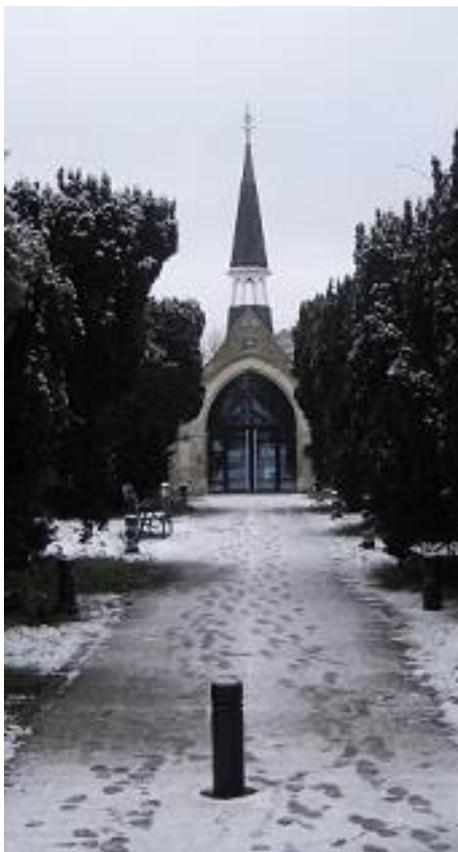




-bulletin February 2015

Welcome

The difference 60 years makes



On Thursday the 26th of February Healthwatch Southend vacated its headquarters at Prittlewell Chapel and took up new digs across town at the SAVS centre. You can find out more about our recent move, along with details of our new address and phone number in the [News From Healthwatch Southend](#) section below.

When we moved into the chapel at the beginning of 2013 it had only recently been renovated having previously lain derelict for over 60 years¹.

Around the same time that the chapel was abandoned, antimicrobial drugs were beginning to be widely used to treat infections. Six decades on we are having to address increased bacterial resistance to these drugs, and come up with ways of pro-longing their usefulness.

In this e-bulletin we look at new guidelines on antimicrobials issued by The National Institute for Healthcare and Excellence (NICE) and briefly examine figures made available by NHS

Prescription Services showing the quantities of these drugs being prescribed in Southend. We have a response from Southend Hospital to some questions we posed concerning the A&E department and we look at the draft NICE guideline aimed at

¹ Prittlewell Chapel gets an energy efficient renovation (BBC): [Link](#)

ensuring that A&E departments across England are properly staffed. Since this is has turned out to be a NICE-themed issue we also look at the organisation itself and its role in improving health and social care.

We will return in March.

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- The Look: Southend Hospital's in-house magazine
- The Healthwatch Southend Self-Help Advocacy Pack
- The Healthwatch Southend Speak-out form

Contact Healthwatch Southend

News from Healthwatch Southend

We have moved



Healthwatch Southend has vacated its original headquarters at Prittlewell Chapel, in Westcliff-on-Sea, and has taken up residence at a more central location in Southend.

We are now based on the 2nd floor of the Southend Association of Voluntary Services (SAVS)² building on Alexandra Street, just off the high-street (you can find our new address below).

When Healthwatch Southend moved into Prittlewell Chapel, at the beginning of April 2013, we were a new organisation.

The offices we occupied were new as well: Up until 2010 the chapel had been an overgrown, ivy-clad ruin that had stood derelict for 60 years before it was raised from its own rubble and granted a new lease of life.³

The chapel has been an interesting if somewhat unusual place to work - inundated with natural light that cast unusual abstract patterns onto the walls whenever the sun projected through the stained glass windows at either end.

For almost two years we gathered around the monolithic table that dominated our office. We found that occupying the same room and facing each other had a positive effect on communication and played a significant role in the development of Healthwatch Southend during its early years.

However, the time has come to move on. What we have lost in gigantic tables and impressionist light-based wall art, we will gain from being housed in the same building as our parent organisation.⁴ We share this space with a number of other voluntary organisations and, through SAVS' broad local network have the ability to easily get in touch with many more.

