Sustainable Clinical Services Strategy

Stakeholder Workshop 9

7.0 Case study examples

SURGERY

Case study 1
Pavel is a 64 year old diabetic living in Rhyl. He has been feeling ill for a few days and develops severe stomach pains. He goes to see his GP who decides he should go to hospital for urgent assessment and calls an ambulance.

Scenario A & C
Pavel is taken by ambulance to Glan Clwyd. He is assessed in the Surgical Assessment Unit, has blood tests and X-rays done and is seen by a consultant who arranges a CT scan. The scan is reviewed and it is decided that he needs surgery and he goes to theatre. Pavel recovers in hospital and is discharged home. All of his follow-up care takes place locally. With these two scenarios Pavel’s care remains unchanged.

Scenario E
In this scenario Pavel is taken by ambulance directly to either Ysbyty Gwynedd or Wrexham Maelor as per an agreed pathway. He receives the same assessment, diagnostic tests and treatment as he would now but at a different hospital. Following discharge all follow-up care will take place locally.
If Pavel went straight to the Emergency Department at Glan Clwyd instead of visiting his GP, he would be seen by the experienced on call surgical doctor. As he needs surgery he would be transferred by ambulance to either Ysbyty Gwynedd or Wrexham Maelor as per an agreed pathway.

Case Study 2
Lauren is 8 years old and lives near Wrexham. She has been complaining of a tummy ache and has been sick. Her mum takes her to see the GP who is concerned that she may have appendicitis. He sends her directly to the Paediatric ward for her to be seen by the surgeons.

Scenario A
Lauren’s GP refers her directly to the Paediatric Ward in Glan Clwyd Hospital, where the surgeon agrees that she had appendicitis. She is admitted to the ward and taken to theatre that evening. Her mum is able to stay with her on the ward. Lauren is sent home 2 days later and does not need to be seen again. If Lauren did need an outpatient appointment she would be seen close to home.

**Scenario C & E**
Lauren’s GP refers her directly to the Paediatric Ward in Wrexham Maelor Hospital, where the surgeon agrees that she has appendicitis; she is admitted to the Paediatric ward and taken to theatre that evening. Her mum is able to stay with her on the ward. Lauren goes home 2 days later and does not need to be seen again. If Lauren did need an outpatient appointment she would be seen close to home.

**Case Study 3**
Stan is 81 years old and suffers from a chronic chest condition and was admitted to his local District General Hospital in Wrexham four days ago. He has been receiving antibiotics and physiotherapy with a planned discharge home the next day. He feels generally unwell, and doesn’t feel able to eat his breakfast or lunch, and by tea time is unable to keep fluids down. He is examined by the medical staff who requests a surgical opinion.

**Scenario A**
The on call experienced surgical doctor reviews him and arranges for him to be transferred to the Surgical Assessment Unit in Glan Clwyd Hospital where he will be closely monitored overnight.

**Scenario C & E**
The on call surgical team is called to the medical ward to assess Stan and a decision is made to closely monitor him overnight. Under our scenarios there would be no change to what presently happens.

**TRAUMA & ORTHOPAEDICS**

**Case Study 4**
Dan, aged 13, lives in Prestatyn and loves playing football. During an evening practice session he falls and hurts his wrist. His mum takes him to the new Emergency Department in Glan Clwyd where an x-ray confirms he has broken his wrist. His arm is put in plaster and he goes home later that evening. Ten days later he is seen in fracture clinic. In all scenarios Dan would still be treated at his local hospital Glan Clwyd.

**Case Study 5**
Alex, aged 13, lives in Colwyn Bay and attends the local High School. Whilst at school she falls down two steps and hurts her ankle. Her father is contacted by
the school and takes her to the Emergency Department at Glan Clwyd where an x-ray shows three fractures. Alex is placed in a temporary plaster and admitted to the Paediatric Ward as she needs surgery the next day. After surgery Alex is seen by the physiotherapist and as soon as she is safe on her crutches she is allowed home. She is seen regularly in fracture clinic at Glan Clwyd and once the plaster is finally removed she attends Colwyn Bay Community Hospital for a short course of physiotherapy. In all scenarios Alex would receive all her care at the local hospitals.

