

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Civic Offices on Thursday 22 July 2010 at 2pm.

### **Present**

Councillors Lynne Stagg (Chair)  
Margaret Adair  
Jacqui Hancock  
Robin Sparshatt

### **Co-opted Members**

Dorothy Denston, East Hampshire District Council  
Peter Edgar, Hampshire County Council  
Keith Evans, Hampshire County Council  
Patricia Stallard, Winchester City Council

### **Also in Attendance**

Joyce, Tom, Paul and Natalie, Alcoholics Anonymous.  
David Sheehan, Development Manager, Public Health Group South East, Dept of Health  
Simon Mullett, Consultant, Portsmouth Hospitals NHS Trust  
Neil Cook, Head of Operations (Hampshire), South Central Ambulance Trust  
Rob Dalton, Director of Corporate Services, NHS Portsmouth.  
Allison Stratford, Head of Communications, Portsmouth Hospitals NHS Trust.  
Alan Knobel, Substance Misuse Coordinator, Portsmouth City Council

### **Papers tabled at the meeting.**

South Central Health Overview & Scrutiny Committee meeting papers for 20 July.

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

The Chair welcomed everyone to the meeting.

Councillors Margaret Foster and David Gillett sent their apologies.

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

No declarations were made.

**27 Minutes of the Meeting Held on 10 June 2010 (AI 3).**

**RESOLVED** that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 10 June 2010 be confirmed as a correct record.

Matters Arising.

**a. The number of convictions and criminal charges in relation to adult abuse be given to the Panel.**

The Chair explained that this will come to the September meeting in the Adult Social Care quarterly report.

**b. Further copies of the notes of the PHT meeting be sent to the following members: Councillors Butler, Stagg and Stallard.**

The Chair informed the Panel that these were emailed on 30<sup>th</sup> June.

**c. The Chair write again to NHS Portsmouth requesting a breakdown of spending on carers 2009-10 and predicted spending in 2010-11.**

The Chair explained that she had sent a third letter to NHS Portsmouth and that she had also reminded Tracy Sanders, Chief Executive of the issue at a recent meeting.

**d. The results of the Tell Us survey.**

Members were reminded that this had been circulated to the Panel with the agenda as appendix 5.

**e. Details of the police's procedure for dealing with minors drinking alcohol in public places be brought to a future meeting.**

The Chair informed the Panel that this information would be brought to a future meeting.

**f. Details of how the ED uses the Paddington Alcohol Test screening and assault screening tools be brought to the next meeting.**

The Chair reminded the Panel that this would be dealt with under agenda item 5 (iii).

**g. NHS Portsmouth's quarterly letter be considered at the next meeting.**

The Chair explained that this would be dealt with under agenda item 6 (iii).

**h. That a visit to the Discharge Lounge be arranged.**

The Chair informed the Panel that a visit had yet to be arranged

**i. Details of the access to the multi storey car park be brought to the next meeting.**

The Chair reminded the Panel that this had been circulated to the Panel with the agenda.

The Chair informed the Panel that Councillor Butler had requested that Portsmouth Hospitals NHS Trust consider turning the hand gel dispensers by 90 degrees in the main entrance at Queen Alexandra Hospital in order to improve their visibility. Councillor Denston commented that in her experience the dispensers were not being refilled regularly enough.

The Chair informed the Panel that the Accident & Emergency (A&E) department at Queen Alexandra Hospital is referred to as the Emergency Department (ED) to emphasise that minor injuries, including broken bones should be dealt with at minor injuries treatment centres and that the ED should only be used for emergencies.

Mr Mullett added that this national rebranding had been introduced about 18 months ago but as it had not been accompanied by an awareness campaign and the Highways Agency signs continue to direct people to the A&E department it is still referred to as such. He reassured the Panel that patients would not be turned away from the ED.

**RESOLVED that Portsmouth Hospitals NHS Trust be asked to consider turning the hand gel dispensers by 90 degrees in the main entrance at Queen Alexandra Hospital.**

**28 Update on the scrutiny review in to alcohol related hospital admissions including some documents requested at a previous meeting (AI 4).**

The Chair asked the Panel for any comments on the documents that had been sent out with the agenda and asked members to note the following:

*Appendix 7* - The notes following the visit to Baytrees on 8 July will be given to the Panel's next meeting.

*Appendix 8a* - The notes from the informal meeting at Mill House and possible further questions are given. If members would like any questions added, they are asked to give them to the Scrutiny Support Officer.

*Appendix 10* – The Department of Health Alcohol Harm Reduction National Support Team will be visiting Portsmouth to discuss alcohol harm reduction strategies with stakeholders. It will feedback the findings of their visit and propose recommendations on Friday 10<sup>th</sup> September 9.30 – 11am. Panel members are very welcome to attend.

