

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 30 November 2009 at 10.00 am

Present: Councillor PM Morgan (Chairman)
Councillor AT Oliver (Vice Chairman)

Councillors: WU Attfield, MJ Fishley, DW Greenow, RC Hunt, Brig P Jones CBE, G Lucas, A Seldon and AP Taylor

In attendance: Councillors PA Andrews, WLS Bowen and PJ Edwards

9. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PGH Cutter and GA Powell.

10. NAMED SUBSTITUTES

Councillor D W Greenow substituted for Councillor PGH Cutter.

11. DECLARATIONS OF INTEREST

There were none.

12. MINUTES

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

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

There were no suggestions from members of the public.

14. EFFICIENCY REVIEW OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee considered the outcome of the efficiency review of the West Midlands Ambulance Service NHS Trust (WMAS).

The report noted that the Regional Specialised Commissioning Team, responsible for commissioning the ambulance service on behalf of the 17 Primary Care Trusts (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.

The findings of the efficiency review undertaken by Lightfoot Solutions (the Lightfoot Review) had been published on 30 September 2009. A summary and analysis by NHS Herefordshire was appended to the report. The Lightfoot Review had been circulated separately to Members of the Committee.

Representatives of WMAS attended the meeting to present the findings of the Lightfoot Review.

The presentation provided some background statistical information on the service and some of its recent achievements, including being Ambulance Service of the Year 2007, 2008 and 2009.

It was reported that the main issues to be addressed by the Independent Review had included demand, performance, the implications of the urban/rural mix of services, ambulance resources, the Paramedic skill mix, the status of urgent care provision and the cost of the service.

Demand on WMAS was consistently above both the contract level and previous year April '08 to March '09: +3.5% above previous year and 1.9% above contract, April - October '09: +7.2% above previous year and 4.5% above contract. There were not enough ambulances across the region

In terms of performance, despite achieving national targets for the last three years WMAS performance was not sustainable due to high demand and was not consistent across the region.

Performance varied between urban and rural areas. In Herefordshire performance against the national target of responding to Category A calls within 8 minutes of 75% was 72% and the Lightfoot review recommended a target of 68%. This compared with performance across the Region as a whole of 75% with the Lightfoot Review recommending a target of 80%. It was stated that WMAS was still seeking to hit the 75% target in Herefordshire and had not adopted the Lightfoot recommendation of a target of 68%.

The fact that demand was above the level provided for in WMAS contract with the commissioning bodies meant there were not enough front line ambulance staff and WMAS was unable to complete mandatory training updates.

The Paramedic skill mix of 52% meant WMAS could not put a paramedic on every ambulance. This meant too many patients were taken to hospital and there was insufficient use of alternative care pathways

Urgent care provision varied across the region. Emergency ambulance demand increased when patients could not access urgent care

WMAS costs were amongst the lowest in England. Rural costs would always be higher than urban costs but there was a wide variation in payments made by PCTs with some paying proportionately more than others.

The main recommendations of the review were summarised. Immediate action taken in response to the review included the establishment of PCT/WMAS Task & Finish Groups to implement recommendations; investment by PCTs of c£11m to recover performance by deploying additional ambulances; a Regional Clinical Support Desk in Emergency Operations Centres to manage non-life threatening category C calls; increased use of alternative pathways; a healthcare Referral Tier for Urgent Referrals introduced; 25 additional ambulances and 100 staff trained

By March 2013 it was planned to increase the number of paramedics by 300, improving the paramedic skill mix to 69% from 52%. This would be achieved by a major increase in training and development of the existing workforce, direct entry from university and direct recruitment of qualified people.

Ongoing action included agreeing commissioning PCT intentions and the WMAS response, agreeing ongoing funding arrangements; the proposed replacement of the

“block” contract with tariffs; agreeing a response model and performance management arrangements.

