HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 27 September 2012 at 9:30am.

Present

Portsmouth members

Councillors Peter Eddis (chair)
Margaret Adair
David Horne (vice chair) (left at 12.50pm)
Phil Smith

Co-opted members

Councillors Gwen Blackett, Havant Borough Council
Dorothy Dentson, East Hants District Council (left at 11.55am)
Peter Edgar, Gosport Borough Council
Keith Evans, Fareham Borough Council (left at 11.55am)
Mike Read, Winchester City Council

Also in attendance

Portsmouth Local Involvement Network
Jane Muir

SHIP PCT Cluster
Sarah Tiller, Director of Communications and Engagement
Dr Jeyanthi John, Consultant in Dental Public Health
Campbell Todd, Senior Public Health Development Manager
Natalie Jones, Head of Dental Services Commissioning and Contracting

Portsmouth Hospitals NHS Trust (PHT)
Peter Mellor, Company Secretary, Portsmouth Hospitals NHS Trust
Allison Stratford, Associate Director of Communications and Engagement
Dr Mark Roland, End of Life Care clinical lead

Local Dentists Committee
Keith Percival, Honorary Secretary

South Central Ambulance Service NHS Foundation Trust
Neil Cook, Area Manager Portsmouth and South East Hampshire

Southampton Children's Hospital
Matt Ayres, Director
Sophie Daltry, Senior Communications Manager

Portsmouth City Council
Claire Budden, Senior Programme Manager

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

Councillors Margaret Foster, Jacqui Hancock and Mike Park had submitted their apologies for the meeting. Councillor Phil Smith was present as standing deputy for Councillor Foster. Councillors Neill Young and Lee Mason, standing deputies were also unable to attend the meeting in place of Councillor Park.

51. Disclosable Pecuniary Interests (AI 2)

None. However Councillors Peter Edgar and Gwen Blackett stated that they were members of the Portsmouth Hospitals NHS Trust shadow Council of Governors. Jane Muir stated that in addition to Portsmouth Local Involvement Network she was involved in the Portsmouth Users Self Help Group.

52. Minutes from the Meeting Held on 26 July 2012 (AI 3)

RESOLVED that the minutes of the meeting held on 28 June 2012 be agreed as a correct record of the meeting.

53. Portsmouth Hospitals NHS Trust journey (AI 4)

Peter Mellor, Company Secretary of Portsmouth Hospitals NHS Trust presented his report which was circulated with the agenda. Allison Stratford, Associate Director of Communications and Engagement was also present for this item. In response to questions from the panel, the following points were clarified:

- The journey to Foundation status is long and comprises reviews, assessments and the development of a sustainable, long term business plan.
- The Trust was confident about gaining Foundation Trust status notwithstanding some speculation in the press that hospitals subject to a PFI contract found it harder to achieve.
- The costs of the new hospital had been planned for with costs met and shared by commissioners. The government has assessed PFI hospitals seeking foundation status into three categories – those requiring direct government assistance, those with a financial burden which could be managed locally and those with insignificant PFI costs. The Trust fell into the second category.
- The Trust is the second largest employer in the city, after Portsmouth City Council. The Trust employs 6000 staff, PCC employs 8500 including teachers.
- The Portsmouth Hospital NHS Trust is about one third of the way through the Foundation Trust process, an important part of which is public engagement.
- There is a shadow board of governors in place at present, elections will be held next year and the governors will work with the hospital to ensure that it provides the services local people need and want.
- Councillor Will Purvis is the nominated representative for PCC (as a stakeholder governor) on the shadow board. Councillors Peter Edgar

and Gwen Blackett fulfill the same role for Hampshire County Council and Havant Borough Council respectively.