As ever our goal is to integrate Healthwatch Southend into the local community, to expand our contacts and broaden our knowledge of health and social care issues in

² Southend Association of Voluntary Services: [Link](#)

³ A history of Prittlewell Chapel: [Link](#)

⁴ Healthwatch Southend is a part of SAVS and is delivered in partnership with the Southend Citizens Advice Bureau ([Link](#)) and BATIAS

the area, while at the same time maintaining the independence that is a part of our remit and gives us the ability to be speak freely.

The new address for Healthwatch Southend is as follows:

Healthwatch Southend, 2nd Floor, SAVS Centre, 29-31 Alexandra Street, Southend-on-Sea, Essex, SS1 1BW

Our new phone number is: **01702 356066**

We do not currently offer drop in service, however if a face-to-face meeting is required then a member of our staff can arrange one.

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Postponed Mental Health Event

As a result of staff illness and the unavailability of speakers we have had to postpone the Healthwatch Southend Mental Health Event.

We would like to thank those representatives from mental health organisations who generously gave their time and expertise in helping us to plan the event. As a result of our planning meetings Healthwatch Southend now has a far greater appreciation and understanding of the issues around mental health in the local area. We apologise for being unable to go ahead with the event at the time.

Healthwatch Southend remains committed to addressing mental health issues.

Healthwatch Southend wants your opinions on mental healthcare

Healthwatch Southend is very interested in hearing any experiences you have of local mental healthcare services.

We want to know:

- Whether there was easily available information that told you where to go for support or treatment for mental health issues.
- Whether you found it easy to access mental healthcare services.
- How long you had to wait for treatment or support and what you thought of the services you received.



We are interested in both good and bad experiences. If you have any opinions on how a particular service could be improved then we would like to hear those as well.

We may use what you tell us in material published by Healthwatch, however we will not identify you by

name.

If we notice any trends that indicate gaps in services or a poorly performing service we will ensure that this information is passed on to the relevant people and organisations so that these issues can be addressed. We will also pass any feedback we receive relating to good quality care so that these services are recognised.

If you would like to comment on mental healthcare services in Southend you can do so by contacting us:

by phone on **01702 356066**

by email: info@healthwatchsouthend.co.uk

Alternatively you can write to us at: **Healthwatch Southend, 2nd Floor, SAVS Centre, 29-31 Alexandra Street, Southend-on-Sea, Essex, SS1 1BW**

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Local news

Southend Hospital responds to our questions about A&E

In October 2014, the Care Quality Commission (CQC) released a report that focused on the A&E department and the governance structures at Southend Hospital.⁵ The report drew on the findings of an inspection of the hospital undertaken by the CQC on the 7th August 2014.

In the December 2014 edition of the Healthwatch Southend e-bulletin⁶ we looked in the detail at this report, which was rather mixed in its findings and conclusions.

⁵ Care Quality Commission Quality Report: Southend Hospital. 7th August 2015: [Link](#)

⁶ Healthwatch Southend e-bulletin (December 2014): [Link](#)

In our article we acknowledged that Southend A&E is a department in transition and that there is an ongoing commitment towards the improvement and the development of the service. We were keen to hear what the hospital had to say in response to the CQC's assessment.



In January of this year, Healthwatch Southend submitted a freedom of Information request to Southend hospital where we addressed some of the issues that had been raised by the CQC in their report. Southend Hospital sent us some responses to our questions which we have reproduced in full below. They also suggested that we meet with the General Manager Emergency Services at the hospital to discuss some of the changes being made in the department in greater detail. Healthwatch responded to this invitation by email on the 6th February however we have been unable to arrange a meeting prior to the publication of this e-bulletin.

In the Q&A below, explanatory text from Healthwatch Southend has occasionally been added in square brackets, mostly where the hospital has used abbreviations. We would like to thank Southend Hospital for responding to our questions. The following answers date to the 21st January, 2015:

Can you briefly describe the improvements that have been made in Southend A&E over the past few months?