In discussion the following principal points were made:

- It was noted that a move from a block contract to a tariff based system would be the first such arrangement in the Country and would require the agreement of all 17 PCTs in the region. The ambulance service had been seeking such a change for a number of years. It believed that a tariff system encouraged efficiency as well as a good quality service.
- A question was asked seeking clarification of the costs of the proposed increase in the number of paramedics. Assurance was sought that the plan would deliver value for money and better care for patients. WMAS acknowledged that there would be increased costs but the review had highlighted the need for increased funding of WMAS, recognised already by the additional investment made by the PCTs in the current financial year in response to the review. Increasing the number of paramedics had a number of service and cost benefits, for example, permitting care to be provided locally in a community setting such as a primary care centre, Minor Injuries Unit or GP surgery, which was what most patients preferred, reducing the number of patients taken to hospital. The PCTs had a key role in performance managing the service and ensuring patient care was appropriate. Because facilities varied across the region it was important that the operation control centres had a directory that detailed the facilities available. It was requested that in reporting on progress in response to the review WMAS should include comment on the outcomes for patients and the costs.
- One of the findings of the Committee’s own scrutiny review of the ambulance service in Herefordshire had been that there was a need to improve ambulance clearance procedures at hospitals. Disappointment was expressed that this finding, and others of the Committee’s review, did not appear to have been acted upon. In reply it was acknowledged that waiting to book patients into hospitals was an issue and WMAS did pursue this with the PCTs. Other actions taken had included putting more ambulances on the road and developing a workforce plan.
- The importance of Community First Responders was acknowledged.
- The proposition in the Lightfoot Review that the target for responding to Category A calls within 8 minutes should be set at 68% for rural areas was discussed. WMAS assured the Committee that, whilst it was a struggle to hit the 75% target in rural areas WMAS would continue to seek to meet the 75% target.
- There was criticism of the dip in WMAS performance. WMAS replied that demand for the service had increased so dramatically that the service had not been able to cope as it would wish.
- In response to concern that good performance in urban areas could provide good performance statistics on a regional basis, masking poor performance in Herefordshire, WMAS replied that each PCT was provided with an assessment of performance in its area.
- In response to a question about service integration the Director of Public Health said that this was at the forefront of service planning in Herefordshire.
- WMAS acknowledged that targets were not outcome based and there was an aim to move towards this position.

- In response to a suggestion that that not all ambulances available to WMAS were in service, WMAS said that it could take time to commission vehicles and resource needed to be managed to ensure cover. All vehicles available to WMAS were being deployed.

RESOLVED:

- That (a) a report be made to the next meeting setting out progress in response to the findings of the Lightfoot Review, performance against targets in Herefordshire the cost implications for the NHS as a whole of the improvements proposed in the Lightfoot review and the projected outcomes;
- (b) the report should also include commentary on action in response to the findings of the Committee's review of the ambulance service in the light of the Lightfoot Review; and
- (c) the Committee's disappointment at the time taken to address the recommendations in its scrutiny review be recorded.

15. RESULTS OF ANNUAL HEALTH CHECK 2008/9 - WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee noted the performance of the Ambulance Trust in relation to the Annual Health Check results for 2008/9.

16. RESULTS OF ANNUAL HEALTH CHECK 2008/9 - NHS HEREFORDSHIRE

The Committee considered the performance of the Primary Care Trust in relation to the annual health Check results for 2008/9.

This showed that the Health Check conducted by the Care Quality Commission had given the Trust a rating of fair for both quality of commissioning and for financial management. A table showed how the ratings compared with other Primary Care Trusts within the West Midlands Region.

The Director of Public Health presented the report, the findings of which had highlighted nothing unexpected. He acknowledged that some targets had proved challenging but emphasised that there was clear commitment to deliver improvement. The planning and integration of services provided an opportunity to achieve this aim.

He expressed particular concern about smoking, as one of the major preventable issues; the provision of mental health services and stroke care and commented briefly on work underway to address each of these areas.

In discussion the following principal points were made:

- In response to a question about the PCT's commitment to maintaining local hospital provision at Bromyard the Director of Public Health stated that he was unaware of any change in approach but would clarify the position.

The Chief Executive of the Hospitals Trust commented that an exercise was underway on the integration between the community hospitals and the acute hospital and if there were under-utilisation this would be picked up as part of this exercise.

- It was requested that further detail be provided on performance against targets summarised on page 32 of the agenda papers, describing the various targets and providing a progress report on those targets that had not been met and plans to generate improvement.
- It was noted that the health service performance framework was to be changed and proposed that a seminar be arranged for Members when details had been confirmed.

