

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 1 March 2010 at 10.00 am

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

Councillors: WU Attfield, PGH Cutter, KG Grumbley, Brig P Jones CBE,
GA Powell and A Seldon

In attendance: Councillors WLS Bowen and PJ Edwards. Mr J Wilkinson, Chairman of the Local Involvement Network, was also present.

20. APOLOGIES FOR ABSENCE

Apologies were Received from Councillor RC Hunt, G Lucas and AP Taylor.

NB J Wilkinson present

21. NAMED SUBSTITUTES

Councillor KG Grumbley substituted for Councillor RC Hunt.

22. DECLARATIONS OF INTEREST

There were none.

23. MINUTES

RESOLVED: That the Minutes of the meeting held on 30 November 2009 be confirmed as a correct record and signed by the Chairman, subject to the amendments that Councillor WU Attfield had not attended and had sent her apologies and that Mr J Wilkinson Chairman of the Local Involvement Network, had been in attendance.

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

There were none.

25. SCRUTINY REVIEW OF GENERAL PRACTITIONERS (GP) SERVICES

The Committee considered the report of the scrutiny review of General Practitioners (GP) Services.

The Chairman of the Review Group presented the report. He highlighted in particular the Group's findings on the importance of continuity of care; ensuring personal contact for patients throughout their pathway along the health and social care system; and the role of GPs as community gatekeepers.

He also proposed that the report should be referred direct to NHS Herefordshire for response.

In discussion the following principal points were made:

- The Herefordshire Place Survey 2008 had found that 17% of respondents found it difficult to access GP Services. However, the survey did not ask why they found access difficult. It was suggested that this needed further investigation.
- Clarification was sought on the numbers of GPs providing care out of hours.
- The Director of Public Health, representing the Chief Executive of Herefordshire Council/NHS Herefordshire at the meeting, commented on the extended access available through the Equitable Access Centre and an increase in the number of GPs providing services at weekends and offering extended opening hours during the week. A Transition Board was working to improve access, care pathways and continuity of care.
- Noting that statistics showed 24% of those in Hereford City and South of the river had responded that they found it difficult to access GP services, it was requested that consideration be given to retaining the temporary equitable access provision at South Wye when the permanent Centre at the hospital site was open.

The Director of Public Health acknowledged that it would be worth exploring the pattern of use of the temporary provision and other health facilities.

- The importance of the link between carers and GPs was emphasised. The Director of Quality and Clinical Leadership commented that the views of Herefordshire Carers Support were taken into account as part of the commissioning process.

RESOLVED:

That (a) the findings of the scrutiny review of GP Services be approved and referred to NHS Herefordshire for a formal response to be reported back to the Committee; and

(b) the response to the review be reported to the first available meeting of the Committee;

(c) consideration be given at that meeting to the need for any further reports to be made; and

(d) the principal points made in discussion be noted and addressed.

26. QUALITY ASSURANCE FRAMEWORK

The Committee received an update on the Quality Assurance Framework and the processes and systems in place to ensure quality services were being commissioned and directly provided.

The Director of Quality and Clinical Leadership (DQCL) gave a presentation highlighting aspects of the report in the agenda papers. This included the importance of ensuring the patient experience was accurately captured and used to generate service improvement.

The Committee also received a demonstration on work being undertaken to collate data and allow it to be explored to identify themes which could in turn then be further analysed.

It was also noted that the Committee would need to consider what role it wished to play in commenting on the “quality accounts”, reports that all providers of NHS services were now to be required to publish on the quality of health care services they were delivering.

In the ensuing discussion the following principal points were made:

- The communication of information and the difficulty in targeting information without the danger of information overload was discussed. The DCQL acknowledged the complexities but said consideration was given to how best to ensure effective communication, referring to both the Communications Strategy and the Customer Services Strategy.
- The DCQL commented on the way in which providers were being encouraged to respond to concerns expressed by patients immediately, on the spot, where it was easily practicable to make a change to address that concern, rather than directing concerns through a formal complaints type process. Demonstrating that changes would be made promptly, encouraged patients to express their views.
- The DCQL confirmed that targets were not seen as an end in themselves. The focus was on the quality of services.
- Asked if arrangements were in place to audit the systems in place the DCQL replied that there were monthly clinical review meetings, with additional meetings called if a provider was not performing to the standard required. She commented on the way in which anecdotal evidence about services, of which providers had previously been wary, was now being used to improve services, mindful that what patients told others about the service could often be more open and revealing.
- It was asked if there was a risk that a rigid quality framework would stifle innovation. The DCQL said that many providers were innovative and the focus on continuous service improvement encouraged innovation, as did the need to respond to financial pressures.
- A concern was expressed that the monitoring arrangements outlined at section 7 of the report were too onerous, involved duplication and were taking the place of effective management arrangements. The Director of Public Health commented that he considered the structure in place in Herefordshire to be quite streamlined compared with other Primary Care Trusts.
- In the light of the significant failings identified in the findings of the independent inquiry into mid-Staffordshire NHS Foundation Trust assurance was sought that recommendations on clinical safety were being acted upon and that the Hereford Hospitals Trust was compliant.

The DCQL replied that the monthly Clinical Quality Forum ensured that recommendations on clinical safety were being acted upon by providers both within the County and by those outside the County from whom services were commissioned.

