

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Tuesday, 23 September 2008 at 10.00 a.m.**

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

Councillors: WU Attfield, WLS Bowen, PGH Cutter, P Jones CBE,  
G Lucas, A Seldon, AP Taylor and PJ Watts

**In attendance:** Councillors LO Barnett (Cabinet Member – Social Care Adults)

**15. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors MJ Fishley and GA Powell.

**16. NAMED SUBSTITUTES**

Councillor WLS Bowen substituted for Councillor GA Powell.

**17. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**18. MINUTES**

It was pointed out that the last line of page 4 of the Minutes was incorrect and should read: "staff required to man a car 24 hours a day 7 days a week". Members requested that it be recorded that they otherwise welcomed the Minutes as a clear, good record of the meeting.

**RESOLVED: That the Minutes of the meeting held on 18 June 2008 be confirmed as a correct record and signed by the Chairman, subject to the correction of the final line of page 4 of the Minutes.**

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

The Chairman reported that she had received a number of requests from the public that ambulance response times should be scrutinised and proposed to address this during discussion of the response times under agenda item 8: West Midlands Ambulance service NHS Trust – Response Times.

**20. HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE**

The Committee received a presentation on behalf of the Primary Care Trust (PCT).

Mr Chris Bull, Chief Executive of Herefordshire Council and Herefordshire Primary Care Trust introduced the report, commenting on the commissioning agenda and the provider services review.

Dr Ian Williams, Director of Integrated Commissioning, elaborated on progress with the provider services review, emphasising the consensus on the need to integrate health and social care services and to develop clinical networks. He said that the review report from the Health Services Management Centre, Birmingham was due on 31 October 2008.

He then provided an update on the requirements of the national world class commissioning programme with its clear focus on delivering improved health outcomes. There was a national assurance process to review PCTs' progress towards world class performance and achievement of better health outcomes and provide a common basis for agreeing further development. The PCT had to make a submission to the Strategic Health Authority by October, with the results being known by March 2009.

He further reported on progress made by the Council and the PCT in making appointments to the Joint Management Team, bringing together management processes across the two organisations, and the Herefordshire Public Services review of governance arrangements.

He updated the Committee on the provision of radiotherapy services reporting that Worcestershire County Council's Health Scrutiny Committee had confirmed that they would not require a public consultation on the Three Counties Cancer Network's (3CCN) recommendation to site one Linear Accelerator at both Worcester and Hereford. Work was now underway to plan the development of the service in Herefordshire.

He also reported on success in reducing waiting times in pursuit of achieving an 18 week referral to treatment time; continuing focus on dealing with healthcare acquired infections; intermediate care; sexual health; that there were still GP practices where extended hours had not been provided; and progress in relation to the letting of a contract for the GP out of hours service and the GP led Health Centre.

In relation to the GP led Health Centre he said that the contract being let would provide for the delivery of essential primary care services and for the delivery of additional and enhanced services as defined in the national GP contract. On clinical governance grounds it had not been feasible to restrict the Centre to only providing "essential" services.

Dr Akeem Ali, Director of Public Health, gave a presentation on Health in Herefordshire. He reminded the Committee that health in Herefordshire was good with low childhood and infant mortality rates and life expectancy already close to 2010 national targets. However, there were challenges, including an unequal experience of poor health and early deaths, poor oral health compared to the regional average and avoidable differentials in the County in the following: admissions for coronary heart disease, respiratory illnesses, psychiatric admissions, children admissions, smoking quit rates and admission rates for alcohol related matters.

An update report had also been included with the agenda papers.

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

- Members questioned the range of services to be provided at the GP led health centre. The Director of Integrated Commissioning clarified that in relation to enhanced services there were directed services that had to be provided to every patient, national services which did not have to be provided for every patient but for which there were national specifications and local services where the PCT

had discretion as to what was provided.

- That when the proposal for the walk-in GP Health Centre development had been presented to the Committee in June there had been a clearly understood objective of not undermining the County's good base of primary care. It had been envisaged that the Centre would provide essential services but not enhanced services that might take patients away from existing providers.

The Director of Integrated Commissioning said that it was not proposed to commission services at the Centre that were superior to those already provided by GP practices. The Chief Executive reinforced the point that the new service would provide the same service as current GP practices under their contracts. He added that negotiations would need to take place with whoever provided the service at the Centre and with other GPs.

