

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 27 March 2009 at 10.00 am

Present: Councillor JK Swinburne (Chairman)
Councillor AT Oliver (Vice Chairman)

Councillors: WLS Bowen, PGH Cutter, MJ Fishley, Brig P Jones CBE, G Lucas, A Seldon, AP Taylor and PJ Watts

In attendance: Councillors PA Andrews, PJ Edwards and PM Morgan

46. APOLOGIES FOR ABSENCE

Apologies were received from Councillors WU Attfield and GA Powell. Apologies were also received from Mr J Wilkinson of the Local Involvement Network.

47. NAMED SUBSTITUTES

Councillor WLS Bowen substituted for Councillor GA Powell.

48. DECLARATIONS OF INTEREST

There were no declarations of interest.

49. MINUTES

RESOLVED: That the Minutes of the meeting held on 25 February 2009 be confirmed as a correct record and signed by the Chairman.

50. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions.

51. PRESENTATION BY PRIMECARE

The Committee considered a presentation on Primecare's plans for the out of hours service and GP led walk-in Health Centre in Hereford.

Helen Kelly, Operations Director, and Dr Peter McKay, Local Medical Advisor delivered the presentation. A number of their colleagues were also present to assist in answering any questions.

The presentation set out the background to Primecare's services in Herefordshire.

Key changes to current services included: enhanced senior management focus, enhanced local medical and clinical focus, local triage skill mix and seamless care 24/7 and efficiencies as a result of the co-location of services.

Key principles in the delivery of a quality service were that it should: be Patient centred – meeting local need and offering patient choice, improve access and target the reduction of inequalities, support service progression through innovation/and addressing inappropriate admission strategies to the Accident and Emergency Department (AED), be responsive to changes in need, be a quality driven service with compliance with national quality requirements underpinned by high standards of clinical governance, be clinically effective –creating a learning environment and promoting best practice, and be cost efficient but provide effective care

The Primary Care Trust had identified the need to focus on AED referrals with currently >10% referred to the Out of Hours Service (OOH). AED peaks were between 8am and 7pm each day, and hard to reach groups tended to use AED as their default. A pilot GP in Hereford Hospital AED showed that up to 60% of patients could be seen by a Primary Care Team. The PCT had also identified commuter needs. In addition some 6,000 migrant workers came to work in the area in the summer months needing healthcare.

Primecare's aspiration was to deliver Health Equality across populations, support individual wellbeing, ensure care was provided in the right setting, provide timely convenient and responsive care, deliver high quality clinical outcomes achieve efficient and effective delivery of services, and financial balance across the local health economy.

Improved health outcomes would include access to planned care, rather than unscheduled care, integrated patient notes, sound clinical governance, an unscheduled care network, increased integration between Health and Social Care and evidence based interventions.

It was proposed that there would be health promotion outreach to migrant workers' workplaces, schools, community centres, places of worship, Wednesday markets, Mental Health, and integrated working with the Herefordshire Drugs Service (DASH) and Obesity Services

It was emphasised that Primecare intended that the services it provided would be locally managed and delivered, drawing on support in terms of governance and efficiencies that Primecare corporately could provide.

In terms of the Walk-in Health Centre it was stressed that the service was not designed to compete with existing local practitioners, noting amongst other things the limitation placed on the number of patients the Centre could register.

In the course of discussion the following principal points were made:

- It was asked where the Walk-in Centre would be located and when it would be operational. It was noted in reply, on behalf of the Primary Care Trust, that commercially sensitive negotiations were continuing over the location. Co-location on Hereford hospital site was one option, but there were also potential advantages in a more central location. Account also needed to be taken of the timeframe within which the project could be delivered. It was noted that Primecare had commenced recruitment of staff to man the Centre as negotiations continued.
- In response to a question about prescription of out of hours of medication to those with drug abuse problems Primecare emphasised that it would need to work carefully with the DASH. Two Clinical Managers would be appointed who would look carefully at care pathways and protocols.
- Asked about the service currently provided out of hours at Ross Community Hospital, Primecare replied that the service provided on Saturday and Sunday mornings would continue.

- In relation to recruitment of staff for the social care out of hours service the Director of Integrated Commissioning clarified the respective roles of the Council and Primecare noting that Primecare would be responsible for recruitment to support the triage element of the out of hours service.
- A question was asked about the extent to which Primecare worked in an integrated way with the Primary Care Trust. Primecare commented in reply that working arrangements were good and the Key Performance Indicators in the contract encouraged close working to meet the required performance levels. The link that had been established between Primecare and the Herefordshire Local Medical Committee was also noted.
- The Director of Integrated Commissioning commented on practical arrangements in place to foster co-operation and ensure information on patient care was shared. Primecare said that these arrangements for sharing information took account of the numerous cross-border patients from Wales.

The Chairman thanked the representatives of Primecare and suggested that their attendance at meetings of the Committee to provide regular updates on progress would be helpful

RESOLVED: That Primecare be invited to provide a regular update to each scheduled meeting and send a senior representative to answer any questions the Committee might have.

