

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room B, Portsmouth Civic Offices on Wednesday 4 March 2009 at 2pm.

Present

Councillors David Stephen Butler (Chairman)
Margaret Foster
Jacqui Hancock
David Horne
Eleanor Scott

Co-opted Members

Councillors Dorothy Denston
Peter Edgar
Keith Evans
Vicky Weston
Dennis Wright

Also in Attendance

Katie Benton, Scrutiny Support Officer,
Portsmouth City Council
Rob Dalton, Director of Corporate Affairs, Portsmouth
City Teaching Primary Care Trust (PCT)
John Divall, Director of Corporate Affairs, South Central
Ambulance Service
Bill Flett, Dental Practice Adviser, Portsmouth City
Teaching PCT
Tony Horne, Project Director, University of Portsmouth
Claire Petfield, Head of Dentistry, Optometry &
Pharmacy, Portsmouth City PCT
Anthony Quinn, Senior Local Democracy Officer,
Portsmouth City Council
Dr Matthew Smith, Consultant in Public Health Medicine,
Portsmouth City PCT
Campbell Todd, Public Health Development Manager,
Portsmouth City PCT

7 Apologies for Absence (AI 1)

Councillor Lee Mason from Portsmouth and Councillor Gwen Blackett from Havant sent their apologies. Debbie Tarrant, Director of Primary Care for Portsmouth City PCT also sent her apologies.

8 Declarations of Interest (AI 2)

Councillor Peter Edgar declared a personal but non-prejudicial interest as he is a shareholder in a local taxi company.

Councillor Eleanor Scott declared a personal but non-prejudicial interest as her daughter is currently undergoing dental medical treatment at a maxillofacial unit.

Councillor Dennis Wright declared a personal but non-prejudicial interest as his wife is a general practice manager.

A warm welcome was then extended to all members and co-optees of the panel with a special welcome given to both Councillor Eleanor Scott and Councillor Dennis Wright, both of whom were attending their first Portsmouth Health Overview & Scrutiny Panel meeting. The Chairman also extended his welcome to all presenters to the Panel.

9 Minutes of the Meeting held on 5 February 2009 (AI 3)

RESOLVED That the minutes of the meeting of the Health Overview & Scrutiny Panel held on 5 February 2009 be confirmed as a correct record.

10 Matters Arising from the Previous Minutes (AI 3)

There were two items arising from the previous minutes.

- (1) Two letters have been sent to QinetiQ; one to present questions from members regarding QinetiQ's written statement, the other to the QinetiQ press office to express the HOSP's disappointment that an officer was not present at the meeting to answer questions. Currently, one response has been received from Tim Sharman, Team Leader of Maritime Life Support, QinetiQ, responding to questions from the Panel, but as yet no response has been received from the QinetiQ press office.
- (2) A quick response was received from South Central Ambulance Service (SCAS) regarding the HOSP's concerns about communication. SCAS have asked Members and Co-optees for specific incidents where communication from SCAS has not been of the standard expected. Any information members may have can be passed on to the Scrutiny Support team or directly to SCAS' corporate secretary. These issues will then be passed onto John Divall, Director of Corporate Affairs, SCAS.

11 Scrutiny Reviews (AI 4)

(TAKE IN PROJECT BRIEF)

Katie Benton, Scrutiny Support Officer, Portsmouth City Council briefly summarised the expansion of the Hyperbaric Medicine Unit Scrutiny Review project brief. The panel heard that the project brief has been expanded to reflect the move from a stage one to stage two review. As a result of this, both the objectives of the inquiry and the proposed witnesses have been expanded. In regards to the date of the next meeting it is suggested that instead of the Scrutiny Review having its own separate meeting it is included as an item at the HOSP's next formal meeting on 15 April 2009.

RESOLVED That the expanded project brief is accepted and that the next meeting of the Hyperbaric Medicine Unit Scrutiny Review is on 15 April 2009.

12 Update on Items previously considered by the Panel (AI 5)

**(i) Dentistry/Oral Health Update – Portsmouth City Teaching PCT
(TAKE IN REPORTS AND PRESENTATIONS)**

Claire Petfield, Head of Dentistry, Optometry and Pharmacy, Dr Matthew Smith, Consultant in Public Health Medicine, Campbell Todd, Public Health Development Manager, Bill Flett, Dental Practice Adviser and Rob Dalton, Director of Corporate Affairs, all Portsmouth PCT, presented the dentistry/oral health update which included: oral health strategy, dental health survey, dental commissioning plan, impact of the three new practices in Portsmouth and how the PCT is planning to improve advertising techniques.

