

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 26 August 2010 at 2pm.

### **Present**

Councillors Lynne Stagg (Chair)  
David Horne  
Margaret Foster  
Jacqui Hancock  
Robin Sparshatt

### **Co-opted Members**

Peter Edgar, Hampshire County Council  
Keith Evans, Hampshire County Council

### **Also in Attendance**

Allison Stratford, Associate Director of Communications and Engagement, Portsmouth Hospitals NHS Trust.  
Mark Roland, Respiratory Consultant, Portsmouth Hospitals Trust  
Julie Dawes, Director of Nursing, Portsmouth Hospitals Trust.  
Jo York, Associate Director Systems Management Unscheduled Care, NHS Portsmouth  
Katie Hovenden Associate Director of Primary Care and Medicines Management, NHS Portsmouth  
Janet Bowhill, Pharmaceutical Advisor, NHS Portsmouth

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

The Chair welcomed everyone to the meeting and reminded them that this was a meeting held in public and not a public meeting; therefore the Panel would not be taking questions or comments from the public, other than through the deputation process.

She explained that this panel is responsible for reviewing whether council services and the work of the council in partnership with others are having a positive impact on health. It also provides independent monitoring of the health services' activities and plans and will present reports and recommendations to NHS bodies on health issues.

The Chair informed the Panel that a representative from a local media has asked to take photographs of the meeting. The Council does not normally allow photographs or recordings of Council meetings but under our standing orders (SO 36c), as Chair she has the right to allow it. She did not feel it would be appropriate to allow it during the meeting, but asked the Panel to decide whether to permit photographs to be taken before the meeting. All members agreed to this request.

**RESOLVED that the representative of the media be permitted to take a**

**photograph prior to the start of this meeting today.**

The Chair stated that any member of the panel, public or witnesses who does not want to be photographed, would be given a moment to move away.

She also reminded the public that the use of any other photographic, television, sound recording equipment or communications, electrical or mechanical device was prohibited.

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

No declarations were made.

**44 Minutes of the Meeting Held on 22 July 2010 (AI 3).**

**RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 22 July 2010 be confirmed as a correct record.**

**45 Update From the Previous Meeting (AI 4).**

The Chair updated the Panel on the progress of the following resolutions from the previous meeting:

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

The Chair explained that members will assess these dispensers and discuss them with Allison Stratford Associate Director of Communications and Engagement during their next visit to Queen Alexandra Hospital.

**b) Additional questions form members regarding the service offered by Baytrees be given to the Scrutiny Support Officer.**

Members were reminded that additional information from Baytrees was sent out with the papers for this meeting.

**c) Members who would like to attend the meeting on alcohol harm reduction strategies on 10<sup>th</sup> September give their names to the Scrutiny Support Officer.**

The Chair informed the Panel that nobody had put their names forward for this meeting yet.

**d) 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.**

The Chair explained that these documents were published on the website and the link had been sent to the Panel.

<http://www.portsmouth.gov.uk/yourcouncil/18573.html>

**e) Feedback from the Innovation Showcase be circulated to the Panel.**

The Chair informed members that this event had been held on 27<sup>th</sup> July and the feedback will be given to the Panel as soon as it was available.

- f) The notes from the Ambulance Deployment Review workshop held on 21<sup>st</sup> July be circulated to the Panel.**

Members were reminded that this report had been sent out with the papers for this meeting.

- g) A link to the Department of Health website that outlines a timeline of the developments for the Health Service be given to the Panel.**

The Chair informed the Panel that this link had been sent out.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

- h) Details of the plans for G5 ward be given to Councillor Sparshatt and copied to the Chair.**

The Chair informed the Panel that these had been emailed to Councillor Sparshatt and copied to the Chair.

- i) The NHS Portsmouth's Quarterly Letter be noted.**

- j) Notes from the visit to Baytrees and responses for to additional questions be brought to a future meeting.**

Members were reminded that this report had been sent out with the papers for this meeting.

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

Closure of G5 – End of Life Unit.

The Panel agreed to consider this item next.

The Senior Local Democracy Manager read out a written deputation from Shelagh Simmonds expressing her concern about the closure of the G5 unit.

Michael Andrewes gave a deputation to the Panel expressing his and Councillor Mike Hancock MPs' concerns about the closure of the G5 unit.

The Chair explained that although Penny Mordaunt Portsmouth North MP had not given notice of her wish to give a deputation, she would allow it as she had the authority to waive the requirement. Ms Mordaunt then gave her deputation which outlined her concerns about the closure.

Mark Roland, Respiratory Consultant, Portsmouth Hospitals Trust and Julie Dawes, Director of Nursing, Portsmouth Hospitals Trust from NHS Portsmouth explained their experience in End of Life Care and the reasons for the change in model of service. During their introduction they explained the following:

Mr Rowland has a background in cancer care and as the lead for end of life care he wrote the strategy for end of life care strategy for the region. He works closely with the complaints department and frequently met bereaved relatives.