- The Trust has recruited 8500 members so far and is in the process of looking to expand the geographical range of the recruitment campaign towards the outlying areas of the catchment area including towards Chichester, Petersfield and Winchester as these are under represented at present.
- There will inevitably be a level of 'competition' between hospitals. Patients and doctors will choose where to go or refer based on a number of factors including geography, facilities and clinical outcomes. The Trust will have to evidence clinical outcomes in order to attract patients.
- The Trust works closely with commissioners to ensure that the services offered are those wanted in the community.
- It is predicted that the Trust will enroll approx. 10000-11000 members in total – the numbers need to be representative but also manageable.
- The statement "one of the largest acute hospital Trusts in the country" in the presentation is based on the population served, annual turnover and the number of beds at the hospital.
- Portsmouth Hospitals NHS Trust has a catchment of approx. 650,000 people and is a regional specialist centre for renal and cancer treatments.
- Last year, Brighton hospitals (x2) received138,000 emergency admissions, Wessex 130,000, Frimley 108,000 and Portsmouth 130,000. Southampton did not declare this data in its latest annual report but the number of people treated in Portsmouth is larger.
- The Trust also hosts the largest Ministry of Defence Hospital Unit (MDHU) in the country in that it trains medical personnel for the Ministry of Defence (MOD). Selly Oak in Birmingham treats injured armed forces personnel.
- Armed forces personnel are treated just the same as other members of the public at the hospital.
- Rotation of MOD staff between Queen Alexandra Hospital (QAH) and MOD deployments was well planned with approx. 30-40 personnel away at any one time. Should a catastrophic event occur when all MOD members of staff were withdrawn at the same time then there could be an effect of services – but this would be in such exceptional circumstances that contingency measures would be made.
- MOD personnel are embedded in the work force – approx. 570 of the staff are drawn from the three armed forces (approx 5% of the workforce) and the relationship is very fruitful.
- Having a vascular service at QAH is very important to the MOD as much vascular work is focused on trauma and the hospital is involved in treating a wide variety of trauma cases.
- With regard to vascular services - the Trust is confident that it can maintain its current high standards in vascular care, has recruited to provide an on call rota and was working to expand its catchment area towards Chichester.
- With regard to mortality rates, the national average is 100. For the last 2-3 years the Trust has been consistently lower that this.

However, the level has risen to just over the average recently. It is believed that the reason is a coding error but is being investigated and a further report will be made to HOSP if necessary.

- There were 67 cases of C-difficile in 2010-11 which was below trajectory. University of Southampton Hospital had 66 cases and West Sussex Hospitals 76 over the same period.
- The General Medical Council rated the Trust the best place to train in the region. Doctors under training rotate around hospitals in the Wessex/ South Central England region and provide feedback on their experiences. Portsmouth is consistently the most popular for the different work experiences and pathologies the trainee doctors receive.
- 3500 patients have been recruited to take part in 263 different clinical trials at the hospital, mainly for new drugs or treatments. Patients may have the benefit of receiving a new drug or treatment and additional care – examples include a radar based breathing monitor and a new static prostate cancer drug.
- Keyhole surgery at the hospital was among the most successful in the country with three dedicated keyhole theatre suites and world leading surgeons at QAH including in gastroenterology. The programme is to be supplemented with further new technology and the Rocky Appeal raise considerable sums to help fund the work.

Councillor Peter Edgar commended the integration of the MOD unit into QAH following the closure of Haslar Hospital and stated that the unit always supported civic events.

Members expressed concern about access to medical services including health centres and hospital via public transport and particularly buses. The lack of transfer tickets was also mentioned as being a problem for some patients or hospital visitors.

RESOLVED that:

- **The information provided be noted.**
- **The application for Portsmouth Hospitals NHS Trust to become an NHS Foundation Trust was supported.**
- **Bus providers be invited to a future meeting to provide further information about access to medical services by bus.**

54. Continuing Healthcare – Section 75 Agreements (AI 5)

Claire Budden, Senior Programme Manager introduced the report which was attached to the agenda and provided the following answers to questions asked by the panel:

- Continuing healthcare (CHC) is the provision of long term health and mental health needs with similar roles being carried out by Adult Social Services and the Primary Care Trust. In Portsmouth it has been decided to use the commissioning powers of Section 75 agreements to integrate these teams totally in a move which is the first of its kind in the country.
- The integration took place on 1 September and already benefits are

being seen in the city. It does not affect service users outside the city of Portsmouth.

