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Councillor L Stagg  
Chair, Health Overview and Scrutiny Panel  
Portsmouth City Council  
Guildhall Square  
PORTSMOUTH  
PO1 2AZ

Dear Councillor Stagg

### **Quarterly Update – December 2010**

There are 3 updates and 3 new issues that I wish to bring to the Panel's attention this quarter. These are set out below.

#### **Clinical Thresholds**

At its meeting on 23<sup>rd</sup> September, 2010 the Panel requested information on clinical thresholds and a list of procedures of limited clinical value. Please find a list of items which the Clinical Leaders Group of the Sustainability Programme has or will be reviewing at Attachment 1 to this letter. Of these, two reviews are complete. Both were discussed at September's meeting. They are:

1. Elective Hip and Knee Replacement Surgery, BMI referral criteria: reduce the criterion for referral for consideration from a maximum BMI of less

than 40 to under 35. The rationale for this decision was that higher BMI carries increased risks of bleeding and post-operative complications.

2. Second eye cataract surgery will be funded for patients who meet specific criteria as follows:

- Visual Acuity below 6/9 in the second eye
  - Anisometropia +/- 2D or where symptomatic
  - Surgery indicated for control of glaucoma or to facilitate further surgery (as determined by consultant ophthalmologist)
  - Surgery indicated for view of diabetic retinopathy or retinal disease (where cataract impairs retinal view)
  - Severe glare

This will promote fairness across Portsmouth, ensuring the most severely affected patients get the opportunity for surgery in a first eye before second eye surgery is offered to others.

In both cases, referrals that do not demonstrate they meet the criteria will be required to follow the PCT's Individual Funding Request route.

Attachment 1 relates to the review of Procedures of Limited Clinical Value (benefit). This review is of 64 surgical procedures, some of which are already stated in NHS Portsmouth's Individual Funding Request Policy. The full list may be found at Attachment 2 to this letter.

### **Personal Health Budgets**

The Project Team has reviewed progress towards formal pilot stage using the Department of Health's self assessment process. Actions need to take place in three areas to secure formal pilot status. This has been confirmed by the Department of Health. The areas are:

1. Agree an Equality Impact Assessment;
2. PCT Board level sign off of the Project Initiation Document; and
3. Agreement that local Payment by Results tariff will be the basis for setting the amount of money that will be in a personal health budget for people with mental health need.

A steering group has been established to help move towards formal pilot stage. The work of this steering group will proceed in five key areas. These are:

- Operational delivery and clinical standards
- market management and risk governance
- finance and information process
- Workforce development and culture change
- stakeholder engagement

A Communications Plan may be found at Appendix B at Attachment 3 to this letter which is the attached Project Initiation Document. You will also find at Attachment 4, the Stakeholder Engagement Plan.

### **Commissioning of Wheelchair Service**

The PCT had previously reported that the current Disablement Service Centre, run by Portsmouth Hospitals Trust, is funded through a block contract which includes Wheelchair, Orthotics, Prosthetics and Environmental Controls services. Owing to the nature and length of this agreement the PCT was not able to specifically split how much finance contributed to each service.

The future wheelchair service will be provided by Solent Healthcare from April 2011. Solent Healthcare has very recently provided Portsmouth City PCT with a outline business model demonstrating detailed costings for various elements of the service. The PCT has not yet agreed with the new provider the Wheelchair allocation and has entered into a short period of financial negotiations around certain aspects of the service. Until these negotiations have been resolved the PCT will be unable to indicate any budget allocations as this may jeopardise our position.

It is hoped that this planned negotiation phase will be complete prior to Christmas.

### **Carers' Respite Funding**

The Panel has requested further information on how allocations to the PCT to provide breaks for carers was spent in 2009/10 and is being spent during 2010/11. The PCT understand this follows The Princess Royal Trust for Carers survey of PCT's in which it identified the allocations for NHS

Portsmouth made by the Department of Health as part of the National Carers' Strategy:

2009/10 £194,327 out of a total allocation for all PCTs of £50 million

2010/11 £388,588 out of a total allocation for all PCTs of £100 million

These allocations were not ring-fenced by the Department of Health, but provided within overall total allocations to PCTs for their populations. This means it is not possible to identify specific expenditure against this allocation. As part of overall total allocations PCTs do not account specifically for this expenditure. However, NHS Portsmouth has invested a considerable amount for carers during the two years in question, and is able to give an indication of where funds have been made available to provide support and breaks for carers in the City. Some examples are set out below:

- Contribution to the Portsmouth Sitting Service of £12,000. This is a service that offers social and emotional support to allow carers to have a break or rest.
- Contribution to Alzheimer's Society Patey Day Centre of £12,000. This is indirect support for carers, offering a primary service for the user.
- Allocation under a Memorandum of Agreement to the City Council of £101,000 for carers breaks for 2010/11. Owing to social care processes to ensure equity among carers, it is understood that uptake of this funding by carers is slow, and may not be timely. The PCT has been informed that the Carers' Service of the Health Improvement and Development Team is working closely with Social Care leads to ensure uptake of the fund is maximised.
- £1,566.63 is being used to publicise the carers' service via the Life Channel, and £604.44 is being spent on printing information for carers.
- From 1st November, 2010 a member of staff on Local Authority Band 8 has been employed to roll out the self assessment process and work with health professionals, such as GPs and General Practice Nurses at a projected cost to end of March 2011 of £11,053.