- The Director acknowledged that some GPs were concerned they might lose patients. In the circumstances there was a degree to which the PCT's interests as commissioners in securing high quality services might not be wholly aligned with the interests of the GPs as independent contractors. However, the quality of primary care service in the City and the County was high and he considered that the risk of patients leaving existing providers was low. He reminded the Committee of the potential which existed in the innovative approach to combining provision of the out of hours service with the Centre development and the scope to reduce pressure on the hospital's Accident and Emergency Unit.
- The Director said further information could be provided to the Committee on the enhanced services it was proposed to provide under the contract for the Centre if required. The Chief Executive emphasised that existing primary care services were of a high quality and it was a case of seeking to add to that high standard of care.
- A question was asked about progress in developing the ICT linkages between health and social care. In reply it was stated that whilst work was continuing under the Herefordshire Connects programme, this was a national issue with national developments in NHS ICT and there was no easy local solution. It was proposed that a report on the issue should be added to the work programme.
- The potential to improve public health by exercising a community leadership role was noted.
- The position on the number of dentists in the county and oral health including fluoridation was discussed. It was proposed that a report on oral health should be added to the work programme.
- A question was asked about MRSA. In reply it was said that the number of cases locally had been reduced. The need for preventative action and the maintenance of monitoring systems was emphasised. The Chief Executive of the Hospitals Trust reported that three quarters of patients were currently screened. From April 2009 all patients would be screened.

The Chief Executive confirmed that Members were welcome to visit health properties in their wards to enhance their understanding of them provided the visits were arranged in advance.

**RESOLVED:**

- That (a) **the Committee welcomes the decision by 3CCN to locate a LiNAC machine and satellite radiotherapy services at Hereford Hospital and that given the decision to form 2 satellite services with Herefordshire and Worcestershire concurrently that it will not be necessary to undertake a broader public consultation on the decision;**
- (b) **the GP Out of Hours and GP walk in Health Service should include the basic levels of GP service as it would reasonably be expected by a patient to include such as family planning, vaccinations and the like but should not offer services over and above those existing GP practice groups in Hereford City without further consultation with the Committee;**
- (c) **a report on ICT linkages between health and social care be added to the work programme; and**
- (d) **a report on oral health be added to the work programme.**

**21. HEREFORD HOSPITALS NHS TRUST - UPDATE**

The Committee received an update on the operational and financial performance of the Trust up to September 2008 together with a summary briefing on key developmental issues for the organisation.

Mr Martin Woodford, Chief Executive of the Trust, commenting briefly on performance and developments as set out in the report. He highlighted that the Trust was under pressure with a significant increase in referrals.

The Chairman thanked Mr Woodford for his concise and helpful report.

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

- Asked about the pressure the hospital was under Mr Woodford replied that the hospital was 98% full and discussions were taking place with clinicians about how to deal with this capacity issue. The view was that more could be done to manage the number of admissions.
- One of the cost containment measures identified in the report was closer scrutiny of non-pay orders. In response to a question seeking clarification Mr Woodford confirmed that there were measures currently in-place. It was proposed to strengthen those measures.
- In reply to a question about discharge of patients and links with the social care services Mr Woodford said that there were no particular difficulties at the moment.

The Director of Provider Services said that there was some pressure in discharging patients from Community Hospitals. Two new social worker posts would help to improve matters. The emphasis had to be on safe discharges.

- The expenditure on refurbishing the hutted wards, rather than replacing them at

once, was questioned. Mr Woodford said that the Trust Board had agreed to their replacement. The intention was to do this within 3 years, the timing being dependent on the availability of capital finance. In the meantime the Healthcare Commission had said that the huts were not up to the required standard and they had therefore had to be refurbished.

- Regarding Foundation Trust status Mr Woodford said that he had agreed with the Primary Care Trust that no application would be submitted pending the outcome of the review of provider services. However, preparatory work was being carried out in line with the Government's policy that all Hospital Trusts should achieve Foundation Trust Status by 2010.
- It was asked how many readmissions there were. Mr Woodford said he could supply the detail if required. However, he knew the figure was low. The figures were monitored by the Board and there were clinical governance arrangements in place to ensure standards were maintained.
- Reassurance was requested that patients were not under pressure to be discharged. Mr Woodford confirmed that discharge dates were planned with the patients to provide clarity to the process.

The Chairman thanked Mr Woodford for his attendance.

## **22. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES**

The Committee considered the Service's performance in meeting targets for response times.

Mr Derek Laird, Locality Director, presented the report. He said that performance in responding to Category A calls in September so far, at 81.3%, was the best Herefordshire had ever had. In response to the new standardised performance reporting system introduced with effect from April 2008 Herefordshire Primary Care Trust had provided additional funding that had allowed additional resources to be deployed in Herefordshire. He described a number of service enhancements. He added that Members were welcome to make appointments to visit local ambulance stations or visit the control centre at Bransford.

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

- It was noted that when a call was received allowing for, on average, 90 seconds to process the call this left only 6 and a half minutes to meet the response target. Mr Laird acknowledged that this was challenging.
- Asked about the deployment of Community First Responders (CFR), Mr Laird stated that CFRs were never deployed without having sent a vehicle. The CFR scheme was successful but was not a replacement for the service.
- A question was asked about an incident in Ledbury where someone had needed assistance 150 yards from the ambulance station but no one had been available. It was asserted that the first detail for the Ledbury ambulance each morning was to be deployed to Malvern, It was asked how much time the resource based at Ledbury was out of the County.

