receives value adding acute care that progresses their progress towards discharge. A Green day is a day when everything planned or requested gets done.

- 4.7.7 The Panel also considered the discharge of patients who did not live in Blackpool. It was reported that similar arrangements were in place in Lancashire to those in Blackpool. Fylde and Wyre Clinical Commissioning Group was one of the highest performing in this area. It was noted that 'border issues' were experienced by all Trusts, however, that 85% of all patients at the hospital were from Blackpool, Fylde or Wyre. She added that communication and negotiation did take place amongst areas to repatriate patients.
- 4.7.8 The Panel went on to consider the relationships between the Trust and Care Homes and the level of repeat attendances from care home residents. It was suggested that stronger, more robust relationships between care homes and the Hospitals Trust would be of benefit to patients and ensure that care plans were kept up to date and communication was improved. It could also speed up discharges to care homes.

Recommendation Three

Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.

Recommendation Four

That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the meeting in July 2019.

Recommendation Five

That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.

Recommendation Six

That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.

4.8 Funding

- 4.8.1 The Department of Health and Social Care had provided additional funding for councils to spend on adult social care services to help alleviate winter pressures on the NHS. The funds given to Blackpool totalled £903,685.

- 4.8.2 Karen Smith, Director of Adult Services, Blackpool Council advised that the money had been spent to ensure that existing schemes continued. If the additional funding had not been received it might have been necessary to withdraw some service provision.
- 4.8.3 Members noted that during the presentation on the winter plan it had been indicated that there was a £1million shortage of funding. David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group advised that contracts had been amended from payment for activity to an amount based on the level of funding required to run services effectively. Although the winter plan programmes had been originally costed at £3.5million, the cost was being revisited and refined to ensure value for money. All organisations had committed to funding the initiatives and they would all be implemented.

4.9 Communication

- 4.9.1 It was accepted that more people were using the internet and social media both to inform themselves regarding potential conditions and to receive information regarding service provision. It was reported that NHS 111 was developing an online portal and that pilots had been undertaken. It was further noted that online service provision would not suit all patients.
- 4.9.2 The NHS website contained a lot of information relating to symptoms and conditions and could be promoted as a reliable way to access information about potential health problems.
- 4.9.3 Despite daily messages in GP surgeries relating to the number of missed appointments, there continued to be a large number of 'did not attends' to both GP and outpatient appointments. Ways of escalating reminders to prevent the waste of resources were considered including not bringing patients back for automatic follow up appointments.
- 4.9.4 Despite a good level of communication, uptake of the flu vaccine had remained low.
- 4.9.5 Members noted that patients often deferred appointments or missed appointments due to a 'fear' of finding out that something might be wrong with them. It was considered that this needed to be addressed through positive promotion.
- 4.9.6 It was also considered that a lot of the language used by the press such as 'failure', 'crisis' and 'drowning' sent the wrong message to residents and a more positive communication was required. Reference was made again to the weekly press interviews that Wendy Swift had arranged and Members considered their own role in communication and ensuring that residents had improved knowledge.
- 4.9.7 Members did consider that partners could improve the use of their own social media in order to raise awareness of waiting times at accident and emergency and walk in centres and the number of available GP appointments available that same day. When a patient

arrived at the emergency department it was unusual for them to leave again to find an alternative despite long waiting times. It was suggested therefore that the onus must be on preventing the patient from arriving at the hospital. To that end Members made a number of recommendations.

Recommendation Seven

That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.

Recommendation Eight

That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.

Recommendation Nine

That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately to leave again, preventing having paid for parking being the only reason why a person would wait and not try an alternative, more appropriate avenue.

Recommendation Ten

That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.

5.0 Summary of Recommendations

Recommendation One

That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.

Recommendation Two

That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.

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Recommendation Ten

That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.

6.0 Financial and Legal Considerations

6.1 Financial

6.1.1 With regard to the financial implications for Blackpool Council, the Adults Directorate have invested “at risk” in services supporting the Fylde Coast Winter Plan as National Government funding has only been confirmed until 31 March 2020. Some recommendations would have financial implications for NHS organisations and these implications would need to be considered by the relevant organisation prior to implementing any of the recommendations

6.2 Legal

6.2.1 NHS organisations are required by regulations to respond to health scrutiny reports and recommendations within 28 days of the request. Respondents should take the evidence presented seriously, giving a considered and meaningful response about how they intend to take forward recommendations.

Whole System Transfers of Care Scrutiny Review Action Plan

Recommendation	Councillor Cross, Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
<p>That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.</p>	<p>Agreed in principle, giving allowances for difficult situations.</p>		<p>July 2019</p>	<p>Wendy Swift</p>		

<p>That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.</p>	<p>Agreed. Suggest that the recommendation goes further to include immediately increasing advertising of extended access appointments in the local population and training staff to make sure they make people aware of appointment availability.</p>		<p>July 2019</p>	<p>David Bonson</p>		
<p>Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.</p>	<p>Agreed, with an emphasis on what actions can be taken to address the delays.</p>		<p>July 2019</p>	<p>Wendy Swift</p>		

<p>That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the meeting in July 2019.</p>	<p>The moves made to date to accommodate Council staff parking at the hospital are welcomed. In addition, the Cabinet Member would like discussion to see if the offer extended to others such as residential care workers who facilitate discharge of residents.</p>		<p>July 2019</p>	<p>Wendy Swift</p>		
<p>That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.</p>	<p>It is recognised that conversations have already taken place about the issue and an update on progress in July 2019 would be appreciated.</p>		<p>July 2019</p>	<p>Wendy Swift Karen Smith</p>		

<p>That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.</p>	<p>Agreed. In particular better notice provided of discharge to allow residential and domiciliary care staff to better plan for discharge of their residents and patients.</p>		<p>July 2019</p>	<p>Wendy Swift</p>		
<p>That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.</p>	<p>Agreed and would support use of the Council's Communications Team to support in delivering the recommendation as a partner.</p>		<p>July 2019</p>	<p>Wendy Swift David Bonson Karen Smith</p>		
<p>That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.</p>	<p>Agreed.</p>		<p>July 2019</p>	<p>Wendy Swift</p>		

<p>That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately to leave again, preventing having paid for parking being the only reason why a person would wait and not try an alternative, more appropriate avenue.</p>	<p>It is understood that the recommendation would be difficult to police and implement, however, any consideration that could be given to this scenario would be appreciated.</p>		<p>July 2019</p>	<p>Wendy Swift</p>		
<p>That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.</p>	<p>Public Health already takes responsibility for generalised health messaging. It is not considered appropriate for the Council to become involved in any NHS messaging in order to avoid confusion over governance surrounding Council and the NHS.</p>		<p>July 2019</p>	<p>Arif Rajpura</p>		