The Scrutiny Support Officer explained that in order to obtain the public's views on alcohol misuse there will be a public participation event on Friday 30<sup>th</sup> July from 11am – 11pm. A small marquee will be erected in the Guildhall Square, with a video booth inside. Passers by will be offered fruit drinks and asked to complete a survey and give their views, either on camera or on paper. Panel members are invited to come and help out with this.

**RESOLVED that:**

- 1. Additional questions from members regarding the service offered by Baytrees be given to the Scrutiny Support Officer.**
- 2. Members who would like to attend the meeting on alcohol harm reduction strategies on Friday 10<sup>th</sup> September give their names to the Scrutiny Support Officer.**

**29 Scrutiny Reviews (AI 5).**

i) Alcoholics Anonymous.

Joyce, Health Liaison Officer for Alcoholics Anonymous (AA) in Hampshire introduced Tom, Paul and Nathalie to talk about their experiences of alcoholism and rehabilitation.

Tom explained that he had not drunk alcohol since 1999. He started drinking when he was a teenager to give him a sense of confidence and he became a binge drinker. He explained how his drinking led to crime, dangerous driving, divorce, problems at work and aggression. He therefore felt he was very lucky to have retained his position as a GP. He was in denial about the cause of his problems and attended psychoanalysis for 10 years. He stopped drinking several times but would then find life dull and boring and so recommence. When he hit rock-bottom he referred himself to a rehabilitation unit and joined AA. He does not consider himself cured of his addiction but if he does not attend meetings, he would be at risk of drinking again.

Joyce explained that she hoped that this had helped the Panel understand the

following:

- Anyone from any walk of life can become an alcoholic.
- The group is anonymous at a personal level but is not a secretive group; it is open to all.
- It is not the last resort.
- Alcoholism is an illness that cannot be dealt with by a course of treatment over 12 weeks; it requires life-long treatment like diabetes.

The Panel was informed that 21 years ago there was only one meeting a week being held in Portsmouth; now there are two a day.

Sue Atkins at the Medical Assessment Unit (MAU), Queen Alexandra Hospital and Joyce set up a referral programme. When a patient is admitted to the MAU with an alcohol related condition, Sue takes advantage of the window of opportunity that exists when the patient awakes to ask if they would like help with their alcohol problem. If they agree, Sue contacts the local AA and someone comes to talk to them at their bedside. Previously the patient would have been referred to a treatment centre, which would have been available a few weeks later.

Nathalie explained that she had always felt different and had tried counselling to identify the problem. She started drinking young and by the age of 25 she was drinking every day. She attended Kingsway House and then Baytrees but after leaving she carried on drinking. Her relationships broke down and her son was living with her parents. She found that she could stop drinking for a while but would always return to it. In April this year she was admitted to Queen Alexandra Hospital after passing out for two days. She talked to someone from AA at the hospital and started attending meetings. Since then she has not drunk any alcohol, her son lives with her again and she has found work. She feels that she has a new way to deal with problems.

Paul explained that he had been drinking since childhood and viewed it as something to aspire to. Drinking was accepted as normal in his middle class upbringing. He realised he had a problem with alcohol but it took a long time to realise what that meant. Socialising with colleagues was expected at his demanding job in the city but he was drinking more than most. After a while he left due to the stress of the job but he realises now that he could have handled that if he had not been drinking so heavily. In April 2009 he was admitted to Queen Alexandra for alcohol misuse and was not expected to survive. Although he vowed never to drink again, he did resume drinking. In December he was readmitted but this time he was offered help from AA. He started attending meetings and has not drunk since. He feels that if he had continued drinking he would have died by now. He emphasised that the road to recovery is very difficult and requires a great deal of self motivation.

Joyce reminded the Panel that AA is free and independent. It was established in 1936 and now exists in every country. The referral programme with Queen Alexandra Hospital is unique and has been very successful. It is hoped that it will be extended to other hospitals.

In response to questions Joyce clarified the following points:

- AA aims to fill the void created when someone gives up alcohol.

- It was started in Ohio by Bill W and Dr Bob.
- Alcoholism can run in families.
- It would be helpful if the definition of alcoholism was universal agreed by the medical profession.
- If a person relapses they can continue to attend AA meetings.
- If a person continues to drink alcohol they can develop encephalopathy, which is also known as 'wet-brain'.
- Every member of AA helps a new recruit on their journey.

On behalf of the Panel, the Chair thanked the witnesses for taking the time to come and talk at this meeting.

Mr Mullett offered to ask Sue Atkins to attend a meeting to explain the programme.

The Chair of the South Down Group of AA explained that there are local groups, regional groups and then two larger groups which ensure that information and good practice is shared across the country. The referral programme at Queen Alexandra Hospital is being discussed nationally and St Richards Hospital in Chichester has shown interest in introducing it.

