

**COMMUNITY HEALTH COUNCIL
MEDWAY AND SWALE (WEST)**

CASUALTY WATCH

INTRODUCTION

With the reorganisation of Regions the future funding of Casualty Watch has to be determined if the project is to continue beyond March 1999.

When Casualty Watch was first set up in 1990, it was funded by the Greater London Association of CHC's and the Lambeth, Southwark and Lewisham Health Authority. Latterly, because of the widening involvement of CHCs in the South East, the South Thames Regional Association of CHC's agreed to fund the project. At present 39 CHCs regularly participate in the monthly Casualty Watch, 14 of which are from within the new South East region.

AIMS & PURPOSE OF CASUALTY WATCH

Whilst being effective in monitoring their own local services, CHCs have not often been successful in collaborating with other CHCs in any systematic or co-ordinated way. Casualty Watch is the most notable exception to this where at a set time each month CHCs focus their attention on A & E departments across a significant portion of the country to assess quality. Once a year the Association of Community Health Councils for England and Wales fund and organise a successful nation-wide Casualty Watch.

The main aim of Casualty Watch is to provide data for CHCs, Trusts, Health Authorities and organs of government, politicians as well as Civil Servants, that will enable them to press for better services, more staffed beds, where needed, and more humane treatment for seriously ill people.

The data is reliable and incontrovertible, although interpretation of the significance of a trolley or bed and when a patient is admitted or not can be difficult at times. Even though there are difficulties with the data collection it has proved difficult for the process to be challenged and rubbished.

Has Casualty Watch achieved its aims? Whilst not every CHC has been able to achieve the success of Southwark CHC in persuading the old Regional Health Authority to provide capital to redevelop King's College Hospital's Casualty Department, many CHCs point to the benefits of participation. These range from:

- a) Influencing Health Authorities to invest in local A & E Departments
- b) Improved insight into the workings of A & E from a staff perspective
- c) Improving relations with A & E and Ambulance Service Staff
- d) Gaining access to information that is not normally available during a routine CHC visit
- e) Raises the profile of the CHC
- f) Helps trusts to obtain information about the service it provides, particularly with regard to chair, trolley and bed waits
- g) Provides a conduit for staff views about A & E and their working conditions
- h) Collecting simultaneous information provides a pan South East view of NHS bed states, which together with information from the emergency Bed Service on restrictions and referred cases and from the Ambulance Service, can and has been incorporated in Casualty Watch reports
- i) Provide an opportunity to talk and work with one another; whether in debating A & E policy issues in an informed way or participating in joint training
- j) It enables CHCs to take a strategic rather than just a local view
- k) The techniques used in Casualty Watch can also be applied to other areas of the NHS, e.g. intensive care, admission wards, ambulance service etc.

ADMINISTERING & FUNDING CASUALTY WATCH

Monthly Casualty Watches are administered by Southwark CHC. They employ a part-time worker to process the returns and publish the report. The annual cost of Casualty Watch is £3,240 and it is proposed that the cost of this can be shared with the London Regional Association of CHCs, which, together with the South East Association, comprises the main grouping of CHCs participating in Casualty Watch. Whilst this means that some participating CHCs from outside these two regions wouldn't have to pay, it is felt that to charge individual CHCs would increase the administration costs of the scheme.

RECOMMENDATION/PROPOSAL

That the South East Regional Association of CHCs agrees to fund half the cost of administering Casualty Watch in the sum of £1,620 for the year April 1999 to March 2000.

