

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Executive Meeting Room, The Guildhall on Wednesday 18 November 2009 at 2pm.

### **Present**

Councillors David Horne  
Margaret Adair  
David Stephen Butler  
Margaret Foster  
Jacqui Hancock  
Robin Sparshatt

### **Co-opted Members**

Peter Edgar  
Dorothy Denston  
Gwen Blackett  
Vicki Weston

### **Also in Attendance**

#### South Central Ambulance Service.

Neil Cook, Head of Operations.

#### Hampshire Fire & Rescue Service.

Rob Cole, Strategic Projects and Specialist Response

#### Portsmouth Hospitals Trust.

Tim Robinson, Head of Public and Patient Involvement.  
Hayley Wagner, Operational Manager Disablement Services  
Dr Jane Williams, Consultant Nurse.

#### Guildhall Walk Healthcare Centre.

Dr Charles Lewis, Medical Director.

#### Portsmouth City Primary Care Trust.

Debbie Tarrant, Director of Primary Care.  
Aileen MacNaughton, Associate Director Children & Families.  
Judy Hillier, Director of Provider Services.  
Rob Dalton, Director of Corporate and Support Services.  
Mark Fletcher, Development Manager, Secondary Care.

#### Care UK.

Ross Dowsett, General Manager.

#### Portsmouth City Council.

Jane Di Dino, Scrutiny Support Officer

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### **Welcome, Membership and Any Apologies for Absence (AI 1).**

The Chair welcomed everyone to the meeting. Councillors Brian Bayford, Fareham and Andrew Lenaghan, Havant sent their apologies.

**45 Declarations of Interest (AI 2).**

Councillor Robin Sparshatt declared a personal but non-prejudicial interest as he knows Dr Jane Williams of Portsmouth Hospitals Trust personally.

Councillor Peter Edgar declared a personal but non-prejudicial interest as he has shares in a business that works for the NHS.

**46 Minutes of the Meeting Held on 9 September 2009 (AI 3).**

**RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 9 September 2009 be confirmed as a correct record subject to the following additions:**

**Councillor Sparshatt's apologies for absence and Councillor Symes' attendance as his deputy be noted.**

Matters Arising.

Councillor Edgar informed the Panel that he had been appalled by BBC South's recent coverage of the issues concerning ambulance turnaround times at Queen Alexandra Hospital. He felt that the NHS had not delivered on its promise to provide one specialist hospital working closely with a number of health care facilities located in neighbouring communities. In his opinion it was wrong to put all the blame on patients calling for an ambulance inappropriately.

Councillor Edgar also expressed concern that the Minor Injuries Treatment Centre's name was proving misleading as it deals with some injuries including fractures that many people would not class as minor.

**47 Information Exchange (AI 4).**

Neil Cook, Head of Operations, South Central Ambulance Service and Rob Cole, Strategic Projects and Specialist Response gave a verbal summary of the Co-Responder Service as it was not possible to play the promotional DVD due to technical problems.

The Fire & Rescue Service and Ambulance Service work together to provide an effective, rapid response to immediately life threatening medical emergencies until the ambulance arrives. These are set up primarily in rural locations where the Fire Service would be able to arrive on scene faster.

The fire fighters are trained and directed by the ambulance service. They carry out their normal duties during the day and are then on call for medical emergencies. This is a cost-effective method of working as the Co-Responders would already be available. The Co-Responders remain employees of Hampshire Fire & Rescue and the ambulance service pays for any call outs.

Four to six people are required to go out in the fire engines. However, ten people are available to ensure that there is sufficient cover when one group is already on call.

When the ambulance call station receives a category A call, an ambulance is dispatched at the same time as the Co-Responder. As the latter is already in the area they will likely to be first on scene. The Co-Responder gives medical aid to the patient to maintain life until the ambulance arrives. The Co-

Responder does not make clinical decisions or stand the ambulance down. When the ambulance crew arrives they will work together with the Co-Responder. The ambulance may then transport the patient to the hospital and the Co-Responder will inform the call centre that they are available for duty again.

There are 14 stations running the Co-Responder scheme in Hampshire, mostly in rural areas. A further four will be setting up soon in Emsworth, Woking, Stockbridge and Brockenhurst.

The Co-Responders use cars with blue emergency lights. The service is not detrimental to cover for the fire service as it does not use staff or vehicles that are required for fire cover.

