

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in The Guildhall, Portsmouth, on Thursday 25 November 2010 at 2pm.

Present

Councillors Lynne Stagg (Chair)
Margaret Adair
David Horne
Robin Sparshatt
David Stephen Butler (standing deputy for Jacqui Hancock)

Co-opted Members

Dorothy Denston, East Hampshire District Council

Also in Attendance

Alan Knobel, Substance Misuse Coordinator, Portsmouth City Council
Richard Aspinall, Consultant Hepatologist at Queen Alexandra Hospital.
Allison Stratford, Associate Director for Communications, Portsmouth Hospitals Trust.
Anthony Quinn, Senior Local Democracy Officer.
Jock McLees, Chair of the Local Involvement Network (LINK).
Victor Vine, HAP UK.

- 73 Welcome, Membership and Any Apologies for Absence (AI 1)**
Apologies for absence were received from Councillors Peter Edgar Keith Evans, Margaret Foster, Jacqui Hancock and Patricia Stallard.
- 74 Declarations of Interest (AI 2)**
No declarations were received.
- 75 Deputations from the Public under Standing Order No 24 (AI 3).**
No requests for deputations had been received.
- 76 Minutes of the Meeting Held on 9 November 2010 (AI 4).**
The Chair explained that these will be considered at the next meeting.
- 77 Update from the Previous Meeting (AI 5).**
The Chair informed the Panel that there were no updates.
- 78 Update on the Scrutiny Review into Alcohol Related Hospital Admissions (AI 6).**
Dr Richard Aspinall, Consultant Hepatologist at Queen Alexandra Hospital (QAH) gave a presentation on liver disease, a copy of which is attached to these minutes as appendix one. During the presentation he raised the following issues:

The national liver disease epidemic is largely attributable to alcohol.

Alcohol is no longer a premium product; it is cheaper now than it has been at any other time.

There are 600,000 outlets licensed to sell alcohol in England and Wales.

The graph on slide 12 shows the admissions and bed occupancy rate due to alcoholic liver disease from 2003 to 2006. There has been a 50% increase between 2004 and 2006. The length of stay rose more steeply than admissions as patients tend to be more ill and require longer stays now.

The high levels of liver disease in Portsmouth are due to alcohol misuse, obesity, diabetes and hepatitis C. Fatty liver disease is caused by obesity and diabetes, where fat droplets build up on the liver causing scarring and cirrhosis. The presentation on slide 18 shows the local prevalence of liver disease compared to Southampton, Hampshire and the Isle of Wight. A poor diet high in saturated fats and unrefined sugars, alcohol consumption and smoking can worsen the progression of liver disease.

There were 647 liver transplants in the UK in 2006-7. The number is limited by the number of donors available.

The Alcohol Liaison Nurses at QAH are very effective. This is a relatively new service and has adopted best practice from elsewhere. It is important to identify alcohol problems early.

Dr Aspinall was appointed Alcohol Champion at the hospital and will attend the Alcohol Steering Group with the Medical Director. There is also a committee which oversees the work of the Alcohol Liaison Nursing Service.

Training in Identification and Brief Advice (IBA) is a routine part of staff education and can be delivered in an e-learning module.

Scratch cards were recently introduced in the Emergency Department (ED) to identify alcohol problems at a very early stage.

In the Medical Assessment Unit (MAU), clinicians are prompted to ask alcohol-screening questions by the VitalPac, the hand-held device which records patients' observations. This will be extended to all wards by April 2011.

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

The relatively high rate of Hepatitis C is due to the high prevalence of intravenous drug abuse, migrants arriving from areas where Hepatitis C is prevalent and infections arising from tattoos and particularly in the past from contaminated blood products.

The Liver Advisory Group of UK Transplant (the NHS agency responsible for the administration of organ transplants) recognises alcoholic cirrhosis as an accepted indication for a liver transplant. The main condition in place for potential recipients is that they must have stopped drinking; therefore the Alcohol Liaison Nurses play a key role here. There are statistical scoring systems that can predict a patient's survival rate with or without a transplant. Those who have the highest need are moved to the top of the list for organ allocation.

It is important that IBAs are carried out in the ED as many people are not admitted. A recent pilot scheme carried out at QAH to target “Frequent Fliers” dramatically reduced repeat attendances.

The average age of death from heart attacks is 78, strokes 81 and for liver cirrhosis 56, reflecting that liver disease is a killer of relatively young individuals.

Patients are now presenting with liver cirrhosis at a progressively younger age. There has been a particular increase in the numbers of women with chronic liver disease. This may reflect a higher sensitivity to the effects of alcohol.

Chronic liver disease has very few specific symptoms and patients are usually unaware of the condition until relatively advanced stages, sometimes only after many years of harmful drinking.

Most liver disease is caused by alcohol, viral hepatitis and obesity. It has therefore been estimated that ninety five percent of liver cirrhosis is potentially preventable with public health measures.

