

**Trust Headquarters**

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

Dear Councillor Eddis,

I would like to congratulate you on your appointment as Chair of the Health Overview and Scrutiny Panel (HOSP). There is an agreement that I write on behalf of the PCT to the Chair on a quarterly basis, the purpose being to highlight or update on issues that the HOSP may wish to be aware of in relation to services provided by Portsmouth City Teaching PCT and/or provided for Portsmouth residents. This agreement is to highlight new issues or significant changes to existing issues that were already known to the HOSP.

## **1) NHS Portsmouth Update**

### **a) St Mary's Community Health Campus**

As reported in the PCT's April e-newsletter, work on the government-funded £18m community health campus at St Mary's continues on time and on budget, with the new facility due to become fully operational early next year.

On 11 April, work started to demolish the old Out-Patients' Department (OPD). This is likely to take eight weeks to complete. Part of the cleared land will be used to provide

a permanent entrance to the new OPD, which opened with a temporary entrance in January this year.

Entry to the St Mary's hospital site has also changed – temporarily – for many visitors, until further notice. Road-users should enter the hospital site via Rodney Road if they are visiting the following buildings – the Portsmouth Maternity Centre, Amulree Day Centre, Education Centre, Estates Office, Receipt and Distribution Depot.

Vehicle access to all other services in the hospital grounds will continue to be the main entrance on Milton Road. Pedestrian access is not affected to any part of the site.

Major features of the campus will include a new Portsmouth Maternity Centre, a GP-led intermediate care ward for 12–16 beds, an intermediate care day unit, physiotherapy, occupational therapy, blood test services, podiatry, sexual health services, chronic disease management and speech and language therapy. The development is taking place on around one-third of the existing hospital site.

#### **b) St Mary's NHS Treatment Centre**

The Panel will recall that in September 2010 the PCT reported that an open and full procurement for a new provider for the Treatment Centre was being taken forward. This is now complete, and in April 2011, following a regulated and commercial in confidence process, a three-year contract was awarded to the current provider Care UK.

The new contract will commence on 4 July 2011. A full mobilisation plan has been agreed with Care UK to ensure a seamless transition to the new contract. The range of services will fundamentally remain the same, but with some alterations and improvements which are outlined below.

#### **Minor Injury Unit/Walk in Centre:**

**Opening times:** Extended opening times have been agreed so that both facilities will now open from 7:30am (previously 8am). The facilities will remain open until 10.00pm as previously.

**Prescriptions.** The prescription system will now be brought into line with other sectors across the NHS. Patients requiring medicines following their treatment will now be given prescriptions rather than the medicines themselves. From 4 July, when the new contract starts, if patients normally pay for a prescription, and are not exempt, they will now be charged the standard prescription fee. There is no change to anyone who is exempt from prescription charges.

**Nurse prescribing.** Care UK will be giving extra training to enable staff to become 'nurse prescribers' in the months ahead. This will give nurses much greater flexibility. Up to now, they've been restricted in the drugs they can supply. This service enhancement will mean that more nursing staff will be able to prescribe in their own right for a wider range of conditions, offering patients an improved service. The change will mean that fewer patients will have to be referred to their GP or the GP out of hours service to get their prescription. Care UK staff will be able to supply the details of the pharmacies which can make up the prescriptions.

**Fracture treatment.** Previously, patients presenting at the Treatment Centre with a fracture would be stabilised and then referred to Queen Alexandra Hospital. The Treatment Centre will now facilitate fracture clinics for non complex fractures on site, providing continuity of treatment.

**Ambulance transfers.** The Treatment Centre will also be able to receive ambulance transfers to ease pressure on A&E. This will be within a range of pre-determined criteria, suitable for a minor injury unit.

### **Diagnostics**

Diagnostic facilities to support the Minor Injury Unit and Walk In centre will remain open to 10.00pm each evening. Diagnostic for plain film x-ray (booked and walk in) will have extended opening times to 8.00pm Monday to Friday (rather than 7.00pm). Patient access will also be improved with additional opening on Saturdays from 8.00am-1.00pm.

Finally, the diagnostics ultrasound services, which are available Monday to Friday from 8.00am to 6.00pm, will be extended to one Saturday a morning a month, from 8.00 am to 1.00pm.

### **Day Surgery**

The Treatment Centre will continue to provide a range of day surgical procedures and a plan has been agreed which will facilitate the elimination of mixed sex accommodation. This is in line with a Government directive and the Treatment Centre began implementing designated 'male' or 'female' surgery days at the end of March. The implementation of this has been monitored and there has been no impact at the Treatment Centre on capacity or waiting times. Finally, a new session for minor procedures will be available at weekends.

## **Diabetic Retinopathy**

Following procurement, the number of service providers for diabetic retinopathy has been reduced, streamlining the patient pathway. The St Mary's NHS Treatment Centre will now have an increased role in the provision of diabetic retinopathy services, improving links and communications between stakeholders and for patients. A mobile screening capability has also been commissioned to offer improved access across Portsmouth and Hampshire – helping to target areas identified as 'hard to reach' or 'high need'. The operational arrangements for this are currently being finalised.

