

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 1 February 2018 at 3.05 pm at The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Leo Madden (Chair)
Councillor Steve Wemyss
Councillor Yahiya Chowdhury
Councillor Alicia Denny
Councillor Lynne Stagg
Councillor Gary Hughes, Hampshire County Council
Councillor Andrew Lenaghan, Havant Borough Council
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Gemma New, Mike Read, Elaine Tickell, Michael Ford and Tina Ellis (as Cllr Ford's deputy).

Councillor Hughes advised he would need to leave at 4:20pm as he had another council meeting to attend in Hampshire.

2. Declarations of Members' Interests (AI 2)

Councillor Steve Wemyss declared a non-pecuniary interest as he works for the NHS.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 23 November 2017 be agreed as a correct record.

4. South Central Ambulance Service - update. (AI 4)

The report was introduced by Tracy Redman, Head of Operations South East. She explained that one of the major developments that had taken place since her last update was the National Ambulance Response Programme which had been piloted across the UK over the last few years and went live on 31 October 2017 with full implementation of the programme.

The idea is to make the service more efficient and puts the patient at the heart of everything. There are three key changes 1) it gives call handlers more time to determine what is wrong with the patient, 2) changes to staff rotas allowing staff to focus on the more serious patients by sending an ambulance only to the most poorly patients 3) changes to the categories of calls as detailed in the report.

In response to questions, the following matters were clarified:

- With regard to the performance indicators detailed on page 13, Ms Redman explained that the mean is the average response time which is the target. The mean national target for category 1 patients is 7 minutes. In November the mean for Hampshire was 7.17 and Portsmouth 6.03.
- The admission avoidance programme is working so far. SCAS covers the Thames Valley and Hampshire. South East Hampshire has 48% admission avoidance which is one of the best in the country for admission avoidance. SCAS is continuing to work on improving this. They are working with colleagues from occupational therapy for patients who may need medical assessment and trying to keep people in their homes as that is where they want to be.
- All staff receive an element of mental health training within their basic training which includes training on the Mental Health Capacity Act. These are mandatory training sessions for all staff. There is a mental health lead in the Trust. Mental health is a massive subject and they do not have capacity to ensure that all staff receive additional training on mental health.
- In response to a question on how well SCAS was achieving the new National Ambulance Response Times at a local/post code level, Ms Redman did not have the specific data with her on whether there are inconsistencies with different postcodes. Part of their remodelling is to look at where their assets are located but there will always be outlying areas where there are concerns. Ms Redman said she could provide this for the panel.
- SCAS have a satellite station in Gosport which is manned 24 hours a day.
- SCAS is now rated as good overall and Ms Redman was not specifically aware without going back to the CQC report whether they were still at Requires Improvement for response times.
- SCAS has a patient experience department that deals with complaints, compliments and concerns which are all recorded. If an investigation is required this will take place in the agreed timescales.
- With regard to avoidance and whether they had seen an increase of time with the patient to achieve the outcome, Ms Redman said the evidence suggested that it has not happened. With the remodelling they have put specialist paramedics in cars to the lower acuity calls who are likely to be signposted somewhere else ensuring appropriate decisions are made in a reasonable timeframe. Paramedic Ambulances are sent to the higher acuity patients who are more likely to need a transporting resource.

ACTIONS - members requested the following information from Tracy:

- Ms Redman to confirm how well SCAS was achieving the new National Ambulance Response Times at a local/post code level.

RESOLVED that the update report from South Central Ambulance service be noted.

5. Community Pharmacy South Central - update (AI 5)

The report was introduced by Debby Crockford, Chief Officer Community Pharmacy South Central. She explained that it was a couple of years since the HOSP last received an update and it had since changed its name from the Hampshire and IoW Pharmaceutical Committee to the Community Pharmacy South Central.

