HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Room A, Civic Offices, Portsmouth, on Thursday 23 September 2010 at 2pm.

Present

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

Co-opted Members

Peter Edgar, Gosport Borough Council
Keith Evans, Fareham Borough Council
David Gillett, Havant Borough Council

Also in Attendance

Allison Stratford, Associate Director of Communications and Engagement, Portsmouth Hospitals NHS Trust
Ian Clark, Solicitor, Portsmouth City Council
Richard Curtis, Senior Project Manager, NHS Portsmouth
Rob Dalton, Director of Corporate & Support Services, NHS Portsmouth.
Julie Dawes, Director of Nursing, Portsmouth Hospitals NHS Trust
Dr Paul Edmondson-Jones, Director of Public Health & Wellbeing, Portsmouth City Council
Judy Hillier, Associate Director of Clinical Excellence & Delivery, Solent Healthcare
Andrew Langdown, Consultant Orthopaedic Trauma Surgeon, Portsmouth Hospitals Trust
Rob Watt, Head of Adult Social Care, Portsmouth City Council
Anthony Quinn, Senior Local Democracy Officer, Portsmouth City Council
Anna Martyn, Scrutiny Support Officer, Portsmouth City Council

51 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.

Apologies for absence were received from Councillor Patricia Stallard. Councillors Margaret Adair and David Gillett asked that their apologies be recorded for the previous meeting held on 26 August 2010.

52 Declarations of Interest (AI 2)

Councillor Edgar declared a personal and non-prejudicial interest in that he is a member of the Council of Governors of Portsmouth Hospitals NHS Trust.

53 Minutes of the Meeting Held on 26 August 2010 (AI 3)
RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 26 August 2010 be confirmed as a correct record.

54 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 90º in the main entrance at Queen Alexandra Hospital
The dispensers have been turned round by 90º so that they now face visitors entering the hospital.

b) Closure of G5 ward, Queen Alexandra Hospital (QA)
Derek McCarthy and Michael Andrewes both gave deputations to the Panel expressing concerns with the proposals to close the G5 ward.

The Senior Local Democracy Manager read out the letter from the Panel Chair, expressing the concerns the Panel had raised at its previous meeting, to the Chief Executive of Portsmouth Hospitals NHS Trust (PHT). He then read the response from the Chief Executive.

The Chair explained that the Panel was not a decision making body and could not reverse the decision as its function was essentially to scrutinise services and procedures although it could make recommendations.

NHS bodies are obliged to consult, particularly with health overview and scrutiny panels or committees, with regard to "substantial development" or "substantial variation" in the area of a local authority or the provision of a service. The definition of "substantial variation" in services is nebulous, even in the Health & Social Care Act 2001 and the NHS Act 2006. The definition is a regulation within a statute. The Centre for Public Scrutiny provides helpful guidance showing that a key feature of "substantial variation" is a major change to patients and future patients. The purpose of the guidance is to improve information and consultation. The guidance also acknowledges the pace of change in the NHS. The guidance is "Substantial variations and developments of health services" published by the Centre for Public Scrutiny in December 2005.

The Solicitor explained that if the Panel is not satisfied with the response from the Chief Executive of the PHT it can refer in writing the matter to the Secretary of State for Health.

In discussion, the following points were raised:

- If the Panel believes there is a substantial variation it should have been consulted
- It was felt that the closure of G5 is a substantial variation as it means there is no equitable access to a high level of care; it is a lowering of standards of care for everyone; G5 is an area of excellence and should be expanded rather than removed
- As the matter is one of public sensitivity and concern there should have

been consultation
- Moving G5 staff to other areas of nursing is a loss of their skills
- In spite of the emotive aspects of the matter, the issues of guidance and consultation need to be borne in mind

The Solicitor advised that the Panel has to decide if the closure is a "substantial development" or "substantial variation." There are two issues to be decided:

1) If there is a lack of consultation which has to be referred to the Secretary of State who may request that the NHS consult.
2) If the proposal is not in the interests of the health service.