Co-Responders only respond to Cat A calls, which include cardiac arrests, chest pains, breathing problems and unconscious patients.

Between April and November 2009 the Co-Responder service responded to more than 4,500 calls. The predicted annual figures are between 9,000 and 10,000.

In response to questions from the Panel, the following points were clarified:

Co-Responders work with First Responders to ensure that there is sufficient coverage for the area. The joint working enables means that there are rapid response cars in urban areas where the demand is higher. 24/7 coverage is provided as much as possible.

If both Co-Responders and First Responders are sent to the same job, a prompt assessment will be made and one or the other will immediately make themselves available for the next call.

Co-Responders have blue lights on specific marked vehicles and so can cover a larger area.

Councillor Edgar commented that it was an excellent use of resources.

**RESOLVED that the Co-Responder Service be welcomed and that contact details of the Lead Co-Responder be circulated to the Panel.**

#### **48 Scrutiny Reviews (AI 5).**

The Chair informed the Panel that it was invited to consider conducting a review into alcohol-related hospital admissions. This could be carried out either by this Panel or the Joint Health Overview & Scrutiny Committee (JHOSC) comprising Hampshire, Southampton, Portsmouth and the Isle of Wight.

He asked the Panel to note the comments made by members of the JHOSC, which were circulated with the agenda.

Councillor Anna McNair-Scott had expressed the view that although she supported a review, she did not feel that there was capacity in the work programme at the moment.

Councillor David Stephen Butler commented that the Health Overview & Scrutiny Panel has co-opted members from neighbouring areas and therefore would be in a good position to carry out this review.

Councillor Vicki Weston observed that it would be useful to look at the review that Hampshire carried out into access to alcohol services in 2008.

**RESOLVED that a review of alcohol-related hospital admissions be conducted and a bid to the Centre for Public Scrutiny be submitted for funding for this review as part of its Health Inequalities Programme.**

**49 Update on Items Previously Considered by the Panel.**

**(i) Wheel Chair Provision.**

Tim Robinson, Head of Public and Patient Involvement and Hayley Wagner, Operational Manager Disablement Services at Portsmouth Hospital Trusts gave an overview of the provision of wheelchairs to patients who have a clinical need.

(TAKE IN REPORT)

In response to questions from the Panel, the following points were clarified:

The Approved Repairers collect wheelchairs that are no longer required by patients at their request. The Portsmouth Hospitals Trust could add a clause in its contract that a certain percentage must be retrieved. However, as the life of a wheelchair is relatively short and only 40% are recyclable there would be no real gain in trying to collect them all.

Patients should be educated that wheelchairs are on loan to them and should therefore be treated with respect and returned when no longer required. The possibility of introducing a returnable deposit to encourage the return of chairs could be considered.

The cost of a basic, manual chair is approximately £140. If postural support is required the cost could rise to £500.

If chair is to be adapted in order that the patient to get in and out of cars more easily the cost could rise again to £1,300. Costs for industrial (powered chairs) start at £1,100, with postural support increasing the cost to £3,000. Some specially adapted chairs can cost up to £90,000

Some Disablement Services Patients have deteriorating conditions and therefore their condition is unlikely to improve and 60% are very dependent.

Ward discharges are not delayed by wheelchair provision.

A thorough audit has been carried out, so that records show clearly who has a wheelchair and to prevent them from being passed on to family members.

The Red Cross hires out basic chairs without postural support for periods of less than 6 months for a minimum donation. Patients with broken legs may require wheelchairs for the short-term.

The wheelchairs for use in the hospitals are provided for a £1 deposit. It would

not be possible to install perimeter sensors that would prevent them being taken out of the hospital site as the boundaries are not clearly defined. The hospital relies on the good will of patients.

**RESOLVED that the report on the wheelchair provision service be noted.**

(ii) Health Overview & Scrutiny Panel – Terms of Reference.

The Chair informed the Panel that the Full Council agreed the Health Overview & Scrutiny Panel's terms of reference at its meeting on 16 October.

**RESOLVED that the Council's decision to approve the Health Overview & Scrutiny Panel's terms of reference be noted**

(iii) The Guildhall Walk Healthcare Centre.

Dr Charles Lewis Medical Director, Guildhall Walk Healthcare Centre, Debbie Tarrant, Primary Care Portsmouth City Primary Care Trust and Ross Dowsett, General Manager Care UK responded to concerns raised regarding the marketing of the Guildhall Walk Healthcare Centre.

