

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 5 December 2008 at 10.00 a.m.**

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

**Councillors:** PGH Cutter, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

**In attendance:** Councillor PJ Edwards. ( Mrs P Preece and Mr J Wilkinson were also present on behalf of the Local Involvement Network, together with Dr P Harris on behalf of the Local Medical Committee.)

**28. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors WU Attfield and MJ Fishley. Councillors PA Andrews and WLS Bowen also submitted apologies.

**29. NAMED SUBSTITUTES**

There were no named substitutes.

**30. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**31. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 23 September 2008 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the public.

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

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

Mr Tim Tomlinson, Associate Director of Operations, commented briefly on performance and developments as set out in the report. He highlighted the increased activity levels for non-urgent treatment, and an upturn in emergency activity whilst noting continued strong performance against the target that 98% of patients should be seen within four hours of attending Accident and Emergency (A&E) the Trust's performance in dealing with Healthcare Associated Infections such as MRSA. He noted that there had been a rise in the complication rate above the peer average which initial investigation suggested was a coding issue relating to hip

and knee replacements. He also reported that the Trust was currently in surplus but this was some £937,000 below the financial plan.

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

- Asked about action in response to a patient survey finding that 40% rated food at the hospital as fair or poor it was confirmed that steps were being undertaken to improve satisfaction.
- It was asked how the pattern of referrals from GPs for non-urgent treatment compared with other Trusts and what contingency plans were in place to deal with ward closures and staff illness. Mr Tomlinson replied that this was a national picture. As waiting times reduced there was a need in particular for orthopaedic services and specialised services for the elderly, with a growing number of referrals for heart problems. These services were under review. The Trust was putting additional orthopaedic provision in place and reviewing need in the next year for orthopaedic and heart services.
- A question was asked about the type of replacement joints the Trust acquired. Mr Tomlinson replied that the reference he had made earlier to a number of complications with hip and knee replacements reflected the fact that those replacement joints had worn out having reached the end of their lifespan. It did not present a picture of early recalls because of faulty joints.
- Comment was sought on problems being experienced by a large number of GP practices in making appointments. It was suggested delays of 20 minutes were being experienced, prompting GPs to refer patients straight to A&E instead. Mr Tomlinson replied that there had been a large number of admissions, creating pressure on the systems in place. He described action taken to simplify and resource the admission process which he said should generate improvement.

The Chairman thanked Mr Tomlinson and Mr Curtis, Chairman of the Hospitals Trust, for their attendance.

#### **34. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

The Committee considered an update on the operational performance of the Ambulance Service.

Mr Malcolm Price, Divisional Commander (Herefordshire), circulated a report summarising performance against national targets, the turnaround time at hospital, the time between an ambulance arriving at hospital and being ready to go to another emergency and the decision not to pursue current proposals to relocate the ambulance stations in Bromyard and Hereford.

He reported that performance in attending category A calls had improved as a result of successful recruitment. Category B calls continued to present a challenge particularly when more than one call was received in quick succession. There was potentially evidence of a trend showing an increase in the number of occasions where the turnaround took longer than 30 minutes.

The Chairman of the Committee's Ambulance Service Review Group informed the Committee that the Service had been very helpful and open in assisting the Review Group with its task.

In response to a request Mr Price said that the service would be pleased to accommodate a visit by the Committee to the new Emergency Operation Centre at Brierley Hill. He said that the changeover had generally gone well although there had been some minor problems. He expected that the figures would show a slight drop in performance but he was confident this would soon be rectified.

The Chairman thanked Mr Price for the update and the Service's assistance with the Committee's review of the Ambulance Service.

### **35. HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE**

Dr Akim Ali, Director of Public Health, reported to the Committee on the following issues:

- World Class Commissioning – He reported that West Midlands Strategic Health Authority was holding the World Class Commissioning Panel day on 10 December when it would inform PCTs of its view on their commissioning and planning approach.
- Primary Care Trust Planning – He reported that the budgetary allocation for 2009/10 was still awaited.
- GP Led Health Centre – the process was ongoing with a view to a Centre being commissioned early in 2009.
- He noted that the other major issue was the Provider Services Review which was the subject of a separate report on the agenda.

An invitee expressed grave concern over the development of the GP led Walk in Health Centre. In particular it was suggested that the proposal that had originally been presented by the PCT as a restricted emergency service now represented direct competition to the existing Primary Care GP Service. It was further suggested that the new Centre would in effect be receiving a subsidy, putting existing providers at a competitive disadvantage. If a cap on registrations were to be imposed at a low level this would remove any incentive on the part of those managing the new Centre to develop its role in competition with existing providers.

