

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 2 February at 9:30am.

Present

Councillors Peter Eddis (Chair)
Margaret Adair
Margaret Foster
Jacqui Hancock
David Horne
Lee Mason

Co-opted Members

Gwen Blackett, Havant Borough Council
Peter Edgar, Gosport Borough Council
Keith Evans, Fareham Borough Council

Also in Attendance

Jane Muir, Portsmouth Local Involvement Network.

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (SHIP PCTs) Cluster.

Debbie Fleming, Chief Executive
Sara Tiller, Director of Communications
Sarah Elliott, Director of Nursing.

University Hospital Southampton NHS Foundation Trust

Cliff Sherman, Consultant Vascular Surgeon

Portsmouth Hospitals NHS Trust (PHT).

Graham Sutton, Associate Medical Director
Allison Stratford, Associate Director of Communications and Engagement, Portsmouth Hospitals NHS Trust
Syd Rapson, Council of Governors.

Solent NHS Trust.

Kieran Kinsella, Head of Adult Mental Health Acute & Residential Services.

South Central Specialised Commissioning Group (SCSCG)

Mark Satchell, Deputy Director of Specialised Commissioning
Louise Doughty, Head of Commissioning (Mental Health & Learning Disability Services)

Cardio Vascular Network

Beverly Meesen, Network Manager.

Portsmouth City Council.

Dr Paul Edmondson-Jones, Director of Public Health.

Stewart Agland, Local Democracy Manager.
Jane Di Dino, Local Democracy Officer.

1 Welcome, Membership and Apologies for Absence (AI 1).

Councillors Colin Chamberlain and Dorothy Denston sent their apologies.

Councillor Eddis asked members to switch their mobiles and other electronic devices off during the meeting.

2 Declarations of Interest (AI 2).

Councillor Edgar declared the following non-prejudicial interests:

1. He is a member of Portsmouth Hospitals NHS Trust's Council of Governors.
2. He was a member of the SHIP PCT Cluster's Developing Safe and Sustainable Acute Services' Expert Panel on vascular surgery.
3. He is Health Spokesperson and Member of the Health & Wellbeing Board at Gosport Borough Council.

He made it clear that as he has not been mandated by any of these organisations to espouse their views, his membership did not constitute a prejudicial interest.

3 Minutes from the Previous Meeting Held on 15 December 2011 (AI 3).

RESOLVED that the minutes from the meeting held on 15 December 2011 be agreed as a correct record.

4 Review of Vascular Surgery (AI 4).

Debbie Fleming, Chief Executive, SHIP Cluster explained that over the past year, major service changes in a number of specialities in the South Central area had been considered: vascular; trauma and cardiac services. During the engagement, it was clear that the focus should be on vascular surgery because of the strong views that this provoked.

The original proposal was that all complex vascular work be transferred to Southampton General Hospital (SGH). This was not acceptable for local people and clinicians. Therefore, a lot of work was carried out to understand the points of view and a number of proposals were considered by the expert panel which met on three occasions. Each time the panel concluded that the network model would provide the best service for the populations concerned.

The outcomes of SGH and Queen Alexandra Hospital (QAH) are very similar and the Portsmouth Hospitals Trust's standards as set out by the Vascular Society are in a borderline position. QAH also provides a very large stroke service which has links to the vascular service.

The trusts were asked to work together to agree a workable network model but unfortunately, they were not able to reach an agreement. The SHIP Cluster recognises the pressures on both trusts and respects the differing positions of the two organisations.

Pushing forward with the network model would mean decommissioning the service at both organisations and consulting on alternative models of care. This would mean a lot of disruption and very little gain. As there are no immediate safety concerns, the SHIP has decided to continue commissioning the current vascular service at this time and as the service will remain unchanged, it will not now proceed with the planned public consultation.

In the next year or two, there will be a number of changes in the NHS, more information from the Vascular Society, more Interventional Radiotherapy work and the National Specialist Commissioning Team will be established.

The SHIP PCT Cluster and local Clinical Commissioning Group will be working with PHT to ensure that it has adequate consultant cover from April 2012, when the current arrangement with Chichester comes to an end. It will also continue to monitor the vascular care standards provided by QAH.