“The following improvements have been made as part of the Emergency Care Improvement Plan:

1. More robust nursing staffing (through targeted recruitment and retention premia, and increased take-up of bank shifts from our own staff) has provided an increase in quality due to less agency staff required to fill vacant shifts.
2. Medical agency costs have also reduced
3. We have recruited an additional 2 Consultants taking our number to 4.6 substantive WTE [Whole Time Equivalent]
4. Introduction of Rapid Assessment and Treatment (RAT) team within majors to ensure timely assessment and decision making
5. Dedicated Emergency Nurse Practitioner rota (i.e. not subject to being rostered into the main nursing numbers)
6. Improved escalation of delays within the department allowing more timely intervention from management and clinical site team to address delays/blockages.
7. Permanent appointments of Clinical Services Manager and General Manager for Emergency Services”

The A&E Department still struggles to meet the 15 minute target to initial assessment for amb cases (I assume amb = ambulance) by a wide margin. In September the figure was 1 hour and 30 minutes. Why is this and what can be done to turn this figure around?

“This can be explained largely through the Medway PAS system [PAS = Patient Administration System. This software tracks the progress of patients through the hospital and has a broad range of other uses such as waiting list management] requiring an out-of-date triage system to be inputted. Therefore compliance is low due to irrelevance of data being requested. However, through the unmandating of this sub-menu, reported performance has significantly improved to 50 minutes in December 2014. Our actual performance is significantly better than this; rather it is how the data is reported.”

A recent report on the A&E Department by the Care Quality Commission mentioned plans by Southend Hospital to introduce the National Early Warning System to identify deteriorating adult patients. Has this been introduced and can you briefly outline how the system works?

“NEWS [National Early Warning System] scoring has been introduced since mid-December 2014. All staff are trained in how to provide the scoring values. Eight clinical observations are made and then an algorithm produces a single number which designates the level of clinical input and frequency of observations required to match the patient’s acuity and dependency.”

In the CQC report the low number of paediatric trained nurses working in A&E was raised as an issue and plans were mentioned to rotate nurses from the children’s ward in the department. Can you describe the plans to develop a paediatric A&E? How will you ensure that there are adequate numbers of appropriately trained staff to run it?

“Significant recruitment activity has taken place to address this, and we are now in a position (pending some new recruits starting) to be able to open the Paediatric Emergency Department. Going forward there are plans to share paediatric nursing resources with the Paediatric department.”

The recruitment and the retention of staff continues to be an issue. Where are there currently vacancies in A&E? Can you describe any attempts by the hospital to make better use of current

staff? (I understand that some have been trained to carry out additional duties)

“Recruitment does continue to be an issue. Our focus with regards to nursing staff is to promote from within as it is much easier to find a Band 5 Emergency Nurse than a more senior nurse with experience. Retention of staff has improved significantly through the introduction of a 5% recruitment and retention premia. Turnover of staff since the introduction of this premia has dropped significantly.

“Medical staff recruitment is a constant challenge - we are aiming to address this by potentially over recruiting middle grade doctors to deal with the natural turnover associated with training posts. Significant financial incentives have also been offered which has helped. There is also a Trust-wide push being made to look at advanced clinical practitioners - i.e. highly experienced extended scope non-medical individuals working in medical roles. The Emergency Department is the leader on this project.”

In the CQC report, storage of medicine was flagged as an issue: A syringe containing an unknown substance was found unattended and unsecured prescription medication was also discovered in the sluice. What measures are being taken to ensure that medicine is kept secure?

“Much work and education has been provided by the Emergency Department Matron via the sisters and senior sisters to ensure that processes around storage of medication are more robust. Daily checks and audit procedures have also been reviewed, and reinforced.”

Cleanliness in the department was also an issue. Shelving and equipment was found to be dusty which would imply that it had not been cleaned for some time. Have any modifications been made to the way the department is cleaned as a result of these findings?

“Frequency of spot checks has increased, and storage arrangements being reviewed.”