The Panel agreed unanimously that the matter be referred to the Secretary of State for Health.

The Panel discussed whether a presentation from Mark Roland (Respiratory Consultant) and Julie Dawes (Director of Nursing) on the options considered over the future of G5 should be held before or after writing to the Secretary of State, as the presentation might affect the contents of the letter.

RESOLVED that the Chair of HOSP write to the Secretary of State for Health stating that:

1. **The Panel is concerned that the closure of G5 Palliative Care Ward amounts to "substantial variation" and as such, the HOSP should have been subject to statutory consultation over the ward closure. Therefore, the HOSP requests that the hospital re-consider its original decision and properly consults on the matter before reaching a final decision.**

2. **The Panel is concerned that the proposed closure is not in the best interests of the health service and seek the intercession of the Secretary of State for Health to determine whether this closure is in the best interests of the health service in Portsmouth.**

RESOLVED that the Panel receive a presentation from Mark Roland (Respiratory Consultant) and Julie Dawes (Director of Nursing) from Portsmouth Hospitals Trust at a future meeting showing the options considered by the Trust Board, including details on how the Board came to choose the ward closure option (following the response from the Secretary of State).

c) GPs' out of hours service
The transfer of the GPs' out of hours service from Drayton to QA Hospital was noted.

d) Pharmaceutical Needs Assessment
The Pharmaceutical Needs Assessment was noted.

e) Funding for carers
A letter showing the breakdown of the £100,000 for support for carers will be presented at the next meeting.

f) Alcohol Related Hospital Admissions

The timetable and objectives for the review into Alcohol Related Hospital Admissions was agreed.

g) Portsmouth Hospitals Trust

Councillors are requested to confirm which of the two proposed dates for the quarterly meeting with the Chief Executive of the Portsmouth Hospitals Trust they would prefer: Friday 15 October at 3 pm or Wednesday 8 December at 10 am.

A breakdown of complaints is agenda item is covered in agenda item 5viii.

h) Communication with Local Involvement Network (LINk)

The Senior Local Democracy Officer informed the Panel that the Chair and officers met representatives from the LINk on 21 September 2010. The LINk had thought that HOSP was already aware of the closure of G5 so did not inform the Panel, nor did they have an obligation to inform HOSP. Lines of communication have now been clarified: the LINk will give their work plan to HOSP and HOSP will send their agendas to the LINk. Additionally, the Senior Local Democracy Officer will write an article for the LINk newsletter on scrutiny.

55 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports (AI 5)

(i) Clinical Thresholds

Dr Paul Edmondson-Jones, Director of Public Health & Wellbeing and Andrew Langdown, Consultant Orthopaedic Trauma Surgeon, Portsmouth Hospitals Trust gave a presentation on clinical thresholds, which is a work stream arising from the Sustainability Plan for the NHS in Portsmouth and South East Hampshire. A copy of the presentation is attached to these minutes as appendix 1 and is on the council's website.

Dr Edmondson-Jones explained that although the previous ten years had seen many improvements such as decreasing waiting times and more emphasis on choice of services, the next ten years will see no increase in funding together with a spending gap of about £230 million, of which about £80 million (15% budget) is in Portsmouth. Primary Care Trusts (PCT) and the proposed new GP Consortia have a statutory duty to commission health services whilst staying within their financial limits. As part of increased productivity and effective working practices, the model of care will be transformed and supported by clinical evidence. The Clinical Leadership Group (CLG) ensures that the Sustainability Plan has clear clinical leadership and effective care which is clinically viable and appropriate for Portsmouth residents.

Clinicians make daily decisions about appropriate treatment. They receive guidance, some compulsory and some voluntary, from several different sources, for example, National Institute for Clinical Excellence (NICE) and the Portsmouth & South East Hampshire Area Prescribing Committee.

