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Dear Roy

Thank you for your letter dated 26 August concerning the former Minor Injury Unit (MIU) at Melksham Community Hospital. I thought it would be helpful to wait for September activity data to be available so that I could provide an up-to-date position for the Health Overview & Scrutiny Committee (OSC). This has slightly delayed the response for which I apologise.

Like you, I believe that this is an important issue so I have set out in this letter the background, the current position on urgent care services and the PCT's response to the petition.

Background

On 30 January 2007, the Wiltshire PCT Board agreed the Reforming Community Services (RCS) programme following two years of engagement and consultation in the Pathways for Change process.

The structure of the engagement and consultation process was agreed in advance with the OSC and the local Patient & Public Involvement Forum. This is now being recommended as a national example of best practice for the NHS in England.

There is no national standard for geographical access to A&E or minor injury units. In the absence of a national standard, the PCT assessed its planned services configuration against the standard for access to urgent dental care (15 mile maximum travel distance).

The RCS programme included proposals to reconfigure minor injury services so that they were sited in two locations within the county and commissioned from a series of minor injury units provided by neighbouring PCTs.

The model was positioned minor injury treatment within the 4 tiers of urgent care (self help - professional advice from pharmacy or primary care - minor injury treatment - A&E care and treatment) with the majority of patients remaining within the first two levels.

Residents can access minor injury services at:

Trowbridge Community Hospital	Chippenham Community Hospital
Clover Unit, Swindon	Swindon Walk-in Centre
Bath Walk-in Centre	Andover Community Hospital
Newbury Community Hospital	Frome Community Hospital

In addition, minor injury treatment is available at the A&E departments in Salisbury, Bath and Swindon.

The service changes took place on 1 October 2007 and were supported by a publicity campaign involving leaflets, posters, newspapers and radio advertisements. Recognising the importance of these changes, we produced leaflets describing the services available to help people to choose where to go for their care.

We have recently re-run the newspaper campaign to maintain awareness of the service in the community.

Melksham MIU

The MIU at Melksham operated from 8.00am - 9.30pm, 7 days per week until spring 2007 when (due to staffing difficulties) the hours were reduced to 8.00am - 5.30pm.

Reducing the opening hours caused difficulties with patient access to the unit, particularly as around 1 in 3 patients had previously attended in the evening.

In 2006/07, the unit saw 7384 patients. 5600 patients attended for minor injury reasons (lacerations, bruising, crush injuries, falls etc) and 1784 patients attended for general medical reasons (sore throat, chest infection, dressings, suture removal etc).

The MIU had a contract with some of the local GP surgeries to provide post-hospital care such as dressing and suture removal. This activity is included in the 1784 patients (1 in 4 patients) who attended for medical reasons.

The 5600 patient who attended for minor injury reasons equates to around:

- 466 per month or
- 107 patients per week or
- 1 for each hour that the unit was open.

A survey of travel methods undertaken during the Pathways for Change consultation process demonstrated that 80% of patients travelled to the MIU by car.

Each month, around 300 patients were seen at a MIU or A&E department outside of Melksham ie. 40% of patient or 2 in every 5 were already travelling to access urgent care services.

The direct costs of running the MIU in 2005/06 were £331,000 or £59 per MIU attendance.

Service Activity after 1 October 2007

Depending where people live in the Melksham Community Area, they have a choice of going to the MIU at either Trowbridge or Chippenham Community Hospitals:

Melksham - TCH	6.3 miles
Melksham - CCH	6.8 miles
Broughton Gifford - TCH	4.4 miles
Broughton Gifford - CCH	8.2 miles
Atworth - TCH	7.8 miles
Atworth - CCH	8 miles
Beanacre - TCH	7.3 miles
Beanacre - CCH	4.8 miles

This choice of provision is reflected in the activity from Melksham seen at Trowbridge and Chippenham MIUs since the service reconfiguration on 1 October 2007 (see attached table and chart).

The combined average weekly attendances of Melksham residents in the second six months is 85, an increase on the preceding six months and evidence that Melksham residents are accessing the care they need.

In terms of impact on acute hospitals, the RUH in Bath is the main district hospital that serves the residents of Melksham. Data for September is not yet available but comparing the last week in August 2008 to the last week in August 2007, there has been a year on year reduction of 337 patients attending A&E each week, from 2984 to 2647 ie. a reduction of 11% year on year.

The position for Melksham residents is replicated across the county. Patients are being seen in the new MIU service and there is no significant level of complaints or comments concerning access or availability. The quality of care in the units is high and over 92% of patients are seen within 2 hours.

The Healthcare Commission has recognised the high standard of urgent and emergency care for Wiltshire residents. In September they published a national review of urgent and emergency services in England which was based on data collected after the MIU reconfiguration and rated Wiltshire PCT as "best performing" and in the top 10% nationally. We were rated as the best PCT in England for our planning and organisation of these services and for the quality of our patient information.