There are 2,200 deaths a year at the hospital of which 1,900 were patients over 65 years old. Most of these were good, but there were a small number of difficulties. The hospital strives continuously to improve the end of life care.

The aim of the strategy is to ensure that a good quality of end of life care is experienced by all throughout the hospital.

The G5 unit has a well established reputation for specialised care for elderly palliative patients. It cares for 500 patients a year of whom 400 die. The average stay is 14 days.

There are times when moving patients nearing the end of their lives to the unit is not appropriate and therefore it is essential that they receive good quality care elsewhere in the hospital.

The following options were discussed:

- Increase the number of beds from 14 to 30.
- Deploy a small mobile nursing team throughout the hospital to train staff for one year only.
- Deploy a large team for peripatetic support from 8am – 11pm, 7 days a week.
- Employ an end of life care consultant nurse.

A presentation was given to the End of Life Care Steering Group and the way forward decided upon.

An e-learning package for staff will be rolled out to run along side the peripatetic service to up-skill staff.

Ms Dawes explained that following personal experience of palliative care given to a relative, she became interested in this area and went on to manage a hospice. In her current role, she is responsible for ensuring that all patients get a good quality of care.

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

A member of the Panel commented that as there were a large number of complaints about the standard of general care in wards, therefore it is natural that people are concerned about palliative care being carried out in general wards.

Complaints are taken very seriously and each one is read by Ms Dawes in order to identify opportunities to improve the service. The decision to change the G5 unit was introduced in response to patient feedback.

The aim is to provide the same high level of care throughout the hospital.

The G5 unit was noted to be in an isolated location within the hospital away from other acute wards. It is a ward originally set up as an isolation ward for infection control.

Seven of the 12 nurses who worked in the unit are on the new team and the other five have been redeployed onto the elderly care wards.

Most end of life care is provided at home by carers, families, domiciliary or sheltered housing staff. On average a patient nearing the end of their life spends 18 days in an acute hospital and 14 days receiving palliative care. Often it is not clear when they come in that they are at the end of their lives. It

is in the gift of all nursing staff to provide end of life care but some lack the confidence. The former G5 staff will support them so that they can deal with these patients to the best of their ability.

This will be an ongoing resource to engender skills and confidence in all staff.

There are 48 side rooms in elderly care wards and there are others throughout the other wards, which can be used by patients receiving palliative care if so desired.

From February to July 2010 the hospital started to look at providing a new model of service. It sought feedback from a number of groups including the Council of Governors, the Local Involvement Network (LINK), the Patient Executive Committee, staff and also public and patients who had written in about the unit. There was a good amount of engagement. The decision was taken in July by the Senior Management Team. It was felt that the hospital had done what it was required to do and that the Health Overview & Scrutiny Panel had been sufficiently briefed. However, it is accepted that there are important lessons to be learnt regarding communication with the health panel.

A breakdown of the options considered could be given to the Panel.

As the G5 unit is well loved and long running, it is understandable that it would be missed.

There are no patients on G5 now as the remaining patients have been moved to F4 with the end of life care model still running until the on 6<sup>th</sup> September.

There will be measures in place to monitor the new model; details of this can be brought to the Panel. The benchmark will be the number of complaints regarding the end of life care in order to measure the experience of the nearest and closest. Additionally, there will be surveys carried out by staff and patients' feedback cards.

Feedback has shown that staff are happy to receive the support that this new model will offer.

There are no immediate plans for the G5 ward. The hospital and its partners will be considering its future. It is not expected to stay empty forever.

The hospital would be reluctant to run both the G5 unit and the peripatetic service side by side. However if a request was made by the Panel, it would be considered.

The service will be offered to wards on F and G levels and then extended throughout the rest of the hospital.

It would be difficult to extrapolate the cost of setting up this service from the rest of the elderly care. The staff will be redeployed so there is no saving here. However there will be a saving from the ward facilities.

The Chair thanked the witnesses for their contribution to this meeting.

**RESOLVED that the Chair write to the Chief Executive of Portsmouth Hospitals Trust to seek responses to the following points:**

**1.**

**(a) The Panel are concerned regarding the lack of consultation over the ward closure.**

**(b) The HOSP request evidence from the Trust to demonstrate its compliance with the NHS 2006 Act, with respect to it undertaking the requisite level of consultation.**

**(c) The HOSP express serious concern at the ward closure decision especially as the Panel had not been provided with any information setting out the Trust's justification for so doing and was unaware as to how the Trust had arrived at its decision.**

**(d) The HOSP confirms that it wishes to take up the offer from Mark Roland and Julie Dawes, (the Trust representatives at the meeting) to present to a future meeting of the Panel the options considered by the Trust Board, including details on how the Board came to choose the ward closure option.**

**(e) The HOSP express the earnest hope that the closure decision is reversible (and if it is not would like a detailed explanation as to why) and if it is, that its implementation be deferred so that a public meeting on the proposal could be held and the outcome of it addressed before any final decision is taken.**