A&E patients sometimes require assessment from teams elsewhere in the hospital or rapid admittance onto particular wards. What is done to ensure these patients are seen/transferred promptly?

“Assuming patients meet rapid or direct admission criteria and that in-reach from other teams is required, the Nurse-in-Charge will coordinate with the speciality or receiving ward. Any problems/delays associated with this will be escalated (in

hours) to the Clinical Services Manager to deal with, and out of hours will be managed by the Clinical Site Team.”

What is being done to improve the psychiatric service within the A&E department and address the needs of people who have mental health issues?

“Fortnightly meetings take place with representation from Police, Ambulance Service, South Essex Partnership Trust (Mental Health Provider) and Southend Borough Council (social care and housing).

“The implementation of the Rapid Assessment, Interface and Discharge (RAID) team at Southend has provided a much more cohesive and available team of mental health specialists.”

There was a feeling among the CQC inspection team that incidents were going under-reported. Are any steps being taken to encourage staff to formally report incidents and is sufficient time allowed for them to make these reports? Do staff receive any feedback as a result of making reports?

“All staff are encouraged to report any incidents and near misses. Reporting is generally on the increase. Feedback is provided as appropriate.”

What are the long-term plans for the A&E Department and how feasible are they given the hospital’s current financial position?

“To ensure staffing remains robust and that workforce planning is considered specifically around the reduction in emergency medicine training posts and the numbers who apply. Longer term, reviewing how we manage patients presenting with primary care concerns is key.

“There will clearly be tensions between finance and operation, but our executive team have a clear vision around the support required for the Emergency Department as the front-door to the Hospital.”

Over the new year period Southend Hospital has been on ‘black alert’. According to NHS England there are no standardised definitions of hospital alerts. Does Southend hospital have a formal definition of a ‘black alert’ or is this a media construction?

“Black Alert” is a nationally used term within escalation and major incident planning and briefing. At Southend University Hospital NHS Foundation Trust, black alert status is triggered if any 1 of the following statements are true:

1. No beds vacant now, or available later
2. A&E waits > 12 hours, and ambulances on divert”

Is any work being done by the hospital to educate the public on when it is appropriate to attend A&E?

“Recent media reports and interviews have had a clear effect on the public in terms of the numbers of people attending the Emergency Department. The Hospital Communications team are looking into how this can be improved. A significant part of this work sits within the remit of primary care, GPs and NHS 111.”

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National news

NICE Release safe staffing guidance for A&Es



The National Institute for Health and Care Excellence (NICE)⁷ has outlined draft guidance on nursing staff levels in Accident and Emergency departments. These guidelines are meant to ensure that there are sufficient nursing staff in place to provide emergency care. They are also intended to guarantee that there are

specialist members of staff available to treat children and to attend to the needs of vulnerable patients such the frail and elderly, or those who have mental health issues.

The guidance, which was commissioned by the Department of Health and NHS England, addresses the increased use of Accident & Emergency departments. Visits

⁷ The National Institute for Health and Care Excellence: [Link](#)

to A&E have been rising steadily since 2002/3. Last year there were over 14 million attendances at A&E in England.

The guidance provides recommendations on minimum staff to patient ratios in A&E, for example:

- 2 registered nurses to 1 patient in cases of major trauma or cardiac arrest
- 1 registered nurse to 4 cubicles in either ‘majors’ or ‘minors’

They advise that staff levels are set so that there are enough qualified personnel on duty to manage a higher than average number of patients in A&E, allowing departments to cope with spikes in attendance.

They also provide instruction to staff on the signs that patient’s needs are not being met, or that the department may be struggling - for example over-crowded waiting areas or people leaving A&E before they have been seen.

The guideline suggests that members of the public are made aware of potential “red flags” that might indicate that something is wrong so these can be reported to staff and addressed: These include incidences where patients are waiting long periods of time for pain relief, or have not received food or drink.

Professor Mark Baker, director of clinical practice at NICE said:

“As demand on A&E services continues to increase, we want to ensure that each and every A&E department across the country is clear on how to get nurse staffing right and is able to provide safe care to the millions of patients who walk through the door.”