**Case Study 6**

Rosie is 87 and lives on her own in Llanfairfechan. She has high blood pressure and bronchitis but normally manages very well. She is pottering in her garden and has a fall, her neighbour calls an ambulance and she is taken to Ysbyty Gwynedd which is her nearest main hospital. In the Emergency Department she is given pain relief and has an x-ray, when it is confirmed that she has broken her hip. She is admitted to the orthopaedic ward and seen by the Consultant who decides she needs an operation. She is assessed by an ortho-geriatrician who manages her high blood pressure and her bronchitis. She is operated on the next day and the anaesthetist is able to perform a safe anaesthetic. Rosie is assessed by the physiotherapist and occupational therapist who agree treatment plans. She is also referred to the discharge team and arrangements are started to make sure she has a safe discharge plan which meets her needs. Arrangements are made for community rehabilitation when she is discharged home.

Rosie would be able to receive this care in the three main hospitals in all the scenarios.

**OBSTETRICS & NEONATAL**

**Case Study 7**

Ffion is 33 years old and 28 weeks pregnant with her second baby. She has planned to have her baby in the midwifery led unit in Ysbyty Gwynedd, as her first pregnancy was uneventful. She has been experiencing some pain, feels very uncomfortable and is worried that she might be in the early stages of labour.

She telephones labour ward and the midwife advises her to come in to be reviewed. She is examined by the midwife and the doctor who confirm that she is in early labour. A plan of care is made following discussion with Obstetrician that she is transferred by ambulance, to Glan Clwyd Hospital, where she gives birth to Rhys. He is only 1.8 kgs and is admitted to the Sub-Regional Neonatal Intensive Care Centre (SuRNICCC).
He spends 6 weeks in the SuRNICC before being transferred back to the Neonatal unit in Bangor for another 3 weeks before going home. This is what happens now. In future, under our proposals, all babies who need care in the SuRNICC will be cared for in Glan Clwyd Hospital.

**GYNAECEOLOGY**

**Case Study 8**
Joan is 72 years old and lives in Caernarfon with her husband. She has been suffering from abdominal pain for over a week, she feels very uncomfortable and bloated. Overnight her pain has become so bad that her husband rings an ambulance and she is taken to the Emergency Department.

**Scenario A & E**
Joan is taken to the Emergency Department in Ysbyty Gwynedd where she is seen by the Surgeon and the Gynaecologist and a possible diagnosis of ovarian cancer is made. She is admitted to the Gynaecology unit and undergoes surgery later that day. Under our scenarios there would be no change to what presently happens.

**Scenario C**
Joan is taken to the Emergency Department in Ysbyty Gwynedd where she is seen by the experienced on call surgical doctor, who makes a decision to transfer her to Glan Clwyd Hospital as she may require emergency surgery. She is seen and assessed by the Surgeon and Gynaecologist and is admitted to the Gynaecology unit with a possible diagnosis of ovarian cancer and undergoes surgery later that day.

**PAEDIATRICS**

**Case Study 9**
Elin is 5 years old and lives just outside Wrexham. She suffers from Asthma and in the past has had frequent admissions to the Paediatric Ward with chest infections. For the past year she has been seen by the Asthma Specialist Nurse and her condition has been far more stable with no admissions. She has been unwell for a few days and is sent to the Paediatric Assessment Unit by her GP. She is assessed on the unit and started on a course of intravenous antibiotics. She is given two doses of antibiotics, monitored and seen again by the doctor. She is discharged home with her parents. She is visited three times a day by the community children’s team who administer her medication and assess her progress. She is followed up by the Specialist Nurse in Paediatric Outpatient Department.

This service would be available in all three scenarios.