The Panel heard:

- That Dr Matthew Smith has replaced Dr Helen Waters as the Consultant in Public Health Medicine responsible for dentistry matters.
- That the outcomes of the adult dental health survey, the epidemiological survey of 5 year old children, the dental commissioning plan and the oral health strategy had all had an impact on the direction the PCT will be taking in regards to dentistry and oral health over the next few years.
- That whilst only children from five schools with the highest DMFT indexes are currently being monitored, if the level of DMFT increases in the city the screening programme will be broadened to all children.
- That the results of the 2007/08 epidemiological survey of 5 year olds will be available in March/ April 2009. Work has begun on collecting data for the 2008/09 survey of 12 year old children.
- That the outcomes of the adult dental health survey and screening of children allows for the PCT to direct its services at those areas that have been highlighted as needing dentistry and oral health provision. These areas include those with high socio-economic deprivation such as the Charles Dickens ward.
- That despite the South Central SHA decision to fluoridate the local drinking water supply, Portsmouth PCT have as yet made no decisions and are depending upon their Dental Inequalities and Fluoridation Steering group to review the evidence and make recommendations about completing a feasibility study on fluoridating the drinking water supplies of the city of Portsmouth.
- That before the commissioning of the adult dental health survey there was the PCT did not have data on the dental health of the adult population. The reason for this survey was therefore to fill that gap.
- That the outcomes of the adult dental health survey allowed the PCT to compare the dental health of the Portsmouth population with those in the local and national regions.
- That the results of the adult dental health survey will feed into any public engagement exercises the PCT carries out around dentistry provision.

- That the adult dental health survey was carried out in a number of ways. Telephone interviews were completed in two fashions. Firstly by using published telephone numbers, the second by random dialling Portsmouth numbers. Of the 4,451 households called, 4,800 participants were interviewed. The PCT also conducted 16-24 year old participant face-to-face interviews and visited 63 patients in nine Portsmouth care homes.
- That one of the questions asked by the PCT centred on whether patients would feel that if they visited the dentist tomorrow they would need any sort of treatment. The results from this question highlighted that men from younger age groups who lived in areas of high socio-economic deprivation were more likely to believe that they would require some sort of dental treatment.
- That relating to wards, the Charles Dickens area (highest levels of socio-economic deprivation) recorded 24% of patients believing that they would need treatment if they visited a dentist tomorrow, compared to only 11% of Drayton & Farlington (lowest levels of socio-economic deprivation) residents.
- That those who think that they would probably need some sort of treatment if they were to visit a dentist tomorrow are less likely to access dental services.
- That participants who have recently tried to find a dentist felt that the best way to get an appointment was by phoning the dental helpline or reacting to adverts placed in local media. The worst perceived ways of getting an NHS dentist appointment was via the internet, NHS Direct or phoning/visiting practices directly.
- That the biggest perceived barrier to patients seeking dental treatment is cost.
- That there is a strong correlation between high incidents of oral pain and new dentistry visits.
- That on average those from areas of higher socio-economic deprivation visited the dentist every 2.4 years, compared to 1.3 years for those living in the areas of lower socio-economic deprivation.
- That of the nine care homes visited in the city, one care home arranged all dentistry visits for patients. Four only arranged dentistry if requested by patients and the others mixed both arranged and requested appointments.
- That the PCT realises it has a lot of work to do in and around dentistry provision in care homes.

In response to questions the Panel heard:

- That questions were asked in the adult dental health survey around whether patients visited private dental practices but the PCT did not have figures with them around this area for the HOSP to refer to. These figures would therefore be sent to the Chairman of the panel.
- That the PCT did not ask follow-up questions in relation to those patients who tried to find a dentist within the last two years but were unsuccessful. This data was therefore lost. The PCT will look at including questions around this within either the national dental survey taking place next year, or in the next Portsmouth adult dental health survey.

