

If calling please ask for:
Nadine Armitage

North Manchester General Hospital
Delaunays Road
Crumpsall
Manchester
M8 5RB

Telephone: 0161 918 4491

Our ref: JOS/06151

Date: 22nd June 2015

Strictly Private & Confidential
Only to be opened by addressee

Dear Councillor McLaren,

I am writing in response to the recommendations outlined in the Joint Health Overview and Scrutiny Committee's '*Review of Elective Access within the Pennine Acute Hospitals NHS Trust*' that was prepared in March 2015.


The Joint Committee outlined 5 recommendations which have been discussed with relevant leads at The Pennine Acute Hospitals NHS Trust. The responses are noted as follows:

- 11.1 *The Joint Committee would want to see test results being consistently notified to patients and their GPs within an agreed and publicised timescale, as with discharge letters*

The Trust works collaboratively with GPs to improve clinical communications between hospital clinicians and GPs. A Clinical Communications Group has been established with representatives from all four localities to improve communication. The group has made significant progress to improve discharge letters, now known as Handover of Care Communication documents, and the remit of the group is to review other documentation including communication of test results. There are publicized timescales for all pathology investigations to be reported and electronic pathways are used to notify GPs of pathology results. The Clinical Communication Group will lead on reviewing test result reporting to GP practices with the involvement of secondary and primary care clinicians. To support the reporting of test results a significant IT project is in progress to improve reporting systems. This is an important foundation for improving reporting processes and communication with GPs and patients.

- 11.3 *The Joint Committee would ask the Trust to take forward proposed work on scheduling of tests to avoid multiple visits to hospital.*

The Elective Access team supports this recommendation and avoid multiple visits for patients to hospital. The Head of Elective Access is reviewing how this can be managed and delivered by the Elective Access team to improve patient experience.



11.4 The Joint Committee would ask the Trust to continue its work on communication with patients to ensure that timely, clear, appropriate letters are sent to patients from all departments delivering elective access care.

The Trust supports this recommendation. The Trust proactively monitors communication with patients and primary care for elective access care. Trust performance is monitored for Outpatient and Inpatient letters to ensure timely and appropriate letters. The Trust has robust monitoring processes and a number of work streams to continuously improve the quality and timeliness of letters.

The Trust has two key contractual measures for patient communication. Firstly, a local Key Performance Indicator for outpatient first attendance clinic letters that requires 95% of first attendance outpatient clinic letters to be sent to patients GP within 10 working days of the clinic date, and be compliant with timeliness, quality and completeness requirements. Secondly, a local Key Performance Indicator for inpatient Handovers of Care Communication documents whereby communication must be shared within 24 hours of discharge. There have been many improvements already implemented, such as; revised processes; clinical quality audits; re-training; and communication of best practice. In addition the digital dictation system is being proactively monitored to ensure a reliable system that supports timely clinic letters. The Trust successfully achieved the 95% compliance for Handovers of Care Communication in April 2015 and work continues to improve KPI compliance, with an action plan and continuous reinforcement and communication of best practice processes.

11.5 The Joint Committee would ask the CCGs to push forward with their work to ensure that patients fit for discharge can return home or to an appropriate care setting. This is not only an important area for hospitals trying to meet the increasing demand for their services but also a major factor in reducing the length of hospital stays and bringing care closer to home.

The Trust supports the CCGs and other partners to address the issues raised by the Joint Health Overview and Scrutiny Committee.

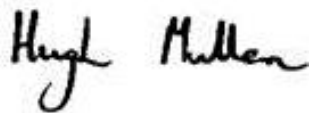
11.6 The JHOSC would ask the Trust to monitor cancellations of operations prior to the planned date and repeat cancellations prior to the planned date in the same way that they monitor cancellations on the date. The JHOSC would want the Trust to monitor the reasons for the cancellations and the areas where they occur.

The Trust supports this recommendation. The Trust has a policy for addressing these issues and have established processes to monitor and address any breaches. The policy does not allow for operating lists to be cancelled within 6 weeks of the booked date unless there are extenuating circumstances and these are authorised at Director level.



The Trust is taking these issues seriously and the work is ongoing, I would be happy for one of the team to attend a future Committee meeting to discuss further.

Yours sincerely

A handwritten signature in black ink that reads "Hugh Mullen". The signature is written in a cursive style with a large 'H' and 'M'.

Hugh Mullen

Executive Director of Operations