Resolved:

- That**
- (a) the Chief Executive's update to the next meeting include a progress report on targets in the Health Check that had not been met and plans to generate improvement; and**
 - (b) a seminar be arranged for Members on the new health service performance framework when that is confirmed.**

17. RESULTS OF ANNUAL HEALTH CHECK 2008/9 HEREFORD HOSPITALS NHS TRUST

The Committee considered performance of the Hospitals Trust in relation to the Annual Health Check results for 2008/09.

The report stated that the Health Check, conducted by the Care Quality Commission had given the Trust a rating of good for quality of services and fair for use of resources.

Since the publication of the agenda papers the Annual Hospital Guide, produced by Dr Foster, an independent provider of information, analysis and communications to health and social care organisations, had been published (on 29 November 2009) and received national publicity. This had included a ranking of hospitals for patient safety which had ranked Hereford Hospital as the twelfth worst in England.

Mr Woodford, Chief Executive of the Trust, presented the report on the Health Check. He noted that it was an exception report and did not therefore include comment on a range of areas where the Trust had improved.

In terms of areas for improvement he considered Stroke Care was the one requiring most attention. The Health Community Stroke Pathway was being reviewed by the Hospital Trust and the Primary Care Trust as Commissioner. It had been agreed that additional resources would be made available. He agreed to provide an update to the Committee on Stroke Care.

Members asked Mr Woodford to comment on the publication by Dr Foster. Mr Woodford commented that the assessment covered the same period as the Health Check but had looked at different things. In 2008/09 the hospital's mortality rate had been 93.4, the national average being 100. He therefore considered that overall safety at the hospital was very good. The report by Dr Foster did raise some issues and the Trust would consider these and seek to understand the basis for the findings and respond constructively to them. It was proposed that the Trust's response should be submitted to the Committee's next meeting.

The Director of Public Health commented on the importance of there being a safe, local hospital providing a range of care. There was a clear quality assurance framework in

place and the Dr Foster's report needed to be viewed within that context. It was important to acknowledge the service areas where improved outcomes were being achieved and to ensure the hospital remained safe by working collectively on those areas where it was recognised there was a need to improve.

RESOLVED:

- That (a) once an action plan has been prepared in response the findings of the Dr Foster survey this be circulated to Members and reported to the next meeting; and**
- (b) an update on Stroke services be provided to the next meeting.**

18. INTERIM TRUST UPDATES

The Committee considered interim updates from Hereford Hospitals NHS Trust, and NHS Herefordshire.

West Midlands Ambulance Service NHS Trust had no additional information to submit.

In discussion the following principal points were made:

Mr Woodford, Chief Executive of the Hospitals Trust acknowledged that the significant increase in A&E attendances for August 2009 looked odd and reported that it was being investigated.

It was asked what progress had been made in determining a site for the GP led walk in health centre. The Director of Public Health reported that interim arrangements had been made to provide a walk in GP service at the ASDA store in Hereford. Discussions were continuing on the location of a permanent site and what services could be integrated within it.

Consultant cover at the A&E Unit was raised. It was replied that consultant cover was available 24 hours a day at the A&E Unit. The Trust was seeking to develop the role of nurse practioners and increase their skills to enhance cover.

It was requested that the Committee should be provided with an update on the procurement of a strategic partner to deliver mental health services.

A Member reported concerns that the "Choose and Book" system being used by all Herefordshire GP practices was cumbersome to use. The Director of Public Health replied that it was a national system and he was not aware of any particular difficulties locally.

Asked for an update on swine flu the Director of Public Health said that whilst measures remianied in place locally it appeared that the worst case scenario had not materialised. The Director of Quality Assurance reported on progress with the vaccination programme.

19. WORK PROGRAMME

The Committee considered its work programme.

The following additions to the work programme were noted: provision of mental health services, Stroke care, Hereford Hospital Trust's response to the findings of the Dr

Foster's Annual Hospital Guide, progress in response to reviews of the ambulance service; and the need for a seminar on the new health service performance framework.

RESOLVED: That the Work Programme as amended serve as a basis for further development.

The meeting ended at 12.40 pm

CHAIRMAN