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

QAH's outcomes for planned care are very similar to those of SGH, but are not as good for unplanned care but it is recognised that the numbers of cases are very small.

Both trusts will continue to be audited nationally and locally.

It is important to recognise that the SHIP Cluster has not chosen to go ahead with the Portsmouth stand alone model. There is not a network model that can be implemented safely at the moment. The issue has not gone away.

There are no plans to undertake a major reconfiguration where all services would be centralised. There will be many changes in the NHS over the next few years. It is possible that there will be more specialised hospitals, but that would be welcomed if it led to better outcomes for patients.

The recruitment of vascular surgeons at QAH will be monitored. Six vascular surgeons are required.

The SHIP Cluster has the same high aspirations for Portsmouth as the panel.

It is hoped that the Trusts can continue their discussions on a workable model. Then perhaps when the issue returns, things will be clearer.

Joint working between health professionals is essential for diabetic services because although life-style is the most important factor influencing outcomes, care is provided in hospital, by GPs and in the community.

Money is not a driving factor for this review. It is important to look at costs and impact but the provision of sustainable high quality care is paramount.

Government funding is expected to increase slightly but demands and costs will increase due to new drugs and technology, aging population etc. Therefore significant savings are required.

There was no agreement about how the network model would work to meet the needs of the population of Portsmouth, Southampton and wider area.

A letter was due be sent to key stakeholders shortly.

Cliff Sherman, Consultant Vascular Surgeon at SGH handed out some slides, which are attached to these minutes as appendix one. He explained the following:

It is important to continue working to improve outcomes for vascular surgery and diabetes patients. Vascular surgery has recently been recognised as a speciality and consequently training will be more specialised. The South Central area has the highest number of amputations for diabetics in the country.

The more frequent a procedure is carried out at a hospital, the better the outcomes.

There is a lot of interest nationally about this issue. There will be a presentation to a cross party working group at the Houses of Parliament on 29 February.

It is essential to ensure that cover is adequate nights and weekends.

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

It is important to find ways to improve the outcomes in our area. This might be very painful, but is necessary.

The diabetic service at SGH is not as good as the one at QAH. It is important that the two hospitals share learning to improve services. It would not be possible to duplicate services at every hospital.

80% of vascular surgery is not complex or emergency.

He doesn't believe that there would ever be a tiered system of treatment. However, the same high standards can be delivered in different ways.

Survival rates increased after vascular services were centralised in Scotland.

Training for vascular surgeons will comprise two years of core training and then six years of vascular surgery. All will be trained on endo-vascular surgery most go abroad for training.

The review of vascular surgery is driven by the need to deliver a safe, high quality and sustainable service.

It is important to consider how to balance surgeons' rota to cover both planned and emergency surgery. A large base would be required to maintain cover and to maintain competency.

There is a lot of misrepresentation of the facts in this review. It was never the intention to move all the vascular services to SGH.

Every hospital that carries out interventional work needs a plan to access vascular surgeons when required.

Surgery will be more complex for the reduced number of patients who are not able to have the new procedures.

Most endovascular treatment is currently carried out in the IR suite but increasingly it is moving to theatres. QAH has a suite and an operating theatre; SGH has only a theatre.

Graham Sutton, Associate Medical Director at QAH explained that the vascular service at QAH was recognised as being of high quality. It was sustainable and was only destabilised by this review. Portsmouth Hospitals looks forward to showing that it can continue to deliver a safe high quality service.

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

There are no plans to design a vascular service based on emergency aneurisms as 99% of these patients die; Early detection and prevention is however essential. QAH is capable of developing a sustainable service as it has had a 24/7 service in place since 1994.

More vascular consultants will be recruited by April.

Brighton hospital might not be able to provide the service promised to Chichester.

For many services at QAH and SGH, the senior decision maker is the person who sees the patient. Increased involvement of consultants on the front line is currently being implemented in various specialities in Portsmouth.

Many specialities are inter-dependent with vascular surgeons supporting other consultants.