Procedures on the Department of Health's Limited Clinical Value list are being reviewed and some recommendations have already been made, for instance, a reduction of the BMI (Body Mass Index) threshold from 40 to 35 for knee and hip surgery, and a limit on operating on second cataract surgery. One of the aims of

the thresholds is to avoid discrepancies amongst GP referrals.
In discussion, the following points were raised:

- In the case of bilateral cataracts, the evidence is clear that unless there are special conditions there is no need to operate automatically on the second eye; opticians and GPs are involved with the CLG and have the opportunity to comment on proposals
- There are no overall bans on procedures and Individual Funding Requests can be requested for exceptional cases
- In view of the financial situation over the next few years spending on clinical procedures has to be effective and evidence based; the thresholds focus on who benefits most from treatment; other parts of the country are being examined to see how they make efficiencies
- With regard to hip and knee surgery the joint is likely to be more long-lasting on a patient with a lower BMI; patients, with the help of their GPs, should be optimised for surgery as much as possible; Portsmouth now has one of the first adult weight management programmes in the UK; the need for hip and knee surgery amongst younger people is increasing
- Surgeons sometimes receive referrals for people who do not need surgery but are morally obliged to consider them
- The Department of Health's list of procedures of Limited Clinical Value has been in existence for over 20 years; examples of such procedures are the insertion of grommets and tonsillectomy

RESOLVED that

The Panel be kept updated on the Clinical Thresholds and list of procedures of Limited Clinical Value via the Quarterly Letter.

The Panel receive information on keyhole hip and knee surgery for younger people.

(ii) Unscheduled Care

Richard Curtis, Senior Project Manager gave a presentation on the proposed strategy for unscheduled care services for Southampton, Hampshire, the Isle of Wight and Portsmouth.

Groups and individuals from the voluntary and community sector and statutory partners have been consulted over the proposals. An Engagement Plan will then be implemented amongst wider stakeholders with a view to implementation in the next financial year. The proposals have been developed with the new government's plans for the NHS. The aims are to have more unscheduled care at primary level, to strengthen existing community services and to support people to stay in their homes.

In discussion, the following points were made:

- The proposals are not a matter of referring people to social services but better management of patients in the community.
- The NHS Intermediate Care Agenda pays for intermediate care support.
- NHS Trusts are working closely with the South Central Ambulance Service to identify people ("frequent flyers") who make unnecessary calls to the ambulance service and work with their GPs.

- The roles of Social Care and the new GP Consortia have been considered in the proposals to ensure clarity and prevent confusion.
- The Unscheduled Care Board aims to work with neighbouring counties.
- Some of the Panel members felt that the opening hours of the St Mary's Treatment Centre are not clear.

RESOLVED that the Panel receive a list of partners who have been involved with consultation on the Unscheduled Care strategy.

(iii) Transforming Community Services

Judy Hillier, Associate Director of Clinical Excellence and Delivery, Solent Healthcare, gave a presentation on Transforming Community Services showing how Solent Healthcare is proceeding with its application to become a Foundation Trust. Its aim is to provide a continuum of care from GPs upwards across all areas of care such as district nursing and speech and language. An outline business case will be made to the Solent Management Board. The bid to become a Foundation Trust is sufficiently robust as Solent Healthcare is closer to achieving its aspirations and reducing bureaucracy. Good community practice "the best of the best" is shared, for example, moving out of hours services to the Emergency Department. The Kaleido commissioning project was robust, evidence based and involved consultation.

Solent Healthcare needs to deliver as an autonomous organisation for one year then Monitor (the independent regulator of NHS Foundation Trusts) will consider the application. It will need to show financial and cultural stability, and demonstrate safe and effective work with partners before becoming a Foundation Trust.

Other options were considered and analysed. Organisations that were consulted thought that alignment with existing services was very good. Some services may be brought in whereas others will be external. There will be some section 75 arrangements, including one for learning disabilities. A very mature relationship with partners and stakeholders will be necessary.

In discussion, the following points were made:

- DPO stands for Directed Provided Organisation
- The Foundation Trust (FT) will not be part of the PCT
- The FT will have a budget of £184 million; there will be internal and external savings of 6%
- The FT will try to avoid redundancies; over the last two years Solent Healthcare has looked closely at how to work effectively, for example, if certain patients need to be treated in the Emergency Department; it is a question of effective use of skills as well as money

Councillor Gillett left the meeting at 4.25 pm.