In response to questions, the following matters were clarified:

- With regard to the transfer of care around medicines (TCAM), Ms Crockford explained that the 10% of elderly patients who are discharged on the same medication they went into hospital with, this was across the whole population. With elderly patients there is currently a focus on polypharmacy. This is where patients are on a large number of medications. Often elderly people are on a lot of different medications, some being prescribed to overcome the side effects of others, which increases the overall quantity of medicines to be taken. Medication reviews can help identify what medication is helping the patient and what is not essential and could be stopped. When patients are discharged from hospital, their medication has often been changed. Without effective communication and support (TCAM) it can happen that these changes are not implemented.
- Work is progressing across Wessex on introducing an electronic referral to their chosen pharmacy when a patient is discharged from a hospital stay. IT issues have meant that progress has been faster in some parts than others, for example Queen Alexandra Hospital has a different system to University Hospital Southampton. Ms Crockford said she believed an IT solution had been found for QAH and she hoped it would be introduced later this year.
- More pharmacies are delivering the Pharmacy Urgent Repeat Medicines (PURM) compared to the NHS Urgent Medicines Supply Advanced Service (NUMSAS) which is a pilot service that has been extended until September this year.
- If complaints are received these can be dealt with through the Local Pharmaceutical Committee and sometimes the CCG. Every pharmacy must complete an annual community pharmacy patient questionnaire (CPPQ) and the results of this now have to be included on the NHS Choices website. Ms Crockford advised she did not have access to individual pharmacy's CPPQ results.
- With regard to wastage of medicines that have been prescribed to patients who have then passed away, Ms Crockford said the best way to stop oversupply was really good use of repeat dispensing. If

patients regularly communicate with their pharmacy, it is possible to establish what they actually need and avoid creating a stockpile of medicines at home that could remain unused.

- There was, for a while, a service where pharmacists visited patients at home after discharge from hospital. As part of this service, permission was requested to look at their medicine cabinet to check whether drugs were in date and whether people had far more than they required. Sometimes patients keep ordering medication that they are not taking as they think they will be chastised for not taking their medication if the prescriber finds out, which is not the case. Another service that pharmacies can offer is called synchronisation where they ask patients to bring in their medications to check what they have. Often patients are on three or four medications that run out at different times, so for ease patients often order all their medication at once meaning they build up a surplus of some of them. It needs an open and honest conversation about what a patient is actually taking and then calculating how much they require to bring each medicine in line with any others. Ms Crockford said she believed that patients going into hospital are now being told they need to take in their medication with them.
- It costs the NHS more to administer the collection of prescription tax than they make from it. In Scotland and Wales, however, there is no prescription tax. Ms Crockford said personally she felt it would be better to either abolish the prescription tax, or charge everyone, regardless of age and condition, a small fee. She encouraged members to look at the plan for community pharmacy in Scotland as she felt this was a wonderful vision.
- The PURM service is available in Gosport but Ms Crockford was not sure about whether the NHS Urgent Medicines Supply Advanced Service was in Gosport but said she would be very surprised if there were not any pharmacies offering this. Pharmacies are required to display the range of NHS services that they offer and also advertise this on the NHS Choices website.

Pharmacies closing due to financial pressures, following the Government's cuts in pharmacy funding, is a widespread issue but the number of prescriptions being issued has continued to rise. The healthcare environment is very challenging and has contributed to the Government wanting to move to a more service focussed contract with community pharmacy, which the LPC wholly supports as long as there is fair remuneration to make this sustainable.

RESOLVED that the update report be noted.

6. Portsmouth Clinical Commissioning Group- update. (AI 6)

The report was introduced by Innes Richens, Chief of Health and Care Portsmouth. He referred to the section of the report on winter pressures and

wished to express his appreciation to the frontline staff who worked over the Christmas and New Year period.

In response to questions the following matters were clarified:

- The CCG always try to encourage staff to take up the offer a free flu injection. There are however a couple of issues with this as it depends on the international experts getting the right strain.
- The CCG count people who have had the flu injection through their own schemes or by relying on staff to volunteer that information but not all staff do this
- They are working with GP practices to extend access and creating non urgent appointments at weekends. Part of plan to extend primary care access. Initial reviews are that there has been really good take-up and has been welcomed by patients, although there is always more that can be done.
- The CCG have also put together a care homes team pilot and have a team of GPs and nurses who are working with a couple of care homes in the city. This is increasing the clinical support to residents to avoid unnecessary trips to QA Hospital. Initial reports show that this has reduced trips to QA by 40% and the CCG are now looking at getting this offer out to all care homes in the city and this is very encouraging.
- The primary reason of working with the voluntary sector was not to link with combating loneliness but this could be linked. The main thing is that loneliness is a key thing and many would like the opportunity to get out and meet other people. This will help the CCG target is domiciliary care help with their healthcare.
- Mr Richens said he did not have the numbers of cancelled or delayed elective operations in November available but he would ensure these were supplied to the panel. He was in agreement with the CEO of PHT that need to make sure people that are currently going into hospital with urgent issues are treated in the hospital and discharged. The CCG and PHT are reviewing the number of patients sitting in hospital routinely to discharge patients who are ready to leave.
- There are a number of people in supported living accommodation with support around them either out of city or they want to come back into city, or accommodation they are in is not adequate. The NHS and council are looking to revitalise on of the buildings on the east side to bring people back into the city who want to.
- There is a need for interim bid but have beds in other buildings such as Edinburgh House and some in the independent sector. The city has enough beds but they are not all being used to capacity. The majority of patients want to go home from hospital which is right, so pressure is on domiciliary care. Last week for example for delays to the hospital social care team there were 8 patients. One was waiting for a care home bed and the rest were awaiting a care home package.

The panel echoed their thanks to the frontline staff who work very hard but particularly during the winter months.

ACTION: The number of scheduled operations that were cancelled in November to be provided for the panel.

RESOLVED that the update report be noted.

7. Southern Health NHS Trust (AI 7)

The report was introduced by Mark Morgan, Director of Mental Health and Learning Disability. He added that the Mazars report had been considered by their full board earlier in the week and that has been used as independent assurance on their progress against their action plan.

Mr Morgan also referred to some work the trust are doing with all of the local CCGs, PHT and Solent to streamline the system to have a single point of access for mental health services. Currently there are a range of different services and it is too complicated for patients. Work is taking place during April, May and June. The Trust are working with all statutory sectors and patients to redesign that.

In response to questions, the following matters were clarified:

- Some of the targets on the Building Confidence have not been met. One of the issues about patients receiving assessment within timescale is around elective care capacity waiting for community therapies. It is vital to have the right workforce in the right place to deal with this. For older peoples mental health delayed transfers of care are quite significant issue for the Trust. This is also the case for community rehabilitation beds but these affect Hampshire residents only.
- The Patient and Family Engagement report focussed around people whose loved ones had died whilst in their care mostly in the community services and where patients had completed suicide. The Niche Grant Thornton Assurance report was published after that which followed six families and carried out a detailed review to see how they had experienced that care. They noted a significant improvement of the experiences of relatives and how they had engaged with them. The Trust now has a lead executive director who makes contact with the family and oversees the investigation, and a family liaison officer who works with families and supports them.
- The focus of HSE prosecutions is around the systems and processes that the Trust has in place. The Trust has made significant changes following both the incidents they were prosecuted for in 2012 around risk assessments for patients with epilepsy and ligature work have been significant areas of focus. Approximately £9 million on improving ligature work has been spent within the Trust.
- The possible rating from Grant Thornton, the external assurance company, graded three areas as 'A' and two areas as 'B'. The Trust asked them to return after six months to do a follow up as the Trust

wanted to get a better rating for the quality of investigations. The main area they want them to better on is the quality of investigations. This will be reviewed again in six months' time. It is expected that the review will be completed in six months. The Panel requested an update report will be given to the panel following this report.

- There were about 38 areas where the CQC had said there is more they must do as detailed in appendix C of the report. An example of is one of the concerns that remains is risk assessments which is something they have spent a great deal of time. When the CQC originally visited approximately two and a half years ago the level of risk assessment completions documented was 40%. It is now at 96% and the CQC said this needs to be reviewed in one year. The Trust are seeking to continuously review this. The CQC acknowledge the Trust have done a lot but there is still more to do.
- The focus has changed now to older people with mental health issues. Part of the improvement is to ensure all healthcare organisations are continuing
- With regard to the STP, Mr Morgan said he believed the public will see an action today and he liaises regularly with his opposite number at Solent. Their main area of focus is access to services and making this less complicated. The STP is encouraging providers to work together around the needs of the individual and their job as an organisation to make it easier to the patient to navigate.

The Panel noted that the Trust had made large improvements since the CQC inspection and an update on the Grant Thornton review to come back to the panel at their next available meeting.

RESOLVED that the update report be noted.

The formal meeting ended at 5.00 pm.

Councillor Leo Madden
Chair