Melksham Petition

We were aware for a number of months that a petition was circulating in the Melksham area and offered to meet with various parish councils and the Melksham Area Forum to discuss the service changes. We had a meeting with the Melksham Area Forum scheduled for the end of November 2007 but unfortunately it was cancelled at short notice. We were not offered another date but did meet with the Melksham Hospital League of Friends, the District Council and the local MP.

Once the petition had been collected, we offered to receive it at a Melksham Town Council meeting in public in March 2008 but the offer was declined. Instead, the petition was presented to Wiltshire County Council, Melksham Town Council, and to local MPs before we were notified on 10 April 2008 that the organiser intended to attend our Board meeting in public on 15 April.

Since we were notified of the organiser's intent after the April Board papers had been published, the decision was made to take the petition as a full agenda item at the Board meeting in public on 20 May so as to give proper public notice and due consideration. This was in line with the PCT's governance framework (standing order 3.4) which requires that "*where a petition has been received by the PCT, the Chair shall include the petition as a full item for the agenda of the next Board meeting*".

The PCT Board duly received and discussed the petition. I believe you already have a copy of the Board paper (40/05/08-09) and the minutes. Four members of the OSC were present at the Board meeting and Alison Knowles has discussed the outcome with the RCS Task Group. Given the activity and performance data that was available to the Board, we resolved not to re-open the MIU.

We have resolved to review the effectiveness of the MIU service reconfiguration at our December 2008 meeting when a full year's data will be available. If recent trends continue, it is unlikely that the Board would conclude there was reason to change the model of service or to re-open any of the former MIUs.

Questions from the OSC

In your letter you ask two specific questions:

- (i) *What would be the costs of implementing an enhanced GP contract for MIU services in Melksham?*

It is difficult to forecast the cost of implementing a GP contract to provide MIU services in Melksham elsewhere. There is no defined cost for an enhanced GP contract for MIU services. The national tariff for a minor attendance is £56 and it is likely that this figure would become the benchmark for negotiations. The practical consequences that influence the cost include whether dedicated clinical space is available and whether appropriately trained staff are available for all the hours that the service would need to be operational.

I am aware that you have written separately to each of the three practices in Melksham. We have taken the opportunity to talk to each practice, again, and they have explained:

- Giffords - the practice would need to understand whether the specification for a MIU service would fit with their primary care work. At the moment, they are recruiting an additional doctor and do not have capacity to take on any extra work.
- Spa - the standard of clinical care in the new MIUs and communication with primary care are both good. They have not seen any patient dissatisfaction with the service provided. The PCT is not seeking to commission a service from primary care on account of the current provision being adequate. If the situation changed, they would be interested.
- St Damien's / St Margaret's - would not be able to provide a complete MIU service because of lack of space and relevant clinical skills. Any decision about provision would need to be based on whether the specification for a MIU service would fit with their primary care work.

- (ii) *Please explain the Transport Plans for access to Trowbridge and Chippenham MIUs. What action is recommended for patients on benefits who cannot afford to use public transport? When should a patient dial 999?*

The statutory responsibility for public transport sits with local government. As a general principle, the NHS works with local authorities to seek a close correlation between the location of health services and the availability of public transport.

Access to services for people with low incomes is regulated through the DH guidance on patient transport services (PTS) and the national scheme for reimbursement of hospital travel expenses. In terms of the latter, this is currently available for consultant-led services and the government has recognised that this needs to be extended to support the concept of "care closer to home". The White Paper "Our health, our care, our say" makes two commitments (paragraphs 6.67 and 6.68):

- to extending the eligibility for PTS to community settings, and

- to extend the eligibility for the hospital travel costs scheme to primary care settings, providing patients meet the existing low-income criteria.

As discussed at the last RCS task group, the ambulance service has confirmed that their response is based on clinical triage even if the call concerned a minor injury. They respond to all Category A and B calls. Category C calls may be referred to NHS Direct or to an alternative healthcare provider (including the neighbourhood teams, GPs and pharmacists) or responded to by an ambulance or solo-response vehicle.

Finally, you make a comment about the availability of information on our Patient Advice & Liaison Service. The PCT has an extensive network of stakeholders with which it liaises on a regular basis about public information. We will continue to work with this network in the future to strengthen the content and dissemination of information on the NHS in Wiltshire.

I hope that this letter clearly sets out the position over the reconfiguration of MIU services in Wiltshire. It is important to remember that Reforming Community Services is a Wiltshire-wide programme and that we are seeing the success of the changes we have made in the 1000 new referrals to our neighbourhood teams every month, the additional attendances at MIUs and, of course, our major building programme for the future as evidenced by the opening of the Malmesbury Primary Care Centre.

Yours sincerely



Jeff James
Chief Executive

Attendances at Chippenham & Trowbridge MIUs from Melksham Residents

	Giffords	Spa	St Damiens	St Margarets	Total	Average weekly
Chippenham	367	314	6	62	749	29
Chippenham	455	309	7	70	841	32
Trowbridge	627	402	129	131	1289	50
Trowbridge	640	433	185	121	1379	53
					4258	

Attendances at Chippenham & Trowbridge MIUs from Melksham Residents