**2. The HOSP seek an assurance that should the change in palliative care provision proceed, the Panel would wish to be fully involved in a review of the effectiveness of the service and its human impact over the next 6 and 12 months, a view supported by the Trust representatives present who were happy for the Panel to scrutinise this process.**

**3. The HOSP expects, in accordance with current legislation, to be fully involved in the consultation on any future service changes at the hospital at the earliest possible stage.**

**Details of Portsmouth Hospitals Trust's engagement with Hampshire County Council's Health Overview & Scrutiny Panel be brought to a future meeting.**

**(i) GPs out of hours service**

Jo York, Associate Director Systems Management Unscheduled Care, NHS Portsmouth gave a presentation to the panel on the transfer of GPs out of hours service from Drayton to Queen Alexandra Hospital. A copy of this presentation is attached to these minutes as appendix one. During the presentation, the following points were raised:

There is no predicted impact on the current out of hours GP service.

The service would be located next to the Emergency Department.

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

The transfer of the out of hours G5 to Queen Alexandra Hospital will take place on 1<sup>st</sup> October and its aim is to reduce the number of people who attend the

Emergency Department inappropriately as upon arrival they will either be referred directly to the out of hours GP service or advised to attend there next time for similar conditions.

The choose well campaign informs people of the alternative services for minor injuries or conditions. A member of the Panel suggested displaying these posters more widely throughout the city and adding the opening times for the services mentioned.

It is not financially viable to have all the other options available 24/7.

The usage of the GP out of hours service at its new location will be monitored and the level of staff required reviewed.

There will be no affect on home visits as the doctors who conduct these are not based at the GP surgery.

It will remain a referral only centre rather than walk-in.

Patients parking at the surgery at Drayton was free of charge, whereas normal parking charges will apply at the hospital. This is a disadvantage, but the new location of the service will offer patients a better direction of travel.

The transfer of services is cost neutral. Savings will come later as the number of inappropriate patients at the Emergency Department reduces.

**RESOLVED that the transfer of the out of hours GP service to Queen Alexandra Hospital be noted.**

iii) Pharmaceutical Needs Assessment.

Katie Hovenden Associate Director of Primary Care and Medicines Management and Jane Bowhill, Pharmaceutical Advisor, NHS Portsmouth gave a presentation on the pharmaceutical needs assessment. A copy of the presentation is attached to these minutes as appendix two.

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

There will be a range of opening hours to ensure that the population's needs are met for example the Tesco North Harbour pharmacy is open 7am to 10.30pm; the pharmacy in Boots in Commercial Road and Gunwharf are open on Sundays and the pharmacy in Asda, Fratton will be open 100 hours per week.

There will be a review to ensure that all population areas can reasonably access late opening pharmacies. The opening of new pharmacies will be in response to a clearly identified need. An assessment would be carried out to ensure that it would not disadvantage a nearby existing pharmacy.

There is a poster on every pharmacy giving details of the nearest late night opening pharmacy.

**47 Update on Items Previously Considered by the Panel (AI 5).**

(i) Funding for Carers

The Panel considered a letter from NHS Portsmouth explaining the funding

arrangements for carers and the use of the £100,000 assigned this year to the Primary Care Trust for carers' support.

The Panel agreed that it had not yet received a breakdown of how the £100,000 had been spent.

**RESOLVED that the Chair write to NHS Portsmouth on behalf of the Panel to request further clarification of how the Government funding for carers was spent last year and will be spent this year.**

**48 Update on the scrutiny review into Alcohol Related Hospital Admissions (AI 7).**

The Panel considered the notes from the action learning set that was held on 4<sup>th</sup> August and the documents that were sent out with the agenda.

The Scrutiny Support Officer reminded members that they had been invited to the 'licensing act consultation' which would be held on Friday 3 September.

**RESOLVED that the amendments to the objectives of the review of alcohol related hospital admissions and the proposed timetable for the review be agreed, subject to the change of date for the next meeting to 23rd September.**

**49 Any Other Business (AI 8).**

The Panel discussed the high number of complaints about Queen Alexandra Hospital that they had received from residents and the article in the local newspaper that day which claimed that Portsmouth Hospitals' Trust received the highest number of complaints between April 2009 and March 2010 in the south central region.

The Head of Customer, Community and Democratic Services advised the Panel that it was the role of the Panel to identify where things might not be working well and to suggest solutions.

She also informed the Panel that the LINK has the power to visit certain services and view the service provided. The Panel could ask the LINK to carry these out on its behalf. The Local Authority works with the LINK in an overseeing capacity. There is the capacity for it to work more smartly with the Panel in future.

The Chair expressed concern about the licensing laws which permit the extension of licensed premises' opening hours and new licences even if there have been alcohol-related problems in the area.

**RESOLVED that:**

**The date of the next quarterly meeting with the Chief Executive of Portsmouth Hospitals Trust be circulated to the Panel.**

**A breakdown of the Portsmouth Hospitals Trust's performance regarding complaints be brought to a future meeting.**

**50 Date of Next Meeting (AI 9).**

Thursday 23 September.

The meeting closed at 5pm.