The Chairman commented that the Committee had approved the PCT's plans for the Centre in June on the basis of assurances given to it at that time. The Committee had not subsequently reviewed the contractual documentation. In view of the concerns now being expressed on behalf of GPs she proposed to review the documentation associated with the proposal to establish whether it was consistent with what the Committee had understood to be the case, noting the Committee's strongly expressed view throughout, and reinforced by the resolution it had passed on the issue in September, that the proposal should not be to the detriment of existing services. If necessary she would call an additional meeting to consider the issue.

### **36. PROVIDER SERVICES REVIEW**

The Committee considered progress with the Herefordshire Provider Services Review.

The Committee had before it the report by the University of Birmingham's Health Management Centre and a chart setting out the proposed next steps in the review.

The Director of Integrated Commissioning presented the report. He said that the original timescale for the review had been too ambitious and had not been met. It was important to take the necessary time to arrive at the correct service delivery model, with consideration then given to finances and organisational structures. He emphasised the wish to support a District General Hospital with an Accident and Emergency Unit and Maternity Services. He outlined the next steps in the review, noting that the timetable would allow the Hospitals Trust to achieve Foundation Trust Status if it was concluded that that was the best way forward.

He then outlined progress against the recommendations in the Health Management Centre's report.

In the ensuing discussion the following principal points were made:

- It was asked whether the review would be able to take account of the recommendations made following the Inquiry into child protection issues launched following a high profile case in Haringey. The Director of Integrated Commissioning said that he believed the timing would allow the review to take account of the Inquiry's findings. He added that a review of the Council's own safeguarding procedures was already underway.
- A question was asked about the development of an integrated primary and secondary care service in Accident and Emergency (A&E), the front door triage system, the creation of a Clinical Decisions Unit and the impact on Community Hospitals. The Director emphasised that the intention was to ensure the process when people attended A&E worked more smoothly and ultimately reduced ward admissions or repeat trips. Consideration of the role of Community Hospitals was at an early stage.
- It was requested that clear, succinct guidance be developed for the public explaining the patient pathways clearly. The Director said that that was his intention.
- The Director emphasised that the proposed patient pathways were intended to improve patient experience by ensuring that access to specialists, diagnostics and existing out-patient clinics occurred where possible during the initial visit to Accident and Emergency.
- That in the upheaval of reorganisation it was important not to lose sight of the importance of achieving better outcomes for patients. It was emphasised in reply that the focus in developing the patient pathways was to avoid the need for clinical care, enabling people to stay healthy and independent.

The Committee noted the report and looked forward to a more detailed update at its next meeting.

### **37. ELDERLY FALLS**

The Committee received an update on the development of the Herefordshire Falls Strategy 2009-2014.

Dr Akim Ali, Director of Public Health, reported that there had been considerable progress since the issue of elderly falls had been discussed at an informal meeting of the Committee.

Dr Victoria Alner gave a presentation on the Strategy. This set out the national and local context, the financial implications of hip fracture, the vision, key objectives, targets and key outcomes and described a proposed service model and care pathway. It was noted that following approval of the Strategy by the Falls Prevention Strategy Group in January 2009 consultation with wider stakeholders was proposed followed by approval by the PCT Board in March 2009 and then by a presentation to the Health Scrutiny Committee.

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

- The need to identify those at risk of falls and maintain a register that would record the number of falls suffered by individuals and be accessible by a range of relevant organisations was discussed. It was noted that once services were aware someone had fallen home safety assessments could be undertaken along with other preventative measures.
- The Director of Public Health emphasised the importance of allocating resources for educational materials that would help prevent falls. It was noted that a range of agencies visited homes and could distribute this information.
- It was suggested that there was a need for a single telephone contact number that could be used in the event of a fall.
- The financial costs associated with falls and the corresponding value of investment in preventative measures were highlighted.

The Committee noted that a further report would be made to the Committee in March.

### **38. WORK PROGRAMME**

The Committee considered its work programme.

The following additions to the agenda for the March meeting were agreed: Provider Services Review, Falls Strategy and consideration of the Ambulance Trust seeking Foundation Trust Status.

It was agreed that proposed items on sexual health and oral health should be held in abeyance.

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

The meeting ended at 12.30 p.m.

**CHAIRMAN**