The NICE guidance is currently in draft form, following a consultation which ended earlier this month. The final guideline is expected to be published in May 2015.

The legal standing of the NICE guidance on A&E

Healthwatch Southend was a little confused on the legal standing of the new guidance. We contacted NICE requesting clarification. They kindly responded:

“NICE has a number of work programmes, each producing guidance with a different remit and status in the NHS.

“Our guidance on Accident and Emergency departments will be a safe staffing guideline. Under this work programme, our role is to develop evidence-based guidelines for the NHS, using methods and processes similar to our other guidance products.

“However, although NHS organisations in England and Wales are expected to take NICE safe staffing guidelines into account when planning the delivery of care, they are advisory rather than regulatory and therefore

there is no legal requirement for Trusts to follow the recommendations in this guidance. We have not been asked to set minimum staffing levels. The guidelines will be primarily for use within NHS provider organisations or others who provide or commission care for NHS patients.”

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NICE guideline will address increased bacterial resistance to antibiotics

A new guideline, developed by The National Institute for Health and Care Excellence (NICE), will address increased bacterial resistance to antimicrobial drugs in a bid to ensure that they remain an effective option in the treatment of infections.



The practice guideline, which has been designed to promote and monitor the appropriate use of antimicrobials with the aim of preserving their efficacy, provides recommendations on the ways in which health and social care practitioners can help to minimise antimicrobial resistance.

Among the recommendations is the need for teams who will review prescribing and resistance data on a regular basis and work with prescribers in order to understand incidences when very high or very low volumes of antimicrobials are prescribed.

Antimicrobial medication has been at the vanguard of treating infection for six decades. However with the discovery of new infectious diseases far outpacing the crawling development of novel antibiotics, existing drugs are being used to treat a growing variety of conditions.

Figures from NHS Prescription Services show that antibiotic prescription and usage has been slowly but steadily increasing in recent years, although there was a small dip in 2013/14, when 41.6 million antibacterial prescriptions were issued.

NHS Prescription Services Data for 2013/14 reveals that, in general, antimicrobial drugs were being prescribed in far higher volumes in Southend than in many other

parts of England.⁸ According to these figures, during 2013/14 more prescriptions for antimicrobial drugs called Quinolones⁹ were written in Southend than anywhere else in England. Most of these prescriptions were accounted for by a popular antimicrobial called Ciprofloxacin¹⁰ which is used to treat a broad range of conditions, including chest infections and urine infections.

However, in contrast with other areas of England, Southend prescribes relatively low quantities of Trimethoprim which is also used to treat chest and urine infections that are caused by bacteria.

Data from the Care Quality Commission (CQC) covering the time period between 2013/14 revealed that four GP practices in Southend had been placed in the 'risk' category due to the volume of antibacterial drugs they prescribed.¹¹ In making a decision on whether a GP practice is over-prescribing antibiotics, the CQC takes into account factors such as the size of the practice and also the balance of the ages and genders of the patients it treats.

Professor Alastair Hay, Professor of Primary Care and chair of the committee which developed the NICE guideline said:

“The more we use antibiotics, the less effective they become as diseases evolve and become resistant to existing antimicrobial medicines. Resistance to all antimicrobials is increasing and, combined with a lack of new antimicrobial medicines, there is a heightened risk in the future that we may not be able to treat infections effectively.

“But it’s not just prescribers who should be questioned about their attitudes and beliefs about antibiotics. It’s often patients themselves who, because they don’t understand that their condition will clear up by itself, or that perhaps antibiotics aren’t effective in treating it, may put pressure on their doctor to prescribe an antibiotic.”