- The Department of Health and several other local authorities are interested in the process and will be monitoring what happens here as Section 75 agreements can be used flexibly by clinical commissioning groups and their local authority.
- An assessment has been made of the staff roles and the salaries are broadly comparable for most of the positions, although there are differences around the benefits that staff receive. At present the majority of the staff have very different job descriptions – in the assessment team the PCT has provided nurses to the team while the Council has provided social workers. Although this is an integrated team there are still distinct roles for each party to play in delivering the combined service. All job vacancies will be reviewed to check whether the previous job descriptions are still valid or need to be amended for new team members.
- Portsmouth compares on a national scale for continuing healthcare as follows (where 1 is the worst result):
  CHC Activity – Ranked 56/150
  CHC Costs – ranked 48/150
  These rankings are revised on a quarterly basis and Portsmouth has shown improvement in the last year but we are looking for further improvement over time as a result of the integrated model of delivery.
- There will be an ongoing review to deliver continuous improvement within the service, however the main review of the services in order to deliver a more integrated team should be completed in advance of April 2013. The first meeting of the Partnership Management Group (part of the governance structure overseeing the Section 75 arrangements) took place on 24 September and agreed the parameters and priorities for the next stage of the project. The Adult Social Care IT group also approved resources for the next stage of the project at a meeting on 24 September and a new project plan will now be worked up for the next stage of the review.
- Compared to other integration projects that the parties have been involved in this project has been delivered in a short period of time. At the outset of the project insufficient time was spent scoping the requirements of the IT workstream and a decision was therefore made in May to focus on delivering the IT element of the project in two stages. This has ensured that on day one of integration the team had a fully operational system that they were used to dealing with, and there is now sufficient resource to thoroughly review the IT requirements for the team. The Adult Social Care IT group has agreed that this project is to be the joint first priority for a newly appointed business analyst and this work will be commencing at the start of October.
- The proposed date for the pooled budget to take place on 1 October 2012 is still on track.

Members asked about the differences between hospital discharge rates (Portsmouth and Hampshire) as there was anecdotal evidence that suggested that co-ordination between teams in the county was not as strong

as in the city.

Claire Budden said that the situation in the city was easier to co-ordinate as there was one clinical commissioning group and one adult social care team. She added that in Hampshire there are 5 clinical commissioning groups and that it would take time to settle although there was the potential for some Hampshire staff to co-locate in Portsmouth.

Sarah Tiller, Director of Communications and Engagement, SHIP PCT Cluster, confirmed that CHC was the provision of health and nursing needs funded by the NHS and that although part of the admission and discharge process this matter was not specifically about CHC. She offered to provide members with information and evidence about admission and discharge rates, including for frail and elderly patients, for Hampshire and Portsmouth residents to and from QAH.

Members agreed that cross-border co-operation in relation to timely hospital discharges was important as 60% of patients at QAH were Hampshire residents. Members agreed that following receipt of the information and evidence from SHIP, a letter drawing this to the attention of the chair of the Hampshire Health Overview and Scrutiny Committee (HOSC), Councillor Pat West, may be appropriate.

ACTIONS:

- SHIP PCT Cluster to provide information about admission and discharge rates for Hampshire and Portsmouth residents (including frail and elderly).
- The chair to draft a letter to the chair of the Hampshire Health Overview and Scrutiny Committee (HOSC), Councillor Pat West, may be appropriate.

RESOLVED: That the information provided be noted and that an update be provided in July 2013.