- Mr Woodford, Chief Executive of the Hospitals Trust, reported that national patient safety alerts were acted on and monitored. Some alerts were complex to respond to and needed time to implement.

RESOLVED:

That (a) the work to ensure quality assurance be welcomed;

(b) a seminar be arranged on Quality Accounts;

(c) a further report be made when timely, within six months, reviewing quality performance and highlighting any areas of concern.

27. PROVIDER SERVICES INTEGRATION - PRE-CONSULTATION

The Committee considered a report on progress on the Provider Services integration project and was invited to comment as part of the pre-consultation process.

Mr Woodford, Chief Executive of the Hospitals Trust and lead executive for the project, and the interim Managing Director of Provider Services gave a presentation highlighting aspects of the report in the agenda papers and providing information on the early outputs from work on care pathways.

The project involved the integration of health and social care services across the County, potentially involving the creation of a single integrated NHS organisation for providing these services for the county. It was considered that significant sustainable improvements in quality and efficiency could be gained from the closer integration of services.

The main themes of the review were a focus on self management, screening for chronic diseases, case management for those at most risk, a concept of instant care, hospital for those who needed it, significant investment in therapies to speed up rehabilitation, generic roles that crossed health and social care and integrated care records.

A formal consultation exercise was proposed to commence in June 2010 with a view to delivery in shadow form from October 2010.

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

- The plans were broadly welcomed. Mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted.
- It was suggested that it was important that the consultation documentation should make plain what the service arrangements would look like if the proposals were implemented.
- The Interim Managing Director stated that there was no intention to reduce the level of services locally. Options for service delivery arrangements and providers would be set out in the consultation paper.
- That it was important in discussing care pathways to remember that the project was concerned with care for people.
- The importance of integrated ICT services was acknowledged.
- In response to a concern about the cost of reducing care at hospital and providing care in the community instead, Mr Woodford said that pilot models across the country were suggesting that care in the community could be more cost effective than care at hospital.

- The Interim Managing Director commented on the intention in looking at care pathways to take localities into account in order to provide services that were appropriate for the local area.

RESOLVED:

- That (a) **the work undertaken to date on the integration of provider services be welcomed and supported;**
- (b) **mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted; and**
- (c) **the importance of ensuring services were tailored to localities be emphasised.**

28. MENTAL HEALTH PROCUREMENT PROJECT

The Committee considered an update on the Mental Health Procurement project being undertaken by NHS Herefordshire and the Council.

The Interim Managing Director of Provider Services presented the report. He commented that the current service was largely a good service, but as a relatively small service in a specialist field it faced a number of challenges. The view had been taken that mental health services would be best provided by a specialist provider. NHS Herefordshire required these services to reflect Herefordshire's rural environment and be a local service. He explained the procurement process being followed and reported that account had been taken of a report produced by the Mental Health Reference Group on the views of service users and carers. He added that clinicians were supportive.

In response to a question the Interim Managing Director confirmed that account was being taken of the need for mental health services to be integrated with other services.

RESOLVED: That a further progress report be made to the Committee.

29. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee considered the update from Hereford Hospitals NHS Trust.

Mr Woodford, Chief Executive of the Trust, presented the report. He drew attention to pressure as result of increased emergency admissions; continued good performance in managing healthcare associated infections; the financial position of the Trust; efforts to improve stroke services; and work to capture patient experiences and respond to any concerns.

He also commented on the response to the findings of the Annual Hospital Guide produced by the Dr Foster organisation on which the Committee had requested to be updated at its last meeting. The Trust had received assurance visits from NHS Herefordshire and the West Midlands Strategic Health Authority (SHA) and the report summarised areas the had been or needed to be addressed as a consequence. Mr Woodford added that the SHA had commented on nurse staffing levels. This was a significant piece of work to undertake.

He commented that the Board would also be considering the recommendations of the report on mid-Staffordshire NHS Hospitals Trust most of which were generic in nature.

In discussion the following principal points were made:

- It was noted that severe winter weather had led to higher than normal cancellations of surgery. This was due to a combination of a significant number of patients being unable to attend appointments and staff facing difficulty in getting to work.
- It was requested that a more user friendly name be used for the Equitable Access Centre.
- In relation to Hospital standardised mortality ratios it was requested that a briefing note be circulated setting out actual numbers of cases to enable the Committee to put the ratios in context.

30. NHS HEREFORDSHIRE PERFORMANCE REPORT

The Committee received an update on performance against targets.

The Associate Director of Integrated Commissioning circulated a chart showing performance against the national indicators for healthier communities and older people. She commented on some complications caused by data collection and the varying interpretations of the indicators across the country.

It was acknowledged that the Committee's role was not one of performance management. Future reporting on relevant indicators in the corporate plan for would, however, ensure the Committee had a perception of overall performance and could identify any trends and issues of concern.

RESOLVED: That the full updates to the Committee scheduled in the work programme incorporate performance against all relevant indicators in the corporate plan

31. WORK PROGRAMME

The Committee considered its work programme.

A Member sought assurance that appropriate support was being provided to those serving in the armed forces. The Director of Public Health said that work to meet needs was ongoing.

RESOLVED: That the work programme be approved and reported to the Overview and Scrutiny Committee.

The meeting ended at 12.30 pm

CHAIRMAN