(TAKE IN REPORT)

The feedback in the last three months since the opening has been very positive.

One third of walk in patients presenting at the Centre are not registered with a GP.

9% of walk-in patients seen at the Guildhall Walk Health Care Centre were registered with GPs outside the city.

Many patients who are resident in Portsmouth have chosen to use the walk-in centre as they say that they could not get an appointment with their own GP. The Primary Care Trust would cover the cost of their treatment regardless of which facility they chose.

A fair number of registered patients are students, which is normal as the Centre had a stall at freshers week and it is located opposite a halls of residence.

At a meeting in April, GPs raised concerns regarding the Centre's opening hours and its marketing. In response, Care UK and the PCT explained that its remit is to focus on walk-in patients rather than registering new ones. The Centre is not in competition with other GP surgeries as it offers a different service to them. There has been no recent correspondence from GPs so it is hoped that their fears have been allayed.

The Centre has not been marketed since early August.

In response to questions from the Panel, the following issues were clarified:

The advertisements in the local press were to recruit staff not patients to the centre.

Residents do not have to register with the centre regardless of how many visits they make.

Every Primary Care Trust was required to set up a GP Led Health Centre (GPLHC) in its area. The Hampshire GPLHC is situated in Basingstoke.

Residents from the PO1 – PO6 areas are welcome to register with the centre, but people from anywhere can use the walk-in service.

Patients' addresses are recorded.

The numbers of registered and unregistered patients are monitored at monthly contract reviews. The centre is on course at the moment to reach its targets for service users.

**RESOLVED that a performance update for the Guildhall Walk Healthcare Centre be given at the January meeting.**

**50 Possible Substantial Changes to Services, Quarterly Letters and Reports (AI 7).**

(i) The Kaleido Project.

Judy Hillier, Director of Provider Services and Aileen MacNaughton, Associate Director Children and Families gave a presentation on the Kaleido Project.

(TAKE IN REPORT)

The Panel was asked to support the way in which the project is progressing. However, Councillor Butler reminded the Panel that it was not in its remit to endorse decisions by the Portsmouth City Primary Care Trust.

In response to questions from the Panel, the following points were clarified:

If Hampshire Primary Care Trust commissions services Portsmouth Community and Mental Health Services will continue to deliver them. It provides healthcare services for residents at every stage of their lives.

Rob Dalton, Director of Corporate and Support Services explained that the Portsmouth PCT split the commissioning and provider arms of its role in response to national policy 'Transforming Community Services'. The Kaleido Project is the way in which it is carrying this out.

The Provider Committee is working closely with the Strategic Health Authority.

The business plan will be presented to the Primary Care Trust Board on 20 November and if approved, will then be presented to the Competition and Collaboration Panel.

The management arrangements are changing, but the two provider arms that will be merged will still cover the same areas.

**RESOLVED that an update on the Solent Kaleido project will be given to the Panel in the next quarterly letter.**

(ii) Quarterly Letter.

Rob Dalton, Director of Corporate and Support Services Primary Care Trust presented its quarterly letter covering dental procurement project, chlamydia action plan update, Rembrandt Unit pilot timetable, the independent Treatment Centre contract, local-based hospital units for severely disabled children and Thomas Parr House.

In response to questions from the Panel, the following points were clarified:

It is anticipated that dental services will be installed at the Health Living Centre in Paulsgrove by next year.

The Portsmouth Dental Helpline is based in Southampton.

The Rembrandt Unit is situated at the back of the St Mary's Healthcare Campus site. It is an intermediate care unit for post medical care and rehabilitation.

Councillor Blackett informed the Panel that two people who had recently been discharged from hospital had contacted her to complain about home care staff not turning up when booked.

Debbie Tarrant, Director of Primary Care informed the Panel that one option being considered was reducing patients' stays at day care services.

Private dentist patients should contact the British Dental Association if they feel that they had been overcharged.

**RESOLVED that the Primary Care Trust's Quarterly Letter be noted.**

(iii) South Central Ambulance Service.

Neil Cook, Head of Operations South Central Ambulance Service (SCAS) presented the stakeholder letter advising that SCAS has escalated its Resourcing Escalatory Action Plan (REAP) to level three due to a significant increase in call volumes, which is causing extreme pressures on its emergency performance.

