



Southend Community Services and Scrutiny Committee

23rd January 2013

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Chief Executive Officer

Quick Answers to Two Questions

Does the kerb at the hospital cause problems or delays for ambulances getting people off?

- There have been no incidents or complaints in relation to this from ambulance crews or our own staff

Has there been any impact on maternity services from Basildon University Hospital?

- Several years ago we did see a very small increase but now back to around 4,000 births a year

Pharmacy services leading to delays at discharge

- An audit showed that most 'TTA' are dispensed an hour and a half after the doctor has written the prescription.
- 80% of TTA's are written on the day of discharge – meaning they are all treated as 'urgent'. Fifty per cent of these are in the afternoon.
- 75 – 85% are completed in the target turnaround time of one and a half hours.

Plan - Pharmacy

Increase the percentage of TTA's dispensed from the ward by;

- Publish performance data about % dispensed by the ward, time by pharmacy from scripting to dispensing, looking at particularly poor practice re prescribing times (from agreement to discharge to writing of script)
- 4 month pilot on one ward where pharmacists and technician will help speed up the whole process
- Pharmacy on wheels being trialled on one ward

Liverpool Care pathway (or the Southend Last Days of Life Pathway)

- One of the tools to enable a high standard of care in the last hours and days of a persons life
- LCP been around since the late 1990's and the Southend Pathway implemented in 2005-5 across primary and secondary care
- Considered when it is recognised a patient is dying & only when there is no reversible treatment available
- Some interventions may be stopped (i.e. the taking of blood tests) and some started (i.e. mouth care and making patients comfortable)

Pathway includes

- **Good communication** – open & comprehensive with patient, family and the multi-disciplinary team
- **Medication** – to relieve symptoms and manage pain appropriately. Some may be stopped (i.e. blood pressure medication). Only what is required is given
- **Care planning** – covers all needs of the patient and family but does not replace clinical judgement.
- **Nutrition and hydration** – does not preclude patients having ‘artificial’ nutrition and hydration (naso-gastric feeding or IV therapy)
- **Sedation** – continuous sedation is not recommended by the pathway. Is only prescribed to help calm agitated or distressed patients

Busting some myths

- We don't withhold food & water
- The pathway doesn't hasten death
- A small amount of patients do come off the pathway if they improve (but not commonly observed)
- There is lots of actual and written support for patients and families
- We work within numerous national frameworks and guidance to get this right



Any questions?