(iv) Portsmouth Hospitals Trust Complaints Procedure

Julie Dawes, Director of Nursing, Portsmouth Hospitals NHS Trust gave a presentation to the Panel.

Firstly, bigger hospitals have a higher number of complaints due to the number of patients seen. The PHT grades complaints according to their severity (low,

medium, high). Low category complaints are Patient Advice & Liaison Service (PALS) type complaints which some hospitals define as “enquiries”. The top five themes from high performing hospitals are significantly different from those in Portsmouth. If a complainant returns then it can either be considered as a “second bite” or a new complaint which influences the figures. Portsmouth considers “second bites” as new complaints. If it did not have “second bites” the number of complaints would be in line with the figures for its comparator hospitals. “Green” complaints, for example, cancelled appointments, do not have to be counted as a complaint as a complaint but Portsmouth does count them.

The PHT is undertaking a considerable amount of work on complaints:

- Working on face to face resolution of complaints before they escalate
- Providing customer care training
- Learning logs show overall themes and necessary action
- A programme for ward sisters to empower staff to recognise problems and deal with them at an early stage
- Last month the first personal presentation of “Patient Stories” was presented at the Trust Board

Many complaints are about discharge which shows the importance of communication between different areas. Finally, it is better to have complaints than no complaints as the latter may mean that patients do not know how to complain or are deterred from making them.

In discussion, the following points were made:

- Complaints are analysed for particular themes and discussed with the relevant staff. Monthly meetings look at how to reduce complaints and how to prevent them from occurring.
- Customer care training covers attitude, communication and personal presentation as sometimes these skills are not as well developed as others;
- The Patient Customer Service Centre decides who should deal with a complaint.
- “After care” is important, for example, having clear procedures on medication when leaving hospital.
- There used to be a turnaround target of 28 days for dealing with complaints but now a timescale is agreed with the complainant as complaints can take from a couple of days to several months to resolve.
- The PHT receives more plaudits than complaints.
- The Panel noted that lack of resources led to staff working under pressure.

RESOLVED that the presentation be noted.

(v) Paediatric Cardiac Services

RESOLVED that the agenda item on Paediatric Cardiac Services be postponed to a future meeting.

(vi) NHS Portsmouth Quarterly Letter

Rob Dalton, Director of Corporate and Support Services, presented the

quarterly letter, where the following points were noted:
Commissioning of Wheelchair Services – The PCT has decided to add the wheelchair service to the Solent Healthcare contract with a view to clearing the backlog as waiting times are the main problem. Work is at an early stage on procuring the service. Service users are being kept updated via the Frank Sorrell Centre and Moving Forward. A sum has been added to the contract cost to account for the wheelchair service but the exact figure is uncertain.
St Mary's NHS Treatment Centre – Diabetic retinopathy services will be extended; the Care UK contract to run the centre will be extended until June 2011; a successful event for potential bidders showing the services to be commissioned was held recently. A new leaflet for the centre has been produced. Two blocks on Milton Road will be retained to provide a range of services and Rembrandt Ward will be replaced.

Treatment of Hepatitis C – A draft service specification has been drawn up for a commissioning intention to provide treatment for Hepatitis C to meet increasing demand in Portsmouth.

Autism Pathway – The Integrated Commissioning Team has circulated the Department of Health's strategy on adults with autism. A newly created Board for Autism will involve people with autism and their families. A key feature of the Board is that it will operate both locally and nationally. The Panel asked if children would be included in the strategy as early diagnosis is important.

Personal Health Budgets – Work is at a very early stage; more work is being undertaken with stakeholders to seek their views.

RESOLVED that the exact figure for the provision of wheelchair services be brought to a future meeting and that the Panel be updated on Personal Health Budgets.