- That the PCT understands that if people cannot get hold of an NHS dentist word of mouth can alter people's perception of dentistry, and patients can become disillusioned at the chances of getting hold of dentistry provision. Therefore they will look at their advertising and communications strategy in order to advertise different methods of access to dentistry if the first attempt is unsuccessful.
- That the transfer of some NHS practices to Denplan was a national prerogative and the PCT could not do anything to affect these changes.
- That the internet and NHS Direct are not the best ways of finding out if a dentist is taking on new NHS patients due to the quick changes within dental surgeries regarding patients. Therefore it is better for people seeking new dentistry provision to ring the dental helpline.
- That the numbers taking part in this adult dental health survey were of a very high response level for the PCT. The PCT were satisfied that this sample was representative of the age groups and socio-economic groups they wished to target due to using a stratified sample.
- That dental surgeries are not allowed to charge patients for missed appointments as this is written into NHS contracts. Instead, due to patients no longer being registered with surgeries, the only thing that dentists can do is to refuse to treat patients after a certain amount of missed appointments.
- That the PCT believe they have sufficient capacity for any increase in demand that may be experienced by NHS dentists due to the financial pressures on private/independent practices.
- That the PCT also have plans in place for commissioning more dentists should there be a drop in the number of practices providing NHS dentistry provision.
- That new and existing NHS dental practices within the Portsmouth area have seen a year on year increase in the number of patients making dentistry appointments.
- That the ADP Portsmouth Dental Practice is situated in Kingston Crescent, North End.
- That there is still a perceived idea by the public that you have to register with an NHS dentist, rather than being a regular attender. Therefore any new NHS practices opening up receive unprecedented demand due to this incorrect view. The PCT is currently working to rectify this.
- That the adult dental health survey is picking up on the need for areas of socio-economic deprivation to have increased dental facilities because these are the areas that need the maximum health benefits. The PCT do not want to too thinly spread their dentistry and oral health provision otherwise the services may not affect those that need it most.
- That the Education, Children & Young People's Scrutiny Panel will be carrying out a short/sharp review on how children at Surestart centres, schools and other children's centres in the Portsmouth area can be captured by those wishing to improve their dental and oral health. The Panel will specifically be looking at whether it is feasible for children's teeth to be brushed at such centres.
- That the PCT is looking into brushing teeth at children's centres and is discussing the idea currently with Health Promotion teams and the Portsmouth City Council Health Improvement and Development Service (HIDS).

- That the Dental Commissioning Plan outlined that plans were in place to commission a fluoride varnish pilot for children's teeth by the end of 2009/10.
- That the PCT realises that it needs to produce more methods of communication and advertising around access to dentistry. This is especially the case in wards with high socio-economic deprivation as these areas tend to have more illiterate people. Therefore they are looking at encouraging residents to go through the dental helpline and placing pictorial adverts in community newspapers, which are read more in these areas because they are free.
- That there is also a lot of misinformation about the costs of dentistry, which has been identified as being a large barrier to service. Some would-be patients believe that fillings can cost up to £60 which isn't the case. Therefore, the PCT will repeat its actions from last year, whereby the dentistry charges for the year were placed in the local paper. Other methods of communication will also be investigated, such as radio advertising and using free publications.

RESOLVED (1) That an update is presented to the Health Overview & Scrutiny Panel in relation to dentistry/oral health updates in both six months time. This is to include:

- (a) the results of the 2007/08 epidemiological survey of five year old children;**
- (b) a summary of the delivering better oral health document together with an update on the success of its relaunch;**
- (c) an update on the success of the implementation of the Oral Health Strategic Action Plan.**

(2) That an update is given on the dental commissioning action plan 2008-10 and adult dental health survey action plan in a years time.

ii) Dental Outreach Centre Update

Tony Horne, Project Director, University of Portsmouth updated the panel on progress with the dental outreach centre.

(Please see minutes from the Health Overview & Scrutiny Panel from 16 April 2008 meeting which refers to the plans around this facility.)

The Panel were informed:

- That in the summer of 2008 the Business Case -for capital and revenue funding was approved -by all of the University of Portsmouth's various funding partners.
- That the revenue will comprise -Dental (SIFT) and growth money from the local sponsoring PCTs (Portsmouth/Hampshire and Isle of Wight)
- That the outreach centre development is still on track to achieve an October 2010 opening date.
- That the dental outreach centre has full planning permission and building work on the centre will start in mid-May 2009 and will go on for a period of 12-15 months.
- That building the outreach centre is the simple part of the plan. The University is currently working on piecing together the relationship between the education and service side of the centre.

- That the University is working with Kings College London (from where the dental trainees will come) on education and altering the curricula.
- That the University of Portsmouth is also currently working on governance arrangements, as there will be two sets of students working within the centre and these need managed with proper policies and guidance.
- That the University is beginning to consider how patients will be recruited. Patients will not just come from Portsmouth but also from the surrounding Hampshire and Isle of Wight areas. The arrangements will be developed with the local PCTs
- That the outreach centre plans to work with the local PCTs and GPs to ensure it complements existing services. It will be looking to recruit people not currently in contact with dental services.
- That the dental outreach centre is currently making good progress. It will be a valuable addition to Portsmouth healthcare provision and will provide a vibrant training centre, a recruitment facility for encouraging newly graduated dentists to stay within the southern region, and will help to encourage more patients to maintain good oral health.