PHT was unsure of any benefits to Portsmouth residents from the proposed network model. It could only see the disadvantages for other patient groups.

PHT wants to provide services equivalent to those provided in the rest of Europe. It's aspirations are high.

At QAH more than 50% aneurisms are treated by radiologists. At SGH radiologists treat nearly 65%. More than 90% of patients requiring vascular surgery for lower limbs are treated with endo-vascular surgery.

At both QAH and SGH patients are treated with percutaneous surgery, whereby a stent is inserted to prevent heart attacks.

Portsmouth Hospitals has a recognised good diabetic service, Southampton's is less good.

Dr Paul Edmondson-Jones, Director of Public Health explained that the most important issue to consider from his point of view are getting the best outcomes for the population and how that balances against the evidence on population size, value for money and equitability. The latter being the most important in terms of ensuring that local residents are not disadvantaged by any change in service delivery or model.

He has worked closely with the SHIP Cluster and PHT and is disappointed that it is not possible to move forward with the network model.

It is important to monitor all the outcomes at QAH over the next year or more, especially for the emergency aspects of vascular surgery.

Beverley Meeson, Network Manager, Cardio-Vascular Network explained that detailed data is available regarding travel time by ambulance. Most areas in Portsmouth are within 40 minutes of SGH and all are within 60 minutes.

The Cardio-Vascular Network met with vascular surgeons and interventional radiologists from all over the area, including the lead vascular surgeon at PHT to initiate the review.

Members of the panel noted that whilst this was excellent news for residents, if it came back for review it would be important to have more local hospitals' data, including Brighton Hospital presented to the panel.

The Panel also noted that although it represented residents' views, it also wanted to see better outcomes. There might be some conflict between these two roles sometimes.

The Chair invited questions from the public gallery.

Syd Rapson, Governor at PHT asked the panel to note that he felt that this decision would be beneficial to the people of Portsmouth but tough monitoring should be carried out for both hospitals, not just QAH.

The original proposal to move all vascular services to SGH was madness.

He was pleased with the assurance that more will be done to improve outcomes.

He hoped that there was no need for a pointless, costly consultation.

RESOLVED that:

- 1. The Panel positively supported the decision by the Chief Executive of the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts' Cluster to continue to commission the current service at this time and thus as the service is to remain unchanged, not to proceed with the planned public consultation.**
- 2. The Panel believed that the decision had been well considered and thought through and clearly had had full regard to the issues raised.**
- 3. The Panel emphasised its wish to be proactively involved at the outset of any future planned review of the vascular service.**

5 Portsmouth Hospitals NHS Trust Update (AI 6).

Allison Stratford, Associate Director of Communications and Engagement, PHT presented the update that had been sent out with the agenda. In response to questions from the panel, she clarified the following points:

Infection prevention measures are extremely robust and the Infection Prevention Team is very professional. There have been cases in the area where hospitals have had to close wards because of outbreaks. There have been none at QAH. Many people in the community have MRSA on their skins without any adverse affects. It is only if the skin is broken that the virus can enter the body and cause infection. Swabs are taken from every patient on admission to identify carriers so that appropriate measures can be taken to prevent infection.

QAH has one of the biggest Emergency Departments in England.

The PFI payments represent 10% of outgoings and includes all maintenance costs for the next 30 years.

RESOLVED that Portsmouth Hospitals NHS Trust's update be noted.

- 6 Fairoak, Low Secure Service, St James Hospital, Portsmouth (AI 7).**
Louise Doughty, Head of Commissioning (Mental Health & Learning Disability Services) at SCSCG and Kieran Kinsella, Head of Adult Mental Health Acute & Residential Services, Solent NHS Trust gave an overview of the consultation that had taken place.

Two meetings were held on 23 January and 26 January. Six of the seven service users were able to attend the first meeting and hear the plans for the service and discuss any concerns. The second meeting was held in the evening; carers, families, representatives from the advocacy service and a solicitor were invited. Only the advocacy representative attended. He confirmed that feedback had been positive regarding future plans and service users felt they had been involved in the process. The management of the step down into areas that are not familiar to service users was discussed. The staff are very experienced in dealing with this scenario and have processes in place to make it as easy as possible.