52. RESPONSE TO THE SCRUTINY REVIEW OF WEST MIDLANDS AMBULANCE SERVICE IN HEREFORDSHIRE

The Committee considered the response to the recommendations made in the scrutiny review of the West Midlands Ambulance Service in Herefordshire.

The Committee had approved the scrutiny review of the Ambulance Service in February and invited responses. The joint response received from Herefordshire Primary Care Trust (PCT) and West Midlands Ambulance Service Trust (WMAS) and the response from Herefordshire Hospitals Trust had been circulated with the agenda papers. A revised response from Herefordshire Primary Care Trust and West Midlands Ambulance Service Trust had subsequently been issued.

In the ensuing discussion the following principal points were made:

- The Chairman of the Committee and the Chairman of the Review Group that had conducted the scrutiny review both expressed their disappointment at the formal written joint response from the PCT and WMAS. They considered that the response did not appear to reflect the initial comments made by the PCT and WMAS in response to the review at the Committee's meeting in February. In particular the formal response contained no acknowledgement that the concern about resource issues that had prompted the review had any foundation, despite the fact that the Chief Executive of WMAS had since promised and provided additional resource in Ledbury.
- The WMAS Locality Director commented that WMAS was in general supportive of the recommendations in the scrutiny review and reiterated his thanks to the review group for the professional way in which they had conducted the review. He

emphasised that WMAS was acting on the recommendations and he would report on progress.

He clarified that Ledbury had not formally been provided with 24 hours a day ambulance cover. However, as far as possible the service had maintained 24 hour cover of Ledbury, staffing resources permitting.

He added that in addition to resource, two of the main challenges raised by the scrutiny review were monitoring of patient outcomes and financial support for the Community First Responder Scheme.

- The Director of Integrated Commissioning stated that no assurance could be given that an additional vehicle would be deployed solely for use within Herefordshire. Vehicles needed to be deployed according to the operating model. This provided cover and flexibility and was in the best interests of residents as a whole.
- The Committee was informed that two further reviews of ambulance provision were underway. WMAS was undertaking its own review of provision in the County. In addition the Regional Specialised Commissioning Team, responsible for commissioning the ambulance service on behalf of the 17 PCTs in the West Midlands Strategic Health Authority area had commissioned an independent review looking at the operational and financial effectiveness of the ambulance service across the region. It was agreed to provide the Committee with the terms of reference of the reviews and the timetable for their completion.
- In response to questions about the funding and management of Community First Responders the Locality Manager reported that a Community First Responder (CFR) Manager had now been appointed for the County for the first time, previously one post having covered both Herefordshire and Worcestershire. He personally supported increased financial support for the Scheme but if it were to be fully funded this would have implications across the Country. A Member suggested consideration should be given to using Herefordshire as a pilot for a fully funded CFR scheme to demonstrate the benefits to a rural community.
- A specific example was quoted where it had taken 45 minutes for an ambulance to reach a patient in the North West of the county and the patient had died.
- The response from the Hospitals Trust to the scrutiny review was welcomed as clear, open and self-explanatory. A specific question was asked about the detail of the protocol for ambulance handover set out at page 16 of the agenda papers which the Chief Executive undertook to revisit.
- The Locality Director reiterated that WMAS had little criticism to make of Hereford Hospital's performance in turnaround times. The difficulty was that because it was the only acute hospital, when a problem did arise it could escalate and become serious.

In conclusion Members indicated that they drew reassurance from the explanation given in reply to concerns expressed during the debate. It was proposed it be recorded that their noting of the receipt of the written response of the PCT and WMAS took account of those explanations.

RESOLVED:

That (a) the written responses to the findings of the review of the West Midlands Ambulance Service in Herefordshire be noted, on the basis that the further explanation provided in response to the concerns

expressed by Members at the meeting provided reassurance that the scrutiny review findings and recommendations were being given serious consideration; and

- (b) on conclusion of the two separate reviews of the ambulance service led by WMAS and the PCT respectively their findings should both be reported to the Committee, together with a report on progress in response to the recommendations in the scrutiny review, at which time consideration would then be given to the need for any further reports to be made.**

53. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST- UPDATE

The Committee received an update from the Trust.

The Locality Manager highlighted the following points:

- That in the period of September – November 2008 the Trust had achieved its highest levels of performance against targets. However, there had been a significant decline in December 2008 as a result of an increase in the number of emergency calls, the closure of the Emergency Operations Centre at Bransford and the pressures on hospitals with increased turnaround times. The period January-February 2009 had seen a significant improvement. In March to date performance in meeting category A calls (respond to 75% within 8 minutes) stood at 76%.
- That the Locality would be first to have the new call and despatch system for the Region installed.
- That Hereford Hospital's performance in turnaround of ambulances was excellent.
- The appointment of a Community First Responder Manager for Herefordshire.
- The success of Paramedic students in passing the new degree course for paramedics.
- The agreement to provide 24 hour cover in Ludlow which would assist in providing enhanced cover to the Kington area.
- The loss of the Patient Transport Service Contract.
- The deployment of a number of medical first responders.
- That the Trust intended to apply for Foundation Trust Status on 1 April 2009.