Mr Laird replied that 1 car and 1 ambulance were based at Ledbury and available between 9.00 am and 9.00 pm. Of 22 Category A calls in Ledbury in August the

response target had been missed on 6 occasions, all of them out of hours. Twenty-four hour cover in all the Market Towns would be ideal but there was a clear resource implication for the Commissioners.

Five emergency vehicles were deployed out of hours. These were based at Hereford and Leominster. Ledbury received 8% of calls and it was therefore hard to justify deploying this resource there.

- It was noted that the Committee had previously formally requested that CFR Schemes be funded. Mr Laird said that he agreed with this view. He was urged to pursue the matter.
- Asked about deployment of the air ambulance Mr Laird advised that Herefordshire was the largest user of the air ambulance. The main costs were tied up in the lease and staff, so cost was no disincentive to its use. The ambulance was deployed whenever it was thought it might be needed.
- Mr Laird noted that there would always be times when response times would be missed, for example Friday and Saturday nights when there were a number of drink related incidents that had to be dealt with.
- It was asked what the process was for addressing underperformance citing response times for category A calls in the HR8 Ledbury postcode in May–July 2008 of 50%, 57% and 57% respectively. Mr Laird replied that the formal position was that the Trust was only obliged to hit the target for the Region as a whole. However, his aim was to hit the response target across the Counties within the locality for which he was responsible (Herefordshire, Shropshire and Worcestershire.) A review of the data was held every six months to see if moving resources or changing the hours of provision would improve performance or clinical care. It remained the case, however, that there were financial constraints.
- It was remarked that there was a need to view the system as a whole taking account, for example, of turnaround times at the hospital.
- It was proposed that there should be a formal review of the ambulance service with particular reference to the Market Towns of Ledbury and Ross-on-Wye. This would need to look beyond the response times themselves to the outcomes achieved and experiences on the ground of residents.

**RESOLVED:**

- That**
- (a) a formal review be undertaken of the Service provided by the West Midlands Ambulance Service (WMAS) NHS Trust in Herefordshire with particular reference to the Market Towns of Ledbury (postcode HR8) and Ross-on-Wye (postcode HR9), with the added intention of ensuring that there is no drift of resource from Herefordshire to other parts of the West Midlands Region following the creation of the regional WMAS NHS Trust;**
  - (b) the efforts made to improve response times within Herefordshire be noted; and**
  - (c) that the projected improvement in response times for September bringing them into line with Shropshire and Worcestershire be welcomed.**

**23. NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE) - PRESENTATION**

The Committee received a presentation from Mr Chris Connell, Implementation Consultant, on the work of the National Institute for Health and Clinical Excellence (NICE) and how this could be of help to scrutiny.

He noted NICE's responsibility for providing national guidance on the promotion of good health and the prevention and treatment of ill-health and described the organisation and its role in issuing guidance on interventional procedures, technology appraisals, assessments of cost effectiveness, appraisal guidance, clinical guidance and public health guidance.

He noted the comprehensive evidence base and expert input that informed NICE guidance and work in association with the Centre for Public Scrutiny on a series of guides designed to help Health Scrutiny Committees.

The Committee discussed aspects of NICE's work including the process for approving drugs for use. It was noted that if NICE considered that a drug was not cost-effective this did not preclude a Primary Care Trust from using the drug. However, the Trust would face questions over the evidence it had taken into account and have to justify the expenditure against the many competing priorities

**24. LOCAL INVOLVEMENT NETWORK**

The Committee considered a progress report on the development of Herefordshire Local Involvement Network (LINK).

Mr Mike Vials, Herefordshire Team Leader for the LINK, presented the report.

The Committee noted the progress to date. The Chairman said that the Committee looked forward to working closely with the LINK.

**25. JOINT COMMISSIONING PLAN FOR PEOPLE WITH MENTAL HEALTH PROBLEMS 2007-11**

The Committee did not consider this item. It was proposed that a revised report would be made to the Committee.

**26. JOINT COMMISSIONING PLAN FOR HEALTH AND SOCIAL CARE SERVICES 2008 – 2012 FOR ADULTS WITH PHYSICAL DISABILITIES AGED 18 – 64 YRS**

The Committee did not consider this item. It was proposed that a revised report would be made to the Committee.

It was noted that there was the potential for some overlap between the reports called for by the Adult Social Care and Strategic Housing Scrutiny Committee and the Health Scrutiny Committee.

The Chief Executive suggested that the respective Chairmen should discuss the matter with the Chairman of the Strategic Monitoring Committee.

**27. WORK PROGRAMME**

The Committee considered its work programme.

The following additions to the programme were proposed:

- ICT – linkages between Health and Social Care
- Oral Health/Fluoridation
- Ambulance Service Review

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

The meeting ended at 1.20 p.m.

**CHAIRMAN**