

**Report to:** Health Overview and Scrutiny Panel  
15<sup>th</sup> April 2009

**Report from:** Anthony Quinn, Senior Local Democracy Officer

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## **THE ANNUAL HEALTH CHECK**

### **1. Purpose**

This purpose of this report is to seek confirmation of comments drawn up by the Panel as part of the Healthcheck process and to confirm that these comments will be forwarded to local NHS Trusts by the Chairman.

### **2. Recommendations**

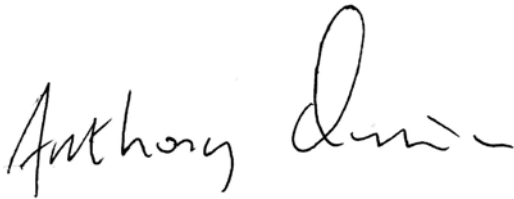
**The Panel is recommended to submit the attached comments to the relevant local NHS Trusts.**

### **3. Background**

- 3.1 The 'annual health check' requires NHS Trusts to undertake a process of self-assessment against 24 core standards identified by the Government. Members will recall that the core standards cover seven domains: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health - and that many of the 24 core standards also have sub-standards. NHS Trusts are expected to ask all Health Overview and Scrutiny Committees/Panels (HOSCs) in their area for their views on the standards and each HOSC can consider whether it wishes to contribute comments on any, or all, of the standards. Any comments that a Trust receives from an OSC should be included in the Trust's final declaration, which will need to be submitted to the Healthcare Commission (the inspection body that oversees the Health Check process) by 1<sup>st</sup> May 2009.
- 3.2 On the 16<sup>th</sup> February 2009 the 2008/09 Health Check papers were received, which stated that Local Involvement Networks are unlikely to be in the position to provide detailed commentaries about the performance of Health Trusts, so the contribution of Overview & Scrutiny Committees assumes extra importance.
- 3.3 On April 1<sup>st</sup> 2009 the Care Quality Commission (CQC) will take over the regulation of health and social care in England. The CQC is an amalgamation of the Healthcare Commission, Commission for Social Care Inspection, and the Mental Health Act Commission. This is therefore the last year of the Health Check. It is too early to say if the CQC will replace this with a similar model that allows OSCs to comment on their local Health Trusts.

#### 4. The 2008/2009 Health Check Process

- 4.1 In order to provide local NHS Trusts with comments on the Core and Development Standards, the Panel met on 23<sup>rd</sup> March to consider the work it had undertaken between 1 April 2008 and March 2009. The Panel agreed that it would only make comments against those standards where it had gathered evidence to enable it to robustly assess whether a standard had been met, partially met or not met.
- 4.2 Officers have now collated the Panel's views and comments into the format requested by the Healthcare Commission. The comments are attached as Appendix 1. The Panel will note that these are directed at Portsmouth City Teaching Primary Care Trust, Portsmouth Hospital NHS Trust, and South Central Ambulance Service NHS Trust (Hampshire Division) The Panel is now asked to consider approving these comments for submission to the relevant local NHS Trust before midday on 1st May 2009, in line with the Healthcare Commission's timetable.



Anthony Quinn

Senior Local Democracy Officer

Background Papers:

'Your Part in the Annual Health Check 2008/09', Healthcare Commission.

## **Portsmouth Health Overview and Scrutiny Panel**

Commentary for the Annual Healthcheck 2009/10

### **Portsmouth City Teaching Primary Care Trust (PCT).**

#### **C6, D2C, C22A, D10 - Met**

Portsmouth City Teaching Primary Care Trust and Portsmouth City Council have set up four joint commissioning strategies for 2008-2011, covering the service areas of older people, adult mental health, substance misuse and learning disabilities. These strategies have set out the vision, priorities and plan for these services and included in their inception views and opinions from service users and service user networks. The strategies have required joint working between Portsmouth City Council and Portsmouth City Teaching Primary Care Trust with agreements being finalised under Section 75 of the NHS Act 2006. The first visible product of this joint working is the Kestrel Centre, a central office for the Learning Disability Service at St James's Hospital.