Mr Sheehan offered to showcase this programme regionally.

**RESOLVED that the DVDS on Alcoholics Anonymous be circulated to the Panel.**

ii) The Government Office of the South East (GOSE).

Mr Sheehan, Development Manger, Public Health Group South East informed the Panel that he was based at the GOSE office but was employed by the Department of Health. Mr Sheehan gave a presentation on treating alcohol abuse, a copy of which is attached to these minutes as appendix A. During his presentation, the following points were raised:

- Alcohol misuse is only one of the four main illnesses that are rooted in people's lifestyle choices.
- There is much debate about the degree to which controlling alcohol consumption is the responsibility of the individual or how much it is the state's responsibility to encourage people to drink safe levels of alcohol.
- It is important to understand the link to other issues as this aids understanding of where to target resources effectively.
- When asked people are very reluctant to reduce their drinking compared to giving up smoking or losing weight.
- The term 'sensible drinking' has been dropped from Government health campaigns as it was considered somewhat patronising.
- The evidence on the efficacy of alcohol awareness education in schools is not conclusive. It seems that lessons on improving self-esteem leads to pupils making better choices regarding alcohol and substance misuse.
- The quality of parenting skills is also very important as this affects children's resilience and ability to cope with many challenges.
- Innovation grants are given to fund pilots which tackle problems in new ways. Its budget for next year is more than £100k. Details of two recent successful examples are given below:

- i) The local Frequent Flyers pilot scheme. This has been very successful and details were sent out with the agenda in appendix 14.
  - ii) Pharmacists in community pharmacies have been trained to identify and carry out brief interventions on appropriate clients. This has proved very effective and is being adopted in a number of areas across the South East.
  - iii) An ED nurse at the Redcliffe Hospital in Winchester asked every patient who had been assaulted if they were a parent or guardian. The results identified 500 children who were living in households where violence was occurring and who were not known to social services.
- The aim of the South East Alcohol Innovation Programme is to reduce the rate of increase in alcohol related hospital admissions.
  - A map showing areas of deprivation in the South East would be very similar to the one showing high alcohol related hospital admissions.
  - Community pharmacies are being used to roll out brief interventions.
  - It is important to use specialist intervention as well as a range of other service provision to have the right balance of services for your population.
  - On Tuesday 27 July there will be an Innovation Showcase in Guildford to highlight and share all the work that is going on.
  - Research indicates that intervention at the right time can have a positive outcome e.g. Identification and Brief Advice using the PAT or similar. Therefore ideally, these must be carried out consistently and at every opportunity with patients or clients who may have an alcohol problem.

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

- The fine details of the Government's plans for the NHS have not been agreed yet as it is still at the consultation stage.
- Alcohol cuts across so many things and conditions and lifestyle problems. It will be still on the landscape as a major public health challenge for a long time to come.
- The Government is consulting on a number of things.
- A key driver for alcohol consumption is cost and availability: cheap alcohol leads to increased consumption. The Government is consulting on licensing laws so this is the time to submit your views.

Councillor Denston observed that many licence holders are happy to close at 11pm.

**RESOLVED that the following reports be circulated to the Panel:**

- **Choosing Health in the South East: Alcohol by David Sheehan.**
- **Guideline for information sharing to reduce community violence by the College of Emergency Medicine.**
- **Effective NHS Contributions to Violence Prevention: The Cardiff Model report by Cardiff University.**

**RESOLVED that the feedback from Innovation Showcase be circulated to the Panel.**

iii) Portsmouth Hospitals Trust.

Simon Mullett, Consultant Portsmouth Hospitals Trust gave details of how the Paddington Alcohol Test and the assault data collection are carried out at the Emergency Department. A copy of the alcohol related assault questionnaire was circulated to the Panel. During his presentation, the following points were raised:

- Gathering information on alcohol related assaults as recommended in the Cardiff model is essential so that the police can target their resources effectively.
- At Queen Alexandra Hospital's ED, staff are instructed to complete the two forms with all appropriate patients but this has only been happening on an ad-hoc basis.
- The newly appointed reception manager has been reorganising the front of house and has reminded staff about the importance of the forms.
- The form is completed by a member of staff, put in a tray on the reception desk. Once a week the data is input on to a spreadsheet weekly and sent to the Substance Misuse Coordinator who passes it on to the police.
- The Chair informed the Panel that the police had said to her that they weren't getting enough information on assaults from ED.

The Substance Misuse Coordinator stated that all the data he receives from the ED is passed on to the police. They do not feel that surveys are being completed with every applicable patient.

Mr Mullett reassured the Panel that the situation had already started to improve and that in the last month 90 forms had been completed. The problem has been that staff have many forms to complete and it is not always their highest priority.