(vii) Adult Social Care Quarterly Letter

Rob Watt, the Head of Adult Social Care, presented the quarterly letter, where the following points were noted:

Care Quality Commission (CQC) – The graded Assessment of Performance Report will be available on 4 October 2010 and then to the public on 25 November 2010. The report includes aspects such as dignity, respect, choice, control and the impact of the current financial crisis. Although performance has been "excellent" over recent years five council employees had been dismissed; however, lessons had been learnt.

Universal Information and Advice Hub – A conference on 18 November will launch the hub which is designed to provide information to a wide range of people, including some who may not have come via Adult Social Care. It is planned to make the hub available in libraries and GP surgeries.

Health and Social Care Partnership – HaSP is working on a single pathway for people in rehabilitation.

Safeguarding and Deprivation of Liberty (DOL) – Adult Social Care has a duty to carry out DOL assessments but these can only be made via referrals, either

from the private or public sector.
NHS White Paper – Adult Social Care is working on the commissioning relationship with GPs in the light of the White Paper.

Development projects – Residents are moving in gradually to the new Extra Care developments. When the procurement process for Four Sites finishes on 3 November a bidder will be chosen. The future of the Caroline Lodge site will be decided no earlier than 31 March 2011.

Locally Based Hospital Unit – Work is progressing well on Avenue House and Hamilton House.

Complaints have increased slightly since the last quarter.

Performance Indicators (PI) – The PI for self-directed support is the second highest in the South. The PI for carers' support has improved greatly. Portsmouth compares well for the dignity and respect NI.

Delayed discharge – Much collaborative working has taken place in the past year which is reflected in the work of the hospital teams.

RESOLVED that information on NI127 (equipment) including the figures for wheelchairs be brought to a future meeting.

(viii) Portsmouth Hospitals Trust Quarterly Letter

Allison Stratford, Associate Director of Communications and Engagement, presented the quarterly letter from the PHT, where the following points were noted:

Trust Board – The Board now encompasses the most senior nursing role, and a new Clinical Service Centre structure has doctors leading and managing specialities.

Finances – The PHT's deficit is currently £2.4 million; each month it spends more than it earns; it is working closely with the Strategic Health Authority on its turnaround plans.

Mutually Agreed Resignation Scheme (MARS) – MARS is a national voluntary redundancy scheme for the NHS. The model has been trialled at a couple of other trusts and the unions are supportive. The Department of Health and the Treasury gave the necessary approval via the SHA. As an example, someone with ten years' service might receive five months' salary. However, the cost of the scheme will not be known until more applications are received. Applications may be rejected if it would mean a loss of valuable skills. There is a currently a recruitment freeze for clerical and administrative vacancies but not for clinical posts. Some management posts have been deleted. The Recruitment Approval Panel, chaired by the Director of Nursing, considers the impact on frontline care when deciding whether to fill vacancies.

Pharmacy – The Pharmacy at QA has become more efficient as porters now collect drug orders.

Angioplasty 24-7 – The procedure is available round the clock; the target of continual availability was reached ahead of the national deadline.

Oasis – Oasis is a wellbeing centre for staff who pay to join through a salary sacrifice scheme. It is well used but needs to consider opportunities for income generation. The Panel are welcome to visit the centre.

GP out of hours service – the move from Drayton to QA will take place on 1 October 2010.

RESOLVED that HOSP receive the calendar of board meetings and a briefing providing further details about the funding model for Oasis, the staff wellbeing centre.

Councillor Horne and Councillor Sparshatt left the meeting at 5.35 pm.

56 Update on the scrutiny review into Alcohol Related Hospital Admissions (AI 6)

RESOLVED that the Panel consider evidence relating to the review into Alcohol Related Hospital Admissions at a future meeting.

57 The NHS White Paper, Equity and Excellence: Liberating the NHS (AI 7)

RESOLVED that information on this agenda item be circulated to the Panel.

58 Fluoridation of Water Supplies (AI 8)

RESOLVED that information on this agenda item be circulated to the Panel.

59 Date of Next Meeting (AI 9)

The next meeting will be held on Tuesday 19 October 2010 at 2 pm and will consider evidence relating to the review into Alcohol Related Hospital Admissions.

The meeting closed at 5.40 pm.