NHS Portsmouth will continue to work closely with Care UK in progressing to the contract start. Even though there is no change in provider (Care UK being the incumbent) there is a full mobilisation plan in place to ensure that the requirements of the new contract will be met. Fortnightly mobilisation meetings are being held.

## **2) Sustainability Update**

### **a) Overview**

Members will recall having received a briefing, and previous updates, on the Portsmouth and South East Hampshire Sustainability Programme which is a four-year programme. This considers how, collectively within the local NHS over the next few years, we can implement new ways of working that improve the quality of services for local people whilst increasing productivity and reducing costs.

A joint Hampshire and Portsmouth Overview and Scrutiny sub-panel was convened earlier in the year to discuss this programme.

The first year of the programme has yielded savings of £57.8 million across the local health system. This was less than the £64.6 million we had planned to save but we have seen a huge amount of developments in how NHS and social care organisations work together and provide efficient and effective services to local residents.

The plans produced by NHS organisations across the area highlight that we need to save approximately £70 million during 2011/12 across the Portsmouth and South East Hampshire health system.

This remains a major challenge and we are going to focus on three key areas:

1. Improving productivity and efficiency in planned care
2. Reducing reliance on and improving access to unscheduled care

3. Increasing the effective use of our estate.

The Quality, Innovation, Productivity and Prevention (QIPP) Plans that have been developed by NHS Portsmouth and NHS Hampshire have programmes of work for each of these areas. Clinical leadership remains central to transforming services and over the next three years the Sustainability Programme will continue to support all of the partner organisations as they work together on the key elements of the transformation schemes.

**b) Health Visiting Out of Hours Service**

As reported in the PCT's April e-newsletter a service review was undertaken in 2010/11 of the out of hours Health Visiting Service. The service is based at the Emergency Department, Queen Alexandra Hospital and was set up in 1999 to:

- Provide a telephone help line and advice and support to parents between the hours of 6.00pm and 10.00pm seven days a week via a telephone help line.
- Provide advice and support to Emergency Department staff.
- Fast track children attending the Emergency Department to Health Visitors and School Nurses in the community
- Check the records of children attending the Emergency Department regarding safeguarding decisions, that they have been correctly and appropriately made.

The review has shown that the requirement for this service has changed. That is:

- Safeguarding practice has developed and all professionals are now responsible for making their own safeguarding referrals and decisions. This is supported by enhanced training and policies on safeguarding children.
- 'Cause for Concern' forms have been introduced and Emergency Department staff are required to complete these to highlight concerns about children and families presenting. These forms are then forwarded to Health Visitors and School Nurses in the community.
- Health Visitors have noted a reduction in the requirement to provide telephone advice to families, possibly because of other help available.
- Web based help in respect of Health Visiting advice is now widely available, for example NHS Choices, NHS Direct.
- The Emergency Department now employs trained children's nurses who are led by Consultant Children's Nurse who work within a designated Children's area within the Department.

The service review has concluded that the skills and expertise of Health Visitors working in the out of hours service would be better utilised in the community.

Therefore, NHS Portsmouth proposes reinvesting its funding for this service in community Health Visiting, including extra clinics. Discussions have been taking place with service provider, Solent NHS Trust.

The PCT is also working locally with Solent NHS Trust as part of a national recruitment drive to find an extra 4,200 Health visitors for England by April 2015. The programme is looking to ensure that over 300 more Health Visitors are trained across the NHS South Central region to improve the health and wellbeing of local children and families. The expansion and strengthening of the Health Visiting profession, by recruiting qualified healthcare professionals to undertake the specialist training, is necessary to meet the rising birth rate but also to ensure that all babies grow into healthy and safe children and have the same opportunities to thrive later in life.

### **3) PCT Clustering Arrangements**

Appointments to the executive team of the new SHIP PCT cluster have now been made and the SHIP Cluster Board meets for the first time on Monday 6<sup>th</sup> June. Three NHS Portsmouth directors have been appointed to roles within the executive team:

Rosalyn Jack – Director of Human Resources

Rob Dalton – Director of Corporate Affairs and

Innes Richens – Nominated director/executive lead for Portsmouth

This means that there will be a strong Portsmouth presence within the wider SHIP executive structure and Innes' role will be important in supporting the developing GP Consortium for Portsmouth as it takes on its commissioning responsibilities in due course.

Dr Paul Edmondson-Jones will continue in his role as Director of Public Health and Well Being for Portsmouth and will be jointly accountable to the Chief Executive of the SHIP Cluster and the Chief Executive of the Local Authority for ensuring ongoing public health advice, support and leadership at every level until responsibility for the Public Health function transfers from the PCT to the City Council as set out in the Public Health White Paper.

I hope this gives you a useful update.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R Dalton', is positioned below the text 'Yours sincerely'.

Rob Dalton  
Director of Corporate and Support Services