It is important to balance the needs of the service users currently still at Fairoaks and the staff who are leaving.

The Chair noted that he had received concerns from a relative of a patient at Fairoaks including the short notice given for the meeting, no local placement being found for one user, the loss of a valuable resource and the alleged costs of out of area placements (£356 million a year nationally).

The Panel was given assurance that a separate meeting could be arranged for anyone who informed the group that they could not attend the scheduled meetings. This had been done for one family member.

The cost quoted is not for this type of placement. Monitor closely whenever possible closer to home.

The Panel's main concern about the closure of this unit is the increased travelling time for families and friends. Ms Doughty explained that travelling times are discussed with the service user's family before a placement is chosen. The gate keeping services decide where a service user will be placed.

RESOLVED that:

- 1. The decision to close Fairoak Low Secure Service be noted.**
- 2. The South Central Specialised Commissioning Group be asked to consider giving preference for Portsmouth residents to be placed at the Chichester unit if they are clinically suitable for the treatment provided there.**

- 7 Solent NHS Trust's Update (AI 8).**
Kieran Kinsella, Head of Adult Mental Health Acute & Residential Services, Solent NHS Trust presented the update and clarified the following points in response to questions from the panel:

A Medical Director, Finance & Performance Director and Strategy & Business Director have been recently recruited to the board.

The consultation will start in March and last 12 weeks.

There is an opt-out system for staff membership. There is a requirement for membership to be a certain proportion of staff and the public.

The public will be reached in a number of ways including via Facebook and newspapers. Recently there was a stand at Cascades shopping centre.

A one day event for current members will also be held.

Representatives would be very happy to attend residents' associations.

RESOLVED that Solent NHS Trust's update be noted.

8 Referral to Treatment Times at Queen Alexandra Hospital (AI 9).

Allison Stratford, Associate Director of Communications and Engagement, PHT presented this paper and gave an update. She explained that at the end of January the actual number on the waiting list was 391; the forecast had been 480.

It is important to be mindful that the statistics represent people.

A self check-in system was being trialled.

Automatic reminders are sent to mobiles and landlines about appointments. It was suggested that the opening times of the service could be added to this message.

Members noted that the booking system seemed to no longer give the option to book more than two months in advance.

Members asked whether these figures related to referrals from GPs and other medical professionals.

The responses to these questions are attached as appendix one.

RESOLVED that The report on referral to treatment times at Queen Alexandra Hospital be noted.

9 Dates of Future Meetings (AI 10).

22 March

31 May

28 June

26 July

27 September

25 October

29 November

Appendix One.

Responses from Portsmouth Hospitals NHS Trust to questions raised at the HOSP meeting on 2 February 2012.

- 1. The Chairman has been told that when people are phoning PHT to book appointments, or to change them, computer system does not allow for anything over two months in advance. Is this true and can we explain why if so?**

This is correct. The reason for this is that consultants are required to provide the Trust with two months notice of their leave, therefore if we were to book appointments beyond two months and the consultant books leave we would have to cancel all the appointment slots impacted by their unavailability.

- 2. Do our RTT statistics include referrals from all clinical specialities including GPs - so would it also be from physiotherapists, dentists etc The Panel were interested to know how people get on the waiting lists and who sends them to QAH.**

The majority of patients get onto a waiting list for treatment following an outpatient appointment. Referral to an outpatient clinic may come from GPs or other sources. Our RTT statistics come from all patients added to a waiting for treatment. Sometimes the treatment starts in an outpatient setting (non-admitted) and sometimes treatment starts in an in-patient setting (admitted).

- 3. The Chair of the HOSP queried the text messaging to remind patients about appointments. He queried the text and answer phone message content, querying if it possible for the specific clinic opening times to be given too?**

Just to clarify the patient remind system, either texting or voice land line messaging, is not intended to replace the content of the original patient letter which provides the information a patient needs. The Trust has also been advised by its Governance Team not to divulge personal information regarding clinic name or specialty which could be picked up by anyone other than the patient.