55. Dental services in Portsmouth (AI 6)

The following items were presented separately although as there was overlap between them they were taken as one item:

- Access to NHS Dental Services update
- Update on Children's Oral Health in Portsmouth and the Welsh Government's 'Designed to Smile' scheme
- Update on the Local Dentists Committee

56. Update on Children's Oral Health in Portsmouth and the Welsh Government's 'Designed to Smile' scheme (AI 6)

Campbell Todd, Senior Public Health Development Manager presented the update attached to the agenda and with Dr Jeyanthi John, Consultant in Dental Public Health, provided additional information in response to questions from the panel:

Dental epidemiology survey of 5 year olds

- It was confirmed that the survey was offered to all 5 year old children in Portsmouth Primary Schools although not all 5 year old children were surveyed as this was dependent on parental consent.
- The survey is part of a national survey and the results will be known next summer. At this stage only the levels of parental consent are known and have been provided to the panel.
- The survey was not a dental examination and for the purposes of the survey it is not relevant whether or not the child has access to a dentist.
- The survey took part through Portsmouth primary schools with varying degrees of success (in terms of parental consent). The pattern of varying levels of consent mirror other areas and are not unique to Portsmouth schools. There is some correlation between depravation and refusal to consent although the support and influence of the head teacher was key.
- The letter to parents (which was used nationally) explains the importance of regular visits to a dentist and were available in other languages.
- Although additional questions could be added to the survey with approval from the Department of Health, further questions could depress the response rate further.
- The teams conducting the survey are from the Community Dental Service and children with specific dental problems are followed up.
- The numbers of children who regularly see a dentist in Portsmouth are higher than in Fareham, Southampton and the Isle of Wight.
- A sample survey of 200-300 three-year olds will take place next and is being tendered for at present.

Mr Todd confirmed that he would ask the PH Data team if a map showing the catchment area for each school with the level of participation (ie parental consent %) overlaid could be made available to the panel.

Members suggested that the survey team could contact the Governing Body in each school so that governors could play a role in ensuring that the head teacher was supported in encouraging parents to consent. It was also agreed that a letter from the chair should be sent to the local authority governor on each governing body to reinforce this message.

Oral health promotion in Nurseries (commissioned from Southern Health Foundation NHS Trust)

- There are no significant implications where nurseries sign up to ‘Saving Smiles’ (renamed Brush Up) but not to the Pre-School Challenge as the Brush Up campaign also includes healthy eating advice.

Oral Health promotion in school (commissioned from Portsmouth University Dental Academy)

- The Dental Academy (DA) has 7 remaining primary schools to invite

to participate in the scheme. The programme so far has taken longer than expected and has been very challenging for the DA.

- Levels of co-operation vary and the task of gaining entry to schools is varied and includes timetabling concerns and worries about fluoride toothpastes and varnishes.

Having heard about a number of oral health promotion programmes in schools, members felt that the degree of variation in participation was a concern. It was agreed that the Scrutiny Management Panel should be asked to consider a possible review into which schools participated in order to establish whether a pattern emerged across other surveys or programmes

It was also agreed that the chair should write to the Cabinet Member for Children and Education seeking his support for improved take up of oral health campaigns in Portsmouth primary schools.

Welsh Government's children's oral health programme

- There is no fissure sealant programme in Portsmouth at present although children are able to access fissure sealant treatment through their own dentist.
- The outcome of the trial in Wales will be monitored and the outcomes noted.
- The results (outlined in 3.5.1-3.5.3 of the report) are very positive. However the impact on children's decayed, missing and filled teeth rates will not be seen for a number of years as it takes time for changes in health promotion to take effect.

ACTIONS:

- Dental epidemiology survey of 5 yea olds - a map showing the catchment area for each school with the level of participation (ie parental consent %) overlaid will be asked from the Public Health Data Team by the Senior Public Health Development Manager

RESOLVED that:

- **The information provided be noted.**
- **An update on the results of the Dental epidemiology survey of 5 years olds be provided when they are available in 2013.**
- **The chair writes to all Local Authority school governors in the city with a request that they support children's oral health initiatives in primary schools.**
- **The chair writes to the Cabinet Member for Children and Education seeking his support for improved take up of oral health campaigns in Portsmouth primary schools.**
- **The Scrutiny Management Panel is asked to consider allocating a scrutiny review into the level of participation by schools in health promotion in the city.**