The Panel may also be interested to know that NHS Portsmouth has an investment fund for the voluntary and community sector. This is managed by Community First for Portsmouth. From a total allocation of £145,000 to the end of March 2011, the fund is designed to help the sector be in the right position to bid for contracts to help people become and stay healthy. Relate 1 to 1 support for carers' project receive an amount of £25,000 from this fund

to provide emotional support sessions to clients, free access to Taking Charge of Your Life course for adult carers and free access to Confidence C course for young carers which focuses on self esteem and carer empowerment.

Additional finances have been made for carers' breaks during the two years in question and members would be welcome to visit the PCT and go through PCT allocations with members of the finance team.

### **Pain Pathway**

A review of the pain service to provide relief for patients whose conditions give them chronic pain has been under review since mid 2009. This has been a public health review of clinical effectiveness of procedures offered to these patients which have traditionally been hospital based and included treatments that have provided short term pain relief.

The review has concluded that there is limited clinical evidence for many chronic pain treatments. However, the commissioners have asked Public Health to undertake a further review to clarify any evidence for a procedure that may have some clinical efficacy, the most appropriate time for that intervention to be introduced and for how long. Once this information is available a recommendation will be made to the Sustainability Board about what should continue and what should not on the basis of clinical evidence.

Meanwhile, the commissioners will work with Portsmouth Hospitals NHS Trust to ensure continued pain service for those patients with cancer and acute pain. NHS Hampshire is also looking at developing a chronic pain management service recommended by the clinical evidence review as the first intervention used to treat chronic pain. This is self-management and cognitive behaviour therapy, both of which have been provided by the Community Pain Service for NHS Portsmouth since January 2010.

As the changes being considered are not a cost-based decision, and further information is needed as to specifically what will be de-commissioned from Portsmouth Hospitals NHS Trust, costs have not, as yet, been identified.

### **Decommissioning of D1 Ward – queries emailed to Jason 26/11/10**

The Panel may recall in August 2009 the PCT's update in respect of the Health and Social Care Partnership Programme (HaSP). The vision of the Programme is to build a health and social care system in the City that gives people the right support to develop and implement their own plans for health and

wellbeing. This will be delivered through focussed community support that seeks to avoid referral to institutional care and safely reduce the length of any care away from home.

The Health and Social Care Partnership Programme is currently working towards returning Ward D1 (formerly Exton 5/6 at St Mary's Hospital) to the community setting. This is to develop an enhanced community rehabilitation, re-enablement and promoting independence service providing intensive support in the home with access to a bedded care component.

Portsmouth Hospitals NHS Trust is working with commissioners in Portsmouth and Hampshire via the Sustainability Board to substantially reduce bed capacity in the acute setting at Queen Alexandra Hospital.

Reducing bed capacity in the hospital has already had a knock-on effect on other parts of the public sector, including the cost of providing alternative services in community health and social care services instead – sometimes at very short notice.

To meet the HaSP programme timescales, the Sustainability Board and its partner agencies involved in mitigating the risks of reducing bed capacity will have around 12 months to come up with plans to appropriately fund the return of D1 Ward to a community setting. The scale of the change planned by the Sustainability Board is substantially greater than the amount of change effected by implementing the HaSP. As a result, the Sustainability Board should be able to effectively plan for the financial impact of returning D1 Ward services to the community.

## **Major Trauma**

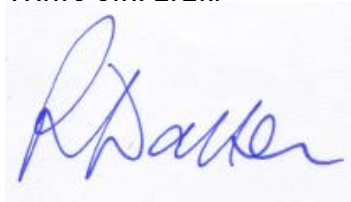
Major trauma has been identified as a priority area in “Towards a healthier future” and the South Central Strategic Health Authority’s Acute Care Clinical Improvement Programme. The NHS in South Central is therefore proposing to transform the care people receive when they suffer major trauma by introducing a high quality, specialist trauma system across the region.

NHS Portsmouth is working with NHS partners in South Central on a proposal to have two major trauma centres which are specialist hospitals responsible for the care of patients across the network. These will be supported by trauma units which will be based at other key hospitals across the region. Details of the proposed system are being drawn up and NHS partners across

the local health economy are currently working on a communications and engagement plan with stakeholders, patients and the public to take this work forward. A brief description of this proposal may be found at Attachment 5 to this letter.

I hope this gives you a useful update.

Yours sincerely



**Rob Dalton**  
**Director of Corporate and Support Services**

