

Builth and Llanwrtyd Medical Practice initial response to Clinical Governance Support and Development Unit report

2nd August 2007

Background

An interim report (available for download here in pdf form) from the Clinical Governance Support and Development Unit (CGSDU) has identified serious concerns with the provision of Minor Injuries Services (MIS) at Builth Hospital. This emerged as part of a wider review into the arrangements for clinical governance and patient safety within the provider services of Powys Local Health Board. It has been suggested by the CGSDU that the best way of resolving these concerns is to transfer the MIS from the hospital to the GP surgery in Builth Wells.

This paper details the practice response to this proposal.

Areas of concern

The CGSDU felt that the MIS in Builth was of concern because:

1. There were not enough patients attending the unit to ensure continued staff competence in providing appropriate treatment
2. Patients did not appreciate the limitations of the service provided by the MIS and this could result in patients with serious conditions attending inappropriately thus delaying their treatment
3. Unscheduled closures of the MIU meant that patients arrived when the unit was closed, with nurses then having to leave their ward duties to deal with problems. The CGSDU acknowledged that similar problems may exist in other MIUs in Powys, and that their focus on Builth (and Newtown) resulted from the incidents that had been brought to their notice during their initial examination of Powys LHB board and management team's role, and that patient safety and clinical services across Powys have yet to be reviewed.

Practice response

The practice's primary concern, like the CGSDU and Powys LHB, is to ensure an equitable and safe MIU service to people in the Builth Locality. The practice agrees that patients have a right to expect, in the words of the CGSDU report, 'safe services as locally as possible'.

The practice notes that, following the clinical incident in 2006, remedial action was taken and a staff member disciplined. All staff providing cover for the unit have since received a basic level of training and the hours of opening have been reduced so that a doctor from the practice is always available to provide medical cover.

Staff have been commended by the clinical governance department at the LHB for the way they dealt with a recent medical emergency attendance at the MIU out of hours.

The practice does not feel that a precipitate wholesale transfer of MIS from the hospital to the surgery is the appropriate initial response to the concerns raised by the CGSDU report for the following reasons:

1. Simply transferring the service does nothing to improve its safety. The practice currently has no facilities to provide MIS, unlike the hospital which has a well equipped MIU room. The level of medical supervision of the service would be no different in the practice from that provided in the hospital and the service would still be largely provided by nurses. Of the 4 practice nurses, only one has any MIU experience, whereas all the nurses working in the MIU have at least a minimal level of training, and more current experience, albeit limited.
2. Similarly, transferring the service will not increase the number of patients attending the service, and will therefore do nothing to ensure continued staff competence.
3. Provision of the service from the surgery would not resolve issues of inappropriate attendance. This has more to do with patient expectations – despite the fact that it has been widely advertised that the MIU service at the hospital has limited hours, patients continue to attend out of hours and nurses have to attend them. If anything confusion amongst patients would be greater since they would be expecting an equivalent service to that provided from MIUs in other neighbouring hospitals. The issue of unscheduled closures mentioned in the CGSDU report is largely historical – the hospital now has a more acceptable level of nurse staffing and the MIU has been operating on fixed but limited opening hours without change for many months.
4. The relocation at short notice of MIU services into the practice could compromise the existing services provided by the practice. The surgery focuses strongly on providing GMS services and would have to amend current staff timetables, arrange appropriate training (taking staff away from existing duties), and rearrange facilities and opening times to provide even a basic MIS.
5. Very importantly, the level of service provided from the surgery could not equate with that provided, for example, by the MIU in Brecon Hospital. Patients in Builth would therefore not have an equivalent level of service to patients in neighbouring localities, and would be in greater danger of receiving a substandard service than they are currently.
6. Even though the issues raised by the clinical incident in the Builth MIU are significant, the CGSDU has not examined practice in other MIUs where similar problems may exist. A more measured approach to the provision of MIU services across Powys is needed to ensure that all patients receive an equitable and safe service, rather than an isolated response at short notice in one locality.

Summary

The practice is committed to ensuring its patients receive a safe and effective MIS, and will continue working with the CGSDU and LHB to achieve this. Precipitate closure of the MIU in Builth hospital, and relocation of MIS to the surgery which is does not have either the facilities or trained staff to provide such a service is not an appropriate way to respond to the concerns raised in the CGSDU interim report, and a more measured response to developing equitable and high quality MIS across Powys is required.

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