The closure of the Emergency Operations Centre was briefly discussed. The Locality Manager again acknowledged that there had been technological difficulties associated with the move to the regional control at Brierley Hill and it had been a challenging period. However, significant improvements had been made to restore performance to its previous levels. New technology would be installed in May 2009. Asked whether loss of local knowledge had contributed to the difficulties experienced he said that the key point was the retention of the local knowledge of the operational crews. The loss of local knowledge at EOC level, as stated during the consultation period preceding the reconfiguration, had had limited effect. No resources had been lost to the locality as a consequence of the reorganisation and because of the enhanced knowledge of the location of vehicles there had been a benefit to service delivery in particular on the border areas.

It was noted that WMAS had recently been asked what would happen to resources released from the disposal of their offices at Bransford. The Committee had previously requested any such resources should be reinvested in the County with CFRs being a good place to start. It was reported that to date no reply had been received.

It was also noted that the Committee needed to complete the annual healthcheck commentaries for transmission to the Herefordshire Primary Care Trust, Hereford Hospitals NHS Trust and West Midlands Ambulance Service NHS Trust.

RESOLVED: That authority be given for the annual healthcheck commentaries to be finalised in consultation with the Chairman for transmission to the Herefordshire Primary Care Trust, Hereford Hospitals NHS Trust and West Midlands Ambulance Service NHS Trust.

54. HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE

The Committee was informed of progress on the Provider Services Review since the report to the Committee in December 2008. It was noted that proposals may be available for consideration by the Committee in June 2009.

55. HEREFORD HOSPITALS NHS TRUST - UPDATE

The Committee received an update on the operational and financial performance of the Trust to the end of January 2009 together with a summary briefing on key developmental issues for the organisation.

Mr Woodford, Chief Executive, presented the update commenting briefly on the report. He highlighted the provision of 16 additional beds through reopening the Kenwater Ward; the receipt of the final report from the Healthcare Commission following an unannounced hygiene code visit in 2009; and that the Trust had secured a five year accreditation to undertake bowel cancer screening.

The reduction in readmission rates was discussed and it was noted that this was attributable to a range of factors, including a more structured discharge policy operated by Social Care, and the Primary Care Trust.

In response to a question it was clarified that the rationale for the proposed Clinical Decisions Unit was not dependent on the GP-led walk in health centre being developed on the hospital site.

Progress in developing radiotherapy services at the hospital and the provisional opening date of April 2012 was noted.

56. INTEGRATED FALLS PREVENTION AND MANAGEMENT STRATEGY FOR HEREFORDSHIRE 2009-2014

The Committee considered the Integrated Falls Prevention and Management Strategy for Herefordshire 2009-14, due to be submitted to the Primary Care Trust Board for approval

Dr Arif Mahmood, Consultant in Public Health Medicine presented the Strategy highlighting the key points set out in the Executive Summary.

Members expressed support for the strategy. However, noting that the extent of the issue and the impact of preventative and intervention measures were not known, there was concern that additional resources may be needed to ensure its successful implementation.

The Director of Public Health explained measures in place to publicise the strategy and confirmed that GPs and the Community Hospitals were aware of the plans.

RESOLVED: That the Primary Care Trust Board be urged to approve the Strategy and ensure that it is funded appropriately.

57. SCRUTINY REVIEW OF GENERAL PRACTITIONER (GP) SERVICES IN HEREFORDSHIRE

The Committee considered the scoping statement for a review of GP Services in Herefordshire.

In discussion it was emphasised that the review had been prompted by the desire of local people and Councillors, having regard for example to the development of a GP led walk in health centre in Hereford City, to ensure equitable health provision across the County. There was no intention to denigrate the services currently being provided. The aim was to seek to secure improved benefits for the health of local people, with consideration given to the access to services out of hours and at weekends and preventive intervention measures. The Chairman agreed to seek to meet representatives of the Local Medical Committee to ensure that the Committee's intentions were clearly understood.

RESOLVED:

That (a) the scoping statement as appended to the report be approved;

(b) a Review Group be established comprising Councillors PGH Cutter, P Jones, G Lucas, GA Powell, A Seldon, PJ Watts; and

(c) Councillor A Seldon be appointed Chairman of the Review Group.

58. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2008

The Committee noted that the Director of Public Health's Annual Report had been published and would inform future work.

59. WORK PROGRAMME

The Committee considered its work programme.

The following additions to the Programme were noted:

- a report on the completion of the two reviews of ambulance service provision being undertaken by the West Midlands Ambulance Service Trust and the Regional Commissioning body and an update on the progress in response to the Committee's Scrutiny review..

- Progress on the Provider Services Review.

RESOLVED: That the work programme be approved and reported to the Strategic Monitoring Committee.

The meeting ended at 12.33 pm

CHAIRMAN