In response to questions the Panel heard:

- That treatment from dental outreach centre is usually provided free of charge, but the University will need to agree this with local commissioners.
- That feedback is generally very positive from users of the existing School Complementary to Dentistry, which is already in operation, training hygienists, dental nurses etc. This is probably partly because the extra time taken by students reassures which can make patients feel more informed and therefore happier about the treatment they are receiving.
- That the outreach centre will be training 20 students at a time, with a fresh batch of students every ten weeks. One week in every four will be spent doing practical in Portsmouth, with the other three weeks spent at Kings College London.
- That Mr Horne agreed to clarify whether the centre would offer cosmetic dentistry.
- Post meeting note –the term cosmetic dentistry can cover a range of procedures some of which can/are provided on the NHS (eg coloured fillings, crowns, veneers and bridges) However more specialist items eg implants, dermal fillers etc are specialist items that would not be available.

RESOLVED That the panel receive an update on the dental outreach centre in a year's time.

13 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports (AI 6)

(i) Portsmouth City Teaching PCT Quarterly Letter (TAKE IN LETTER)

Rob Dalton, Director of Corporate Affairs, Portsmouth City Teaching Primary Care Trust, presented to the Panel the PCT's quarterly letter.

The Panel heard:

- That relating to the assisted fertility item - Portsmouth PCT had looked at the guidelines and had suggested in its consultation feedback that the age range is extended from 30 to 39 years for women receiving in vitro fertilisation (IVF).
- That in relation to Chlamydia screening rates, pharmacies are now information signposting ways to have Chlamydia screening involving either postal kits or GP screening.
- That the GP-led health centre will be opening on 1 July 2009 and this is still on schedule.
- That the new primary care premises for Buckland Medical Centre and Dr Laing opened before 12 January 2009, ahead of its scheduled opening date.
- That the PCT are currently awaiting Hampshire Partnership Trust's views on service options for Thomas Parr House. Therefore Portsmouth PCT will be proposing new service ideas to the Health Overview & Scrutiny Panel in the future.
- That the rating given to the PCT relating to urgent and emergency care by the Healthcare Commission was poor. However the PCT feel that this was an unfair and low rating due to the data being provided to the Healthcare Commission not being understood. The PCT admit that this may have been because they did not explain such data properly.
- That issues relating to urgent and emergency care were around access and quality of services. An action plan has been agreed by the PCT and sent to the Healthcare Commission and the PCT are still awaiting whether this is acceptable to the Healthcare Commission.
- That in relation to the world class commissioning annual assessment the PCT received 1s and 2s out of a possible score of 4 for the ten criteria. The PCT feel that they need to do a lot more work around these areas, especially in strategic decisions and governance.
- That there will be proposals in the autumn around how this will work and there will be a period of public and staff consultation about who manages them and the change in the way that services will be provided if any.
- That from 1 April the PCT will have changed its complaints and comments procedure to the making experiences count model. Therefore, it will have its own health service and will no longer have a second stage appeal service. Instead matters will be related to the health services ombudsman.

In response to questions the Panel heard:

- That the move from locally-based hospital units to home care for those with severe learning disabilities is in line with nationally driven policy on the grounds of what is appropriate for patients, with a more domestic-centred approach rather than clinical. The NHS will still retain the responsibility of caring and supporting for such patients.
- That the Local Authority and PCT are working together through their joint commissioning manager for learning disabilities around this area.
- That world class commissioning moves PCTs towards becoming commissioning bodies rather than those that provide services. The PCT has made the decision to split their provider and commissioning services with a view to moving towards commissioning only. The PCT board wishes to divest itself of management.

- That the St Mary's Health Campus is a commissioning-led service.
- RESOLVED**
- (1) That all information items are noted by the panel;
 - (2) That the Panel note the assisted fertility item (as work has already been completed to respond to this consultation involving the Chairman of the Health Overview & Scrutiny Panel);
 - (3) That the Panel receive an update on the PCT's progress with Chlamydia screening in those aged 15-24 in six months' time.
 - (4) That the Panel next receive an update on the progress of the GP-led health centre when it is due to open;
 - (5) That the Panel are kept aware of the involvement of families, carers and advocates in the development of accommodation and support for those with severe learning disabilities;
 - (6) That due to the review of the Rembrandt Unit resulting in it becoming a step up as well as step down facility that there is no substantial change in service but rather a service improvement;
 - (7) That the Panel receives an update on the outcomes of the June 2009 pilot regarding the Rembrandt Unit in the autumn;
 - (8) That following discussions with Hampshire Partnership Primary Care Trust the PCT reports to the Panel on future ideas for Thomas Parr House and completes the framework assessment to indicate if this is a substantial change in service;
 - (9) That the urgent and emergency care action plan and progress made around this is brought before the Panel at its September meeting.