57. Access to NHS Dental Services update (AI 6)

Natalie Jones, Head of Dental Services Commissioning and Contracting for

SHIP PCT Cluster, presented the paper attached to the agenda and with Dr Jeyanthi John, provided clarification on the following points:

Number of patients seen

- 58% of the Portsmouth population is seen by NHS dentists (having risen from 50% a number of years ago). This compares to 53% in Hampshire, 54% on the Isle of Wight and 48% in Southampton. The national average is 52.8%.
- There is a constant effort to improve this. In June 2012 the number of patients was at 120,477 and the target for patients seen in the previous 24 months is 123,075.
- People looking for an NHS dentist are signposted to available places using a number of means including the Dental Helpline which is a local initiative where prospective patients can book places online. The initiative is supported by an intensive social marketing campaign and work is being undertaken with target groups.

Toothbus promotion

- South Central received £1.5m under the non-recurring funding allocation and a number of schemes were launched including the Toothbus.
- South Central hoped that the Toothbus would see approximately 10,000 patients during the tour – but it is likely to be less. Potential patients have to declare that they have not seen a dentist for 24 months in order to be seen.
- Examples of the community sites in Portsmouth visited by the Toothbus were: Somerstown Sure Start Centre, Havelock Community Centre, Asda, Phoenix Community Resource Centre and St Mary's Community Hospital.
- Although 150 Portsmouth patients have been seen on the Toothbus, it had been hoped that this figure would be higher. Community engagement took place before the visit in each place.
- The Toothbus will be visiting Portsmouth again before the end of the tour and further work will be done to attract more potential patients.
- There is no information available at present about the numbers of people reached with education and awareness materials.
- Some places had applied for a visit by the Toothbus and were turned down (such as Bordon). This is likely to be as a result of the numbers of people in the population accessing dental care regularly.
- There is a mobile treatment bus that regularly visits patients in the Meon Valley.

RESOLVED: That the information provided be noted.

58. Update on the Local Dentists Committee (LDC) (AI 6)

Keith Percival, Honorary Secretary, Local Dentists Committee (LDC) provided information about the Committee and its work to the panel, summarised as follows:

- Portsmouth is the most densely populated city outside of London and within Portsmouth there are 37 contracts in Portsmouth with a total

value of £12,239,053.92p.

- Portsmouth is very fortunate to have the University of Portsmouth Dental Academy and the LDC has commissioned a detailed report that covers the history, student education model, clinical and community activities including activities in areas of deprivation. (attached)
- GDPs within Portsmouth have the same concerns that are highlighted nationally:
    - Contract compliance (including over/under performance - clawback) with a 'treadmill' effect – inflexible regulations
    - Increasing contract monitoring
    - Stunted investment as a result of so called efficiency savings, CQC, HTM01-05 (prioritized regulatory compliance)
    - Sale of practices and the creation of new practices is difficult due to prescriptive NHS contracts. With regard to new practices there is no certainty that dentists will be able to sign an NHS contract.
    - Establishment of new practices can be very difficult– may not receive a contract
    - Stifling European Procurement processes that delay practice purchases/ service development (non-recurrent/recurrent) opportunities and are complex in nature – as highlighted by the recent OFT Report.
    - Rapid turnover of dentists within some bodies corporate organisations
    - A national shortage of training places for all new graduates – it costs approx. £250,000 to train a dentist
    - The OFT Report
    - CQC registration issues
    - Decontamination (to prevent cross-contamination necessary for patient safety). Currently at the level of Essential practice, moving towards Best Practice
    - Sale of practices and the creation of new practices is difficult due to prescriptive NHS contracts. With regard to new practices there is no certainty that dentists will be able to sign an NHS contract.
    - New commissioning structures brought about by the Health & Social Care Act
    - National shortage of training place – it costs approx. £250,000 to train a dentist
    - Concerns about the new dental contract being piloted now for implementation in 2015
    - Possible concern that patients seen by the Dental Academy are not being moved on to general dental practitioners fast enough

In response to questions, Mr Percival provided the following additional information:

- Of the 42% of Portsmouth residents who are not registered with a general dental practitioner, some will visit privately while the remainder will not have a dentist at all or visit on an 'as needed' or emergency basis

- 58% registered with a dentist is remarkably high. For years it averaged 50% and oral health and oral health education is much better than it used to be.