**Evidence** – Joint commissioning strategies, Kestrel Centre, Section 75 agreements, information updates from Portsmouth City Council and Portsmouth City Teaching Primary Care Trust

#### **C14A - Met**

The Panel have commended the Primary Care Trust's decision to adopt the 'Making Experiences Count' initiative, which will involve streamlining the PCT's complaints and information services. This will result in the PCT launching its own Patient Advice and Liaison Service (PALS), which will be separate from Portsmouth Hospitals Trust's own service. The Panel will maintain a watching brief to see how successful this independently run service is.

**Evidence** - Portsmouth City Teaching Primary Care Trust information updates, Making Initiatives Count guidelines

#### **C19 - Met**

The Panel believe Portsmouth City Teaching Primary Care Trust should be commended for improvements made as part of the 18 week referral target (by the end of quarter 3 of the 2008/09 municipal year 92.3% against a target of 90% for patients admitted and 96.2% against a target of 95% for non-admitted patients).

**Evidence** - Portsmouth City Teaching Primary Care Trust corporate performance

### **D11A, C22B, D13A and B - Met**

Portsmouth PCT published its annual Public Health Report in November 2008, which focused on health inequalities in the city and differences in health between areas of high and low socio-economic deprivation. Portsmouth PCT have integrated its key findings from the report with its priorities for the upcoming year, and has also eight of their world class commissioning priorities in conjunction with this. There have already been visible changes in service delivery as a result of the annual Public Health Report action plan, such as relocation of a local breast cancer-screening unit. Special commendation is given by the Panel to the Local Authority and PCT Joint Director of Public Health, who set out his report in a clear, concise and understandable manner and delivered a presentation of quality to the Portsmouth Health Overview & Scrutiny Panel.

**Evidence** – PCT/PCC Annual Public Health Report & Presentation, World Class Commissioning Strategies

### **C23 - Not Met**

The Panel feel that Portsmouth City Teaching Primary Care Trust and Portsmouth Hospitals Trust should lead by example in health promotion programmes around smoking cessation, but feel that staff and patient behaviour at its owned sites around the city do not reflect this. The Panel have received complaints from residents concerned at the noise and pollution/litter levels occurring at the back gates of St James' Hospital. This is particularly worrying now that Falcon House, the new child and adolescent mental health service (CAMHS) unit has opened in this location and vulnerable young people now have to pass through this area to access services. The Panel are also concerned that staff members feel it acceptable to both smoke in their own cars/in PCT owned vehicles and in their uniforms on site. It is suggested that both Portsmouth Hospitals Trust and the PCT conduct an education programme and enforce no smoking policies in order to ensure this issue is resolved.

**Evidence** - Complaints/Letters - Anecdotal - visits to both Portsmouth Hospitals and Portsmouth PCT sites

### **C23 - Not Met**

The PCT is currently not meeting its target around Chlamydia screening for young people aged 15-24 in the city (4.9% against a target of 17% at the end of Quarter 2). Although work is being done to promote testing through postal kits, GP surgeries and pharmacies, and testing figures are increasing, the Panel feel there is work to do around advertising and promotion within schools, colleges and universities.

**Evidence** – Corporate Performance information updates

## **C18 – Not Met**

The Panel feel that the PCT does not offer equal access to all in the City of Portsmouth to dental treatment. In a recent adult dental health survey carried out by the PCT, 46% of 20% of the sample questioned stated that they had tried to access dental provision but were unable to, and therefore may not have received the care they needed. Unfortunately the PCT did not ask supplementary questions around this item and therefore the data of how these patients tried to access services and whether they went on to get treatment elsewhere is lost. The Panel feel that this percentage of people, if generalised to the population of Portsmouth, is still too high a number of patients not being able to access services. The Panel appreciates that work is being done to advertise the dental advice line as the preferred way to find out about dental provision but does not accept the PCT's view that there is enough provision within the city (especially in areas of high socio-economic deprivation such as Paulsgrove and Charles Dickens). The Panel have also expressed concern regarding statistics around dentistry provision, with issues raised over the lack of data given to the Portsmouth HOSP on non-NHS dentistry (to give context to statements made), and the absence of data to justify claims (relating to representative sampling in a recent survey)