(ii) South Central Ambulance Service - Update on Response Times
(TAKE IN REPORT, POLICY AND PRESENTATION)

John Divall, Director of Corporate Affairs, South Central Ambulance Service, presented to the panel South Central Ambulance Service's stakeholder performance briefing, which included information on response times. Also included was the operations policy and procedure - hospital queuing escalation policy.

The Panel heard:

- That the stakeholder performance briefing has been sent out to all stakeholders within the regions that South Central Ambulance Service cover. This is with a view to updating everybody on SCAS' recent performance response times. South Central Ambulance Service plan on continuing this into the future if they are received successfully.
- That the computer aided despatch system in Hampshire has now been successfully installed.
- That the figures for the South Central Ambulance Service A8 response time currently stand at 72.44% for the year to January. This, therefore, means that SCAS are very unlikely to hit the 75% target before April for A8 response times.
- That executive projects have been signed off for Southampton University Hospital Trust and John Radcliffe Hospitals Trust on decreasing turnaround times for ambulances. However, with the earlier onset of winter pressures there has not been a huge amount of difference in response times attributed from these projects.

- That the Portsmouth figures for A8 and A19 response time calls are high compared to the rest of the region. However, B19 calls currently stand at 86.4% against a target of 95%. This is the only target that Portsmouth as a city is unlikely to meet.
- That South Central Ambulance Service have given a commitment to members of the Health Overview & Scrutiny Panel to respond to all communications and requests for information given to SCAS.
- That all Portsmouth Health Overview & Scrutiny Panel dates had been received by both John Divall, Director of Corporate Affairs and Phil Pimlott, Divisional Director for Hampshire, both South Central Ambulance Service, and so if councillors required officer presence at these meetings this would not be a problem.

In response to questions the Panel heard:

- That the presentation given by John Divall was very well received by the Health Overview & Scrutiny Panel in comparison with previous SCAS visits to the HOSP.
- That there are some unresolved issues around the location of the Portsea ambulance station and therefore councillors and Mr Divall will communicate outside of the meeting relating to this matter.
- That the Hampshire division of South Central Ambulance Service now has a new director, Phil Pimlott, and therefore previous issues between SCAS and the HOSP will not be known to him.
- That SCAS are looking to put more ambulances in standby points rather than having them situated at ambulance stations. This is due to SCAS purchasing software that allows the density of 999 calls to be plotted, and places ambulances in these areas.
- That as part of SCAS' estate strategy an ambulance station may be moved from Eastney Road to a more relevant site.
- That inadequate capacity at hospitals is not the only reason for the large turnaround times. The other part of the problem has been a massive increase in call volume. This is due to several reasons. Firstly people are staying at home rather than travelling to hospitals and therefore more ambulances are being called out to people who are ill at home. Secondly, Hospitals have had increased patient activity with recurrent winter illnesses. Thirdly, there has been increased amounts of bed blocking at hospitals in the Hampshire region.
- That SCAS have had reports of the out-of-hours service telling patients who cannot make their way to the service in Drayton to ring an ambulance if transportation is an issue. This is something that SCAS need to rectify with the out-of-hours service, especially at times where there is a high volume of calls.
- That this is also an issue with care homes around low lifting policies.
- That the Health Overview & Scrutiny Panel will in future receive glossaries of terms in relation to South Central Ambulance Service policies and documents.

RESOLVED (1) That South Central Ambulance Service continue to send regular stakeholder performance briefings to the Health Overview & Scrutiny Panel together with an officer, where appropriate, to answer questions from the Panel;

(2) That the Health Overview & Scrutiny Panel receive a summary of the South Central Health Overview & Scrutiny Committee meeting, which will be held on the 11th March. This meeting will include an item on South Central Ambulance Service response times.

14 Annual Health Check (AI 7)

Katie Benton, Scrutiny Support Officer, Portsmouth City Council agreed to send letters out to members relating to possible dates for annual health check.

RESOLVED That the appropriate scrutiny support officer sends letters out to all members and co-optees of the Health Overview & Scrutiny Panel relating to possible dates for the annual health check comments formulation.

15 Date of Next Meeting (AI 8)

The next meeting is scheduled for Wednesday 15 April at 2.00 pm in Conference Room A.

The meeting closed at 4.37pm.