

**LANARKSHIRE NHS BOARD
ANNUAL REVIEW – 20 OCTOBER 2009**

PUBLIC QUESTIONS AND ANSWERS

Question 1	Why did it take almost 3 hours for the patient, who was bleeding heavily, to be seen by a doctor after arrival at Wishaw A&E department by ambulance at around 11.20pm?
Answer 1	<p>The current waiting time guarantee for A&E attendances is that 98 per cent of patients must be seen, treated and either discharged or admitted within four hours. NHS Lanarkshire is currently meeting this target and Wishaw General Hospital is exceeding the guarantee with 99 per cent of patients being seen within four hours. This level of performance has been sustained since March 2009.</p> <p>NHS Lanarkshire responded to the specific issues raised by the writer on 21 August 2009. The response included an offer to discuss any further issues arising from it.</p>
Question 2	<ol style="list-style-type: none"> 1. Why is the food for Hairmyres hospital cooked in Manchester, frozen, then conveyed to Hairmyres to be taken in trolleys to wards where it is then defrosted and heated for patients? Experience is that it is not good, chips are soggy and other choices are limited or inedible. 2. Why did the ward doctor withdraw my regular medication (prescribed for at least 30 years) and only re-instate it after requests due to my pain / discomfort?
Answer 2	<p>NHS Lanarkshire would like to offer apologies for any distress caused by these experiences.</p> <ol style="list-style-type: none"> 1. Every time a patient is admitted, a care plan is constructed by nursing and dietetics staff to ensure the patient is provided with an appropriate diet. All dishes are designed and produced to the standards set out within NHS nutritional guidelines and have been assessed by dieticians to ensure they offer the appropriate nutritional intake and balance for patients. The catering service at Hairmyres hospital is provided on behalf of NHS Lanarkshire by ISS Mediclean using tried and tested methods employed across the public and private sectors and in retail outlets. NHS Lanarkshire is constantly striving to improve the standard of catering provided within our hospitals. We undertake a quarterly Patient Catering Opinion Survey across all inpatient wards which provides us with valuable feedback to help us improve our service. Recent surveys have shown overall satisfaction levels of more than 95 per cent. However, we take all patient feedback extremely seriously and would encourage anyone who has any concerns about the care they receive to contact ward staff at the time so that the cause can be investigated.

	<p>2. This question relates to an individual's personal care and is therefore not appropriate for a public meeting. NHS Lanarkshire will be happy to reply separately and personally on this matter.</p>
Question 3	<ol style="list-style-type: none"> 1. How and where can I obtain a copy of the Patients Charter to give information on waiting times targets? 2. Why can a consultant in one department not refer a patient to a consultant in another department without the patient having to go back to their GP for another outpatient referral? 3. How can the head of radiology reject the request of two consultants for ultra-sound scan, (which may have speeded up diagnosis)?
Answer 3	<ol style="list-style-type: none"> 1. The Patients' Charter was replaced some years ago by a document known as 'The NHS and You'. Copies are available in hospitals and health centres in NHS Lanarkshire and on the NHS Lanarkshire website. NHS Lanarkshire is currently meeting the 12-week waiting time guarantee in relation to waiting times for outpatient appointment from GP referral. 2. Patients can be referred, where clinically appropriate, between hospital consultants. There are protocols and guidelines in relation to referrals between consultants and patients will be referred where they meet the criteria laid out in these guidelines. 3. There are protocols and guidelines in place for requesting radiology examinations, including ultrasound. Where the Radiologist determines that the examination is not clinically appropriate, based on the guidelines, the request will be returned to the referring doctor for re-consideration. <p>NHS Lanarkshire would be happy to look at the specific circumstances of the writer's wife's care, with her consent.</p>
Question 4	<p>Why is there not a clear pathway for possible Autistic Spectrum Disorder (ASD) children with standard waiting times and an equity throughout NHS Lanarkshire and Scotland which dovetails in with educational authorities to ensure that earlier diagnosis occurs and children have developmental opportunities which will enhance their overall quality of life?</p>
Answer 4	<p>There is a clear care pathway for children and young people with social communication difficulties. These difficulties are mainly first picked up either by public health nurses, nursery education or by community paediatricians who refer on to Speech and Language Therapy (SLT). In practice, any professional can refer to the service.</p>

	<p>Following assessment a decision about the most appropriate form of intervention will be made, taking into account the main impact of the child's difficulties. For the majority of pre-school children the parents will be offered a Hanen More Than Words Programme</p> <p>Following the More Than Words Programme, the SLT will make arrangements for further support if required. This may take the form of individual or group therapy which may be delivered directly or indirectly in the child's home, in clinic or in a nursery setting.</p> <p>The Lanarkshire Autism Diagnostic Service (LADS) requires joint referrals from two of the following professionals - Community Paediatricians, Child & Family, SLT, and Educational Psychology. The service prioritises children considered as having high clinical need, e.g., pre school age children; P5 – P7 pupils – transition age; all secondary school aged children; pupils failing in current placement; and families under extreme stress.</p> <p>There is a gap of around 6 months between referral to LADS and an actual assessment and diagnosis occurring. The child will continue to receive interventions from SLT and other services during that time. Much of this activity is required to assist LADS in making a diagnosis. For children under 5, it is important not to try and diagnose too early as there are several possible causes of social communication difficulties. Both Health and Education base their input and ongoing support on the identified needs of the child, rather than a diagnosis and work along with parents to address these needs, whilst ensuring equitable access to services.</p>
<p>Question 5</p>	<ol style="list-style-type: none"> 1. What innovations in surgical techniques have been made in NHS Lanarkshire during the past year? 2. During the past year for each ICU and HDU of the general hospitals in NHS Lanarkshire what were (a) the numbers of patients admitted (b) the number of patients who developed central line infections (c) cases of pneumonia (d) periods between developing infections and readmission (e) the number of patients re-admitted and, (f) average length of stay. <p><i>(This question was received some 6 weeks after the advertised closing date and there was therefore insufficient time to gather the necessary details to provide a comprehensive answer on 20th October, particularly in relation to part 2)</i></p>
<p>Answer 5</p>	<ol style="list-style-type: none"> 1. A number of areas have been taken forward including the development of the Optimal Reperfusion Service at Hairmyres hospital and the increasing use of minimally invasive surgery, particularly in gynaecology and urology. 2. This question requires the gathering of a considerable amount of data and we will send this to the writer as soon as possible.