In a survey of 1000 GPs, nine out of ten said they had felt under pressure to prescribe antibiotics even when they were unsure whether such a course of action was medically necessary.¹²

⁸ NHS Prescription Services (Data currently hosted on the site is for the year ending March 2014 and may be subject to changes or updates. Healthwatch Southend studied this data on the 20th February 2015. To view data for the Southend CCG area on the spreadsheets for different medications, you will need to click on the 'Midlands and the East' tab at the bottom of each spreadsheet) [Link](#)

⁹ NHS Prescription Services: Quinolones (The following link will open as a spreadsheet): [Link](#)

¹⁰ Ciprofloxacin for infection (patient.co.uk): [Link](#)

¹¹ CQC: Our intelligent monitoring of GP Practices (The following document will open as a spreadsheet. It is a very large file and may take sometime to load): [Link](#)

¹² 'Benefit of the doubt' is the basis for prescribing antibiotics, finds Longitude survey: [Link](#)

Chair of the Royal College of GPs RCGP, Dr Maureen Baker, said:

“Antibiotics have served us well in treating infections for over 60 years, but as a society we have become too dependent on them and they are now seen as a ‘catch all’ for every illness and infection.

“GPs can come under enormous pressure from patients to prescribe antibiotics so we welcome a team approach to ensuring that this is done appropriately and that they are used responsibly.”

NICE is currently developing a public health guideline that will focus on changing people’s knowledge, attitudes and behaviours in relation to the use of antimicrobials.

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Here Come the Nice: Who are The National Institute for Health and Care Excellence and what do they do?

The National Institute for Health and Care Excellence (NICE) is responsible for developing guidance and quality standards in health and social care. Although they are ultimately accountable to the Department of Health they are classified as a non-departmental public body and operate independently from the government.

NICE has existed under various names and has held various responsibilities since 1999.

It was founded originally to even out the variations in the availability and quality of NHS treatments and services across the UK.

In its current incarnation, NICE fulfils three roles:

- Produces guidance for health and social care practitioners
- Develops quality standards and tools for measuring performance for those who commission and provide public health and social care services
- Provides information services to those who commission and provide health and social care services

NICE guidelines cover a broad spectrum of health and social care topics. They aim to promote integrated care, for example where the health and social care overlaps they encourage coordination between services.

NICE guidance also assesses new technologies and procedures, taking into account safety, cost and effectiveness.

NICE described to Healthwatch Southend the approach they take in developing guidelines:

- Development of an initial scope that defines the parameters of the work
- An engagement workshop with key stakeholder organisations for each topic area when the timeline permits. This is to inform stakeholders of the process, to confirm the scope of work is appropriate, and to understand the breadth of evidence that might need to be considered.
- A comprehensive evidence review and economic analysis for consideration by the Safe Staffing Advisory Committee, who will develop recommendations
- A period of stakeholder consultation on the recommendations before the guideline is published.

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Resources

(Click on the underlined pink text below to view these webpages or documents)

- [Read the latest edition of Southend Hospital's magazine: The Look.](#)
 - [Our self-help advocacy pack can be useful if you need advice on how to complain about healthcare or require information on how to access your medical records.](#)
 - [Comment on health and social care in Southend using our online Speak out form.](#)
-

Useful telephone numbers

- For non-urgent health needs contact your GP.
- Call NHS 111 if:
 - you need medical help fast but it's not a 999 emergency
 - you think you need to go to A&E or need another NHS urgent care service
 - you don't know who to call or you don't have a GP to call
 - you need health information or reassurance about what to do next
- For immediate, life-threatening emergencies, call 999.

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Contact Healthwatch Southend

You can contact Healthwatch Southend using:

- the **speak out** or **contact us** tabs on our website
- our **Facebook page** (not confidential)
- our **Twitter feed** (not confidential)
- by telephone on **01702 356066 / 01702 356067**
- by email on **info@healthwatchesouthend.co.uk**
- by letter to **Healthwatch Southend, SAVS Centre, 29-31 Alexandra Street, Southend-on-Sea, Essex, SS1 1BW**
- in person when we're out and about at groups, meetings and events

Please feel free to forward this e-bulletin to anyone you think may be interested. If you receive it from a third party and wish to receive future editions direct from us, please email us at **info@healthwatchesouthend.co.uk** or call **01702 356066**

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