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

- The two forms were introduced 12-18 months ago.
- All nurses, doctors and support workers are expected to ask a series of questions to appropriate patients.
- It is not possible to obtain the number of patients who have attended ED and would have been eligible for the tests. The IT system has not been updated in at least 14 years. Likewise it is not possible to obtain the number of patients who have been screened using the PAT or the assault questionnaire.
- The system might be improved if an IT system were introduced that could capture the data automatically.
- Similar data is collected from patients who are elderly and have suffered falls. This one has been well used.
- Buy-in from staff is essential in order to increase the numbers of surveys completed.
- Staff have been reminded repeatedly about the importance of completing these forms.

**30 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports (AI 6).**

i) South Central Ambulance Service Quarterly Update.

Neil Cook, Head of Operations (Hampshire), South Central Ambulance Service

presented the stakeholder's letter. In response to questions from the Panel, the following points were clarified:

- The service is working closely with the commissioners for ways to manage demands. Some that have been identified include: smarter pathways of care; patient redirection and education campaigns to help people choose the appropriate service.
- From 2011 call centres will have clinicians as well as normal staff to provide telephone assessment and advice.
- Mr Cook represents East Hampshire which extends to Liss.
- The Ambulance Turnaround Project has had major success with a significant reduction in hours lost.
- A possible new site for the Eastern Road ambulance station has been identified.

Councillor Edgar emphasised the importance of the ambulance service and paramedics as their expertise at the scene means that hospital stays are shorter. He felt it was important that the public be made aware of their professional service especially as it is not possible to have centres of excellence in every locality.

Mr Mullett explained that research had shown that hospitals become centres of excellence in a particular field if they are dealing with similar cases regularly.

The Chair observed that the emphasis will be more focussed on the clinical outcome for the patient rather than the response time. Mr Cook responded that the early implications show that this is probable but the fast dispatch of appropriate resources remain important.

Councillor Denston expressed her concern that there is no minor injuries centre for residents in Havant and Leigh Park.

The Chair informed the Panel that she and Councillor Adair had attended a workshop the previous day with the Ambulance Trust and that notes would be made available to the Panel.

**RESOLVED that notes from the Ambulance Deployment Review workshop held on 21 July be circulated to the Panel.**

ii) NHS Portsmouth Sustainability Report.

Rob Dalton, Director of Corporate Services gave a presentation on NHS Portsmouth's sustainability report, a copy of which is attached to these minutes as appendix B. During his presentation, the following points were raised:

- Over the past 10 years, Government funding for NHS Portsmouth has tripled and waiting times for some treatment have reduced from 18-24 months to 18 weeks.
- Patients can choose where to have an operation and the type of care.
- The gap in health inequalities is narrowing.
- The plans for the next 10 years are based on the assumption that there will be no more investment in the health system. If spending continues at the normal rate this will lead to a spending gap of £230m in the health community.



- It is possible to close this gap by increasing productivity, changing how care is delivered, reviewing clinical evidence, better use of buildings and GP commissioning.
- NHS Portsmouth owns 50 buildings in Portsmouth.
- Local Authorities will become responsible for dissemination of public health information.
- St Marys Healthcare Centre is very well used.

Mr Dalton suggested that the Health Overview & Scrutiny Panel scrutinise the safety and quality of NHS Portsmouth's work and the consultations it carries out.

Councillor Edgar expressed concern about the accountability of GPs when they assume their larger responsibilities.

Councillor Denston expressed the view that during a previous review of the NHS, GPs had been given more responsibility only to have it taken away shortly afterwards due to so-called postcode prescribing.

The Chair informed the Panel that Councillor Sparshatt had been contacted by a resident expressing his concern about the alleged closure of G5 palliative ward.

The Chair observed that it seemed larger urban areas were better off in terms of service provision than rural ones.

Mr Dalton offered to give the Panel a link to the Department of Health website that gives a timeline of the developments for the Health Service.

**RESOLVED that**

1. **A link to the Department of Health website that outlines a timeline of the developments for the Health Service be given to the Panel.**
2. **Details of the plans for G5 ward be given to Councillor Sparshatt and copied to the Chair.**

3. NHS Portsmouth's Quarterly Letter.

Mr Dalton reminded the Panel that it had received a summary of this letter at the previous meeting and that he was happy to answer any questions.

**RESOLVED that NHS Portsmouth's Quarterly Letter be noted.**

**31 Any Other Business (AI 7).**

The Chair informed the Panel that the Scrutiny Support Officer will be meeting with the manager of Baytrees Unit to clarify some further points following the Panel's meeting earlier this month.

**RESOLVED that the visit notes and responses to additional questions be brought to a future meeting.**

**31 Date of Next Meeting (AI 8).**

4 August 2010 – informal.  
26 August 2010.

The meeting closed at 17:05