When a patient is identified as being potentially suitable for a transplant, they would typically be seen in clinic at a liver transplant unit within a few weeks. In most units, they would subsequently be admitted to hospital for a formal 4-5 day “assessment” period. If all goes well, they would then be added to the transplant waiting list and discharged home to await an organ. It is essential that patients who are deteriorating are identified promptly before they become too seriously ill to receive a transplant. To this end the list is constantly being reviewed to ensure that those with the highest need are at the top of the list.

The Department of Health’s Organ Donation Taskforce published a report in 2008 recommending that the existing model remain in place and improvements be made to how clinicians approach families to ask about organ donation. A target was set for a 50% increase in donations in the next five years. QAH’s Intensive Care Unit has a designated consultant and nurse trained to ask grieving families about their deceased relative’s wishes.

Hospital admissions data show that QAH continues to receive an increased numbers of patients who are more seriously ill and need to have longer stays

Local surveys have shown that the prevalence of alcohol misuse in children is much higher in Portsmouth than the national average. The Alcohol Advisory School Nurse who was recently appointed will help deal with underage drinking. Employing shocking education programmes in schools are effective in raising awareness of the dangers of alcohol misuse.

There are many other interventions that can be carried out to halt the progression from liver scarring to cirrhosis and to reduce the chances of complications. e.g. propranolol which is a very cheap beta blocker drug that lowers the risk of internal bleeding in liver cirrhosis. However, audits elsewhere have shown only approximately 20% of patients who could benefit from this treatment are receiving them. It is important that health care professionals are aware of all the options available.

Hepatology used to be a Cinderella service but it has a higher profile now due to the liver disease epidemic.

Patients with liver disease are now being treated in large district hospitals rather than being sent to specialist tertiary centres

In the last few years, more hospitals have adopted a specialist model for managing acute medical admissions which involves an early triage of patients to ensure that they are seen by the appropriate consultant as soon as possible. This should improve patients' outcomes.

Raising awareness of the dangers of alcohol is very important.

Rates of liver disease have increased since the change in licensing laws. There is a definite link between availability, lower prices and alcohol consumption.

Although the weekend binge drinkers have a higher profile, dependent drinkers who are likely to drink at home are more costly to the NHS.

A member of the panel expressed concern about alcohol being positioned close to the till in order to encourage impulse buying in some shops. The Senior Local Democracy Officer explained that Scotland recently introduced designated alcohol-selling zones in shops. He also suggested that the Panel might wish to consider recommending the introduction of a by-law setting out alcohol free zones.

The Secretary of State for Health is considering prohibiting brand information on cigarette packets. There was an immediate reduction in the number of heart attacks after the introduction of the smoking ban in public places. After a further twelve months there was a dramatic reduction.

On behalf of the Panel, the Chair thanked Dr Aspinall for his interesting presentation.

RESOLVED that the presentation on liver disease by Dr Aspinall be noted

79 Work Programme (AI 7)

Mr Quinn, Senior Local Democracy Officer informed the Panel that at its meeting on 4 November, the Scrutiny Management Panel recognised the high workload of the Health Overview & Scrutiny Panel (HOSP) and agreed that whilst retaining the statutory powers under the Health & Social Care Act, the HOSP will identify key areas of health scrutiny for Traffic Environment & Community Safety (TECS) Panel, Housing & Social Care (H&SC) Panel and Education, Children & Young People (ECYP) Panel to scrutinise on its behalf and report back to HOSP.

(Councillor Butler left the meeting at 3.20pm)

Jock McLees, Chair of the Local Involvement Network (LINK) explained that the LINK is due to commence a review into patient discharges from St James Hospital, Queen Alexandra Hospital and Adult Social Care.

RESOLVED that:

- 1. The following topics be allocated to scrutiny panels, which will conduct short reviews and report back to the Health Overview & Scrutiny Panel by the end of March:**
 - **The Housing & Social Care Scrutiny Panel review personal health budgets.**
 - **The Traffic, Environment & Community Safety Panel review patient discharges from Queen Alexandra Hospital and St James Hospital, in conjunction with the LINK.**
 - **The Education, Children & Young People Panel review paediatric cardiac services.**
- 2. Scoping documents be produced prior to their first meetings to be held in December.**

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Arrangements for Assessing Substantial Change in NHS Provision (AI 8).

The framework assessment sets out the arrangements for assessing significant developments or substantial variations in NHS services across Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas. It has been in place since 2005 and now requires updating in light of new legislation.

The Senior Local Democracy Officer explained that after being agreed by all the Health Overview & Scrutiny Panels in the SHIP area, it will be circulated to NHS organisations locally for comment. The organisation will be asked to complete the framework and the Panel will ask further questions at its meeting.

RESOLVED that the framework assessment for assessing substantial change in NHS provision be agreed.

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Dates of Future Meetings (AI 9).

Friday 17 December at 12 noon.