RESOLVED: That the information provided be noted.

59. South Central Ambulance Service NHS Foundation Trust (SCAS) update (AI 7)

Neil Cook, Area Manager Portsmouth and South East Hampshire, presented the SCAS update and provided clarification on a number of points including:

New SE Hants Resource Centre

- The site has been secured and planning permission has been granted.
- The tender process is to start shortly with a contractor being appointed before the end of the year.
- The plan is for the new centre to be complete by July-August 2013 and operational by October 2013.

Standby facilities and locations

- Southsea – a trial is being conducted at the Lifeguard station – however SCAS is looking for other options that maybe available.
- Gosport will remain open until there is an alternative standby facility established and then it will be released.

Complaint by Councillor Vernon-Jackson

- On receipt of a call from the Operator the call is registered with the telephony 'switch' and then the address or triangulated address (mobiles) is transferred to the ambulance dispatcher.

Hoax and unnecessary 999 calls and the Year on Year increase in 999 calls

- SCAS continually reviews demand fluctuations and the rationale behind it. There are many contributing factors and all we can do is look for ways of managing demand. The introduction of 111 may well offer re-signposting of callers to the appropriate groups and services.
- The implications for resources are dependent on the availability of resource and the location of calls – rural calls pull crews from the city and demand a longer 'call cycle'. City calls are generally more responsive. However, high call volumes over short periods will impact.
- SCAS is improving our non-conveyance and redirection of patients which protects our resources to a degree, however, higher demand in the health economy will slow everyone's efficiency.

RESOLVED: That the information provided be noted.

60. Southampton Children's Hospital update (AI 8)

Matt Ayres, Director and Sophie Daltry, Senior Communications Manager were present to introduce the report attached to the agenda and provided

the following information in response to questions from the panel:

- The Children's Hospital is being launched as a separate hospital within the University of Southampton Hospital on 6 November 2012.
- The Children's Hospital is one of 7 Paediatric Cardiac Centres in the country.
- There is a review of Paediatric Neurosurgery ongoing with a probable reduction of units nationally from 17 to 10. The hospital wants to retain Paediatric Neurosurgery.
- The management is hopeful that designating the hospital a Children's Hospital with its own entrance and services will help ensure that it retains these services for children in the south of England in the future.
- The estate needs up-grading and the work will be done to ensure that the facilities are appropriate and separated from adults in the future.
- The usual definition of a child is 0-16 years – although this can rise to 18 or older depending on issues facing the individual.
- Children with long term care needs often find the transition to adult care difficult and the Children's Hospital has a specialist in nephrology who has produce nationally recognised work in this area (Ready Steady Go) to help improve outcomes.
- The Hospital is exempted from having single sex wards. Research shows that young patients would prefer to be with others of the same age rather than sex (a 14 year old does not want to have a 4 year old in the next bed).
- Over the years the referral base for tertiary care has expanded to cover the whole of the south of England and the hospital is a regional specialist in specific areas of care.
- Alternatives for children in the south of England would be Bristol or London hospitals.
- The number of 0-18yr old patients from Portsmouth PCT admitted for Inpatient spells in 2011/12 = 1452. This equates to 1.6% of the total 0-18yr olds admitted spells for the same year.
- The number of 0-18yr old patients from Portsmouth PCT seen at Outpatient First Attendance in 2011/12 = 1730. This equates to 2.2% of the total 0-18yr old OP First Attendances for the same year.
- Children are referred in either by other hospitals or GPs.