The number of category A calls has increased by 27% increase since late August. 30% of all calls now are classed as category A and include patients with chest pains and breathing problems. The seasonal winter pressures along with flu symptoms have put additional pressures on the service.

There are 6 levels in the REAP plan. Level three means that that there will be more managers available at the frontline as well as more resources at peak times.

People are being encouraged to consider using other healthcare services before dialling 999.

In response to questions from the Panel, the following issues were clarified:

There are three types of staff in an ambulance crew: paramedics, technicians and emergency care assistants. The latter are never sent alone to respond to emergency calls.

Reference was made to a Tonight programme that was broadcast earlier that week, which alleged that emergency care assistants were sent out alone and were not able to administer certain essential drugs. Although he had not seen the programme, Mr Cook was able to reassure the Panel that this was not the case.

A scheme has been piloted whereby paramedics can request the attendance of an on-call GP to deal with patients who have long-term chronic conditions if hospital treatment is not required. This scheme will be expanded in the future.

**RESOLVED that the South Central Ambulance Services update be noted.**

(iv) St Mary's Healthcare Campus – Birthing Unit.

Rob Dalton, Director of Corporate and Support Services explained that the inpatient services would be back in place at the St Mary's Healthcare Campus in January 2010.

**RESOLVED that the update on St Mary's Healthcare Campus's birthing unit be noted.**

(v) Urgent & Emergency Care.

Mark Fletcher Development Manager, Secondary Care, Portsmouth City, Primary Care Trust gave an update on urgent and emergency care.

As previously reported to the Health Overview & Scrutiny Panel, the Health Care Commission ranked the urgent and emergency care service as performing poorly following a visit on 20 October 2008.

The Primary Care Trust also received low scores on GPs' opening hours. However, this defaulted to the lowest possible score because the data could not be split.

Other low-ranking areas included management in the Accident & Emergency department and community unscheduled care.

An action plan showing how these issues were to be addressed was submitted by the Primary Care Trust on 2 December 2008.

No response has yet been received.

The Primary Care Trust is confident that these areas are improving.

A further action plan will be written in December 2009 or January 2010.

In response to questions from the Panel, the following items were clarified:

The only requirement is that the Primary Care Trust produce a plan. There is no timetable for response.

Rob Dalton explained that the Care Quality Commission has the authority to carry out spot checks if required. Once the registration documents are received it can choose to inspect.

In the past, the Primary Care Trust has received very positive feedback from spot checks. One aspect that was highlighted by a visit was the need for better

communication.

The Choose Well campaign that is aimed at signposting patients to the appropriate healthcare facility has been quite successful.

Councillor Edgar commented that he had not seen any advertising for this campaign in Gosport.

**RESOLVED that the update on urgent and emergency care be noted.**

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**Proposed Changes to the Location of Three Hospital Wards.**

Dr Jane Williams, Consultant Nurse and Tim Robinson Head of Public and Patient Involvement, Portsmouth Hospitals Trust explained the reasons for the proposal to move specialist in-patient rehabilitation services from three wards (Guernsey, Exton and Phoenix) on the St Mary's Hospital site to Queen Alexandra Hospital.

(TAKE IN REPORT)

The Panel was informed that the Portsmouth Hospitals Trust wanted to start the process moving by discussing it with the Health Overview & Scrutiny Panel.

In response to questions from the Panel, the following points were clarified:

A public and patient involvement plan will be produced by the end of next week.

A representative of the Local Involvement Network (LINK) is a member of the Steering Group.

It is proposed that the move take place in mid-January.

The benefits of the proposed move were summarised: more modern facilities and a therapy area on the ward and access to a gym and an occupational kitchen on site. The proposed new facilities will include seven single rooms and smaller bays so will be easier to manage mixed sex in line with the privacy and dignity policy. The same service will be provided to patients but in a new way, which will be more streamlined and involve fewer trips between the two sites.

The original PFI plan included provision to move patients to new site if this became possible. The business plan being presented to the Primary Care Trust Board Meeting on 20 November includes the proposed move.

**RESOLVED that a public and patient involvement plan be sent to the Panel as soon as it is published.**

The Chair informed the Panel that there is an exhibition at the City Museum on 21 November entitled 'I Went to see the Doctor', which gives an interesting history of healthcare in the city.

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**Date of Next Meeting (AI 10).**

20 January 2010.

The meeting closed at 4pm.