**Evidence** - Information items presented at HOSP, adult dental health survey, anecdotal evidence from wards.

**Portsmouth Health Overview and Scrutiny Panel**

Commentary for the Annual Healthcheck 2008/09

**Portsmouth Hospitals NHS Trust (PHT)**

**C4A - Met**

The Panel recognises that Portsmouth Hospitals Trust have made dramatic improvements in minimising the number of healthcare acquired infections (HCAI), recording 18 MRSA cases (April 08 to January 09) against a trajectory of 36, and 122 c-difficile cases against a trajectory of 125. The Panel have congratulated Portsmouth Hospitals Trust for their successful 'Stop the Bugs' advertisement campaign, which is still ongoing within the City, but has also been adopted by other Trusts in the region. However, the Panel feel there are still improvements to be made around hand gel dispenser locations (in terms of position at main receptions in hospitals) and education for patients, visitors and staff. The Panel visited Queen Alexandra Hospital twice in the municipal year of 2008/09 and felt that on both occasions there was a lack of barrier protection (when visiting a pathology lab) and basic cleanliness standards (dirt on corridors, staff not using hand gel dispensers). Members of the Panel wish to also highlight the disparity in cleanliness standards between Royal Hospital Haslar and Queen Alexandra Hospital/St Mary's Hospital and hope that in future years more effort is made to ensure the high levels of hygiene and cleanliness regularly experienced and reported at Royal Hospital Haslar are standardised across all Portsmouth Hospitals. The Panel look forward to the opening of the new hospital (Queen Alexandra) in June 2009, and hope to see improvements in healthcare acquired infections sustained throughout this time and into the next year.

**Evidence** - Anecdotal - Panel visits to hospitals, Healthcare Commission report 2008, information updates from Portsmouth Hospitals Trust, Corporate Performance figures from Portsmouth City Teaching Primary Care Trust

**C6 - Met**

The Panel have been impressed with the professional service Portsmouth Hospitals Trust has provided to those coming into contact with their accident and emergency service, especially when faced with long ambulance turnaround times. The Panel especially commend communication between South Central Ambulance Service and Portsmouth Hospitals Trust regarding turnaround times and the recruitment of a queue nurse.

**Evidence** - Anecdotal - Portsmouth Hospitals Trust information updates, South Central Ambulance Service information updates

**C23 - Not Met**

The Panel feel that Portsmouth City Teaching Primary Care Trust and Portsmouth Hospitals Trust should lead by example in health promotion programmes around smoking cessation, but feel that staff and patient behaviour at owned sites around the city do not reflect this. The Panel are also concerned that staff members feel it acceptable to smoke in their uniforms on site. It is suggested that Portsmouth Hospitals Trust and Portsmouth City Teaching Primary Care Trust conducts an education programme and enforce no smoking policies in order to ensure this issue is resolved.

**Evidence** - Complaints/Letters - Anecdotal - Visits to hospital trust, visits to Primary Care Trust

**Portsmouth Health Overview and Scrutiny Panel**

Commentary for the Annual Healthcheck 2008/09.

**South Central Ambulance Service NHS Trust – Hampshire Division (SCAS).**

**C19 - Not met**

The Panel feel that South Central Ambulance Service have not met this core standard as response times for the A8 and B19 call categories have not been reached (as of 23 March 2009 72.95% against a target of 75% for A8 calls and 88.18% against a target of 95% for E category calls). However the Panel understands that a number of factors have affected South Central Ambulance Service's response to emergency calls (such as call connect, winter pressures, adverse weather, staff resources, a new CAD system and turnaround times) and that despite these, improvements are still being made.

**Evidence** - Performance Stakeholder Briefing - 4 March 2009

**C22A - Met**

The Panel commend the improvement in communication between South Central Ambulance Service and the Portsmouth Health Overview & Scrutiny Panel and look forward to working closely with the ambulance service in the coming municipal year to help improve the health of Portsmouth's residents through regular stakeholder performance briefings.

**Evidence** - Increased meeting attendance stakeholder briefings

**C6 - Met**

The Panel have been impressed with the professional service ambulance crews in the Portsmouth area have provided to those coming into contact with the service, especially when faced with response time targets and other significant pressures. The Panel especially commend communication between South Central Ambulance Service and the hospital trust regarding turnaround times and the recruitment of a queue nurse.

**Evidence** - Anecdotal - Portsmouth Hospital Trust information updates, South Central Ambulance Service information updates