Allison Stratford confirmed that:

- As an acute general hospital, QAH had wards dedicated to the care of children on Level A (paediatric care in separately bedded areas) and Level B (birthing unit and specialist clinical care).
- Wards at QAH may be mixed ages although with 4-bedded wards efforts were made to mix children appropriately.
- The hospital had a dedicated paediatrics accident and emergency centre.
- The Trust supported the retention of specialist Paediatric Cardiac care at Southampton and they enjoyed a positive working relationship with the hospital.

Mr Ayres invited panel members to visit the Children's Hospital at a time of their convenience.

Members stated their support for the pediatrics unit, neo natal unit and pediatric accident and emergency centre at QAH.

RESOLVED:

- **The information provided be noted.**
- **The launch of the Southampton Children's Hospital be welcomed.**
- **The retention of pediatric Neurosurgery services at the Southampton Children's Hospital be supported.**

61. Portsmouth Hospital NHS Trust End of Life Care update (AI 9)

Dr Mark Roland, End of Life Care clinical lead at Portsmouth Hospitals NHS Trust introduced his report which was attached to the agenda and provided the following answers to questions from the panel:

- The medicine for older people end of life care support team sees 70-90 patients per month. Of those listed on the table in the report as 'discharged' some go home while others go home to die.
- The Hampshire HOSC asked for a pilot to be set up to enable patients from Hampshire to go home to die if they wished. This has been successful and has enabled all patients to receive the same opportunities as it has never been a problem for Portsmouth residents.
- This pilot which allows Hampshire patients to return home to die may be subject to funding cuts.
- The Liverpool Care of the Dying Pathway (LCDP) is a UK care pathway covering palliative care options for patients in the final days or hours of life.
- It was developed to translate into a hospital environment best-practice experience in the care of dying patients that had developed in the hospice setting.
- The pathway document is reviewed annually by the national team.
- The pathway guides members of the multi-disciplinary team in matters relating to continuing medical treatment, discontinuation of treatment and comfort measures during the last days and hours.
- The pathway was developed to act as a guide only and provides the practitioner with prompts to act upon to alleviate symptoms and to keep patient as comfortable as possible.
- In the first stage of the pathway the team have to agree that the patient is in fact dying including by assessing how well the patient can communicate and talk, whether they are eating, bed bound and withdrawing.
- The family and next of kin are involved and review the journey to that point.
- The assessment then makes suggestions for what palliative care options to consider and whether non-essential treatments and medications should be discontinued.
- If no further deterioration of the patient's condition occurs, pathway-based palliative care is halted and all previous treatments are resumed. One in 20 patients come off the pathway and do not die

although the majority do die within 48 hours.

- Nationally (in 2011) 26% of patients who died were on the LCDP, compared to 40% in Portsmouth (now 52%)
- The education programme to improve uptake of the LCDP is targeted to staff as increased understanding helps ensure appropriate care is given to the patient and the family.
- The target for LCDP deaths this year was 50% which is reasonable as LCDP is a good tool when used appropriately but can make care more complicated if not handled properly – and this is dependent on familiarity and regular use by staff.
- There are not the resources available to train everyone in its appropriate use and maintain those skills and staff should not feel mandated to use LCDP if they do not fell confident with its use.
- The Locality End of Life Care Register is a GP held register which enables planning for care and for an individual to die at the place of his/ her choice. The information is available to medical staff, the hospital, Out of Hours service and the ambulance service (SCAS).
- The AMBER care bundle is for patients who are at risk of dying in the next one to two months. The care bundle complements the Liverpool Care Pathway and other hospital-based initiatives around improving acute care and is for patients in acute hospitals. The aim of the AMBER care bundle is to ensure best practice although no extra resource has been allocated to it.

RESOLVED: That the information provided be noted.

The panel members offered their thanks to Dr Roland.

The meeting concluded at 1.00pm.

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Councillor Peter Eddis
Chair, Health Overview & Scrutiny Panel