

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 29 November 2012 at 9:30am.

Present

Portsmouth members

Councillors Peter Eddis (chair)
Margaret Adair
David Horne
Phil Smith

Co-opted members

Councillors Gwen Blackett
Dorothy Denston
Mike Read

Also in attendance

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust (SHIP PCT) Cluster

Sarah Elliott, Director of Nursing

Portsmouth Hospitals NHS Trust

Simon Holmes, Medical Director
Allison Stratford, Associate Director of Communications and Engagement

Portsmouth Clinical Commissioning Group (CCG)

Dr Jim Hogan.

South Eastern CCG.

Dr Andy Douglas

Councillor Andrew Pope, Chair.

Southampton Health Overview & Scrutiny Panel.

Care UK

Tony Spencer, Director

Out of Hours Service

Dr Tim Wright, Medical Director Out of Hours Service Portsmouth Health Limited

South Central Ambulance Service.

Rob Ellery, Head of Program Management for 111.

Portsmouth City Council

Rob Watt, Head of Adult Social Care.

71. Welcome and Apologies for Absence (AI 1)

Councillors Peter Edgar, Keith Evans, Margaret Foster, David Horne and Mike Park had submitted their apologies for the meeting.

Councillor Phil Smith was present as standing deputy for Councillor Foster

72. Disclosable Pecuniary Interests (AI 2)

None.

73. Minutes from the Meeting Held on 25 October 2012 (AI 3)

RESOLVED that the minutes of the meeting held on 25 October 2012 be agreed as a correct record.

74. Vascular Services (AI 4)

Sarah Elliott, Director of Nursing, SHIP PCT Cluster introduced the report that was circulated with the agenda and the joint presentation from the two trusts that was tabled at the meeting.

Simon Holmes, Medical Director, Portsmouth Hospitals NHS Trust thanked the commissioners for giving the trusts time to organise a long term solution for patients. He apologised for the fact that no vascular surgeons could attend today as they were all either at a conference on vascular services or working.

Dr Hogan, Portsmouth CCG will commission vascular services from April 2013 and work closely with the other CCGs in the area.

Dr Douglas, South East CCG welcomed the proposed development of a network model for vascular services. The CCGS will closely monitor its performance.

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

During the week, each hospital will have vascular consultants on call and at the weekend a joint on call consultant will be on call. This will lead to a certain degree of savings. The gradual approach will enable the staff to get used to the different ways of working at the hospitals.

Open aneurism surgery is the biggest operation that is carried out but the numbers are reducing due to an increased screening programme.

All vascular consultants at both hospitals are contacted to attend if required in an emergency.

The new arrangement with an on call rota for one in ten will permit more resilience than the current system.

Councillor Pope, Chair of the Southampton Health Overview & Scrutiny Panel asked the panel to note the following points:

At its 10 October meeting, the panel agreed that if a written agreement of commitment between all parties was not received by 26 October, the issue would be referred to the Secretary of State. Although this was not received, the Chair decided to defer the decision to the November meeting which would be held later that day.

He was reassured by what he had heard today at the Portsmouth meeting,

but could not prejudge the outcome of his panel's meeting. However, he was sure that both panels have the same aim i.e. to ensure that the population received the best service for their residents

RESOLVED that the update on the review of vascular services be noted.

75. The Out of Hours GP Service and Admissions to Queen Alexandra Hospital (AI 5)

Sarah Elliott, Director of Nursing, SHIP PCT Cluster, Tony Spencer, Director Care UK, Rob Ellery, Head of Program Management for 111, Dr Tim Wright, Medical Director, Out of Hours Service and Simon Holmes, Medical Director, PHT presented the report that had been tabled at the meeting and explained the following points:

The 111 Scheme.

The 111 call centre is co-located with the 999 team.

Patients will only be referred to the ED if the Medical Assessment Unit requests this pathway.

This service will be a 'directory of service' gateway to all services with the facility to refer patients directly. Community nurse too. E.g. for a catheter blockage.

Most promotion for the 111 service is carried out via GP practices. When the full service is launched in January, a higher profile campaign will also be launched.

111 is a national service that is delivered locally from Otterborne in Winchester. The model is resilient and if required, calls can be diverted to and from Oxford.

All calls are free from land lines and mobiles.

The Out of Hours GP Service.

The Out of Hours surgery is based in the outpatient department at QA from 18:30 until 08:00.

100 feedback forms from health professions have been received so far.

The out of hours discharge letter is a national form is being reviewed. It is currently very long.

An additional 30 telephone lines and extra staff particularly at the weekend have been brought in. The city was very fortunate last winter with low levels of flu.

All patients' GPs are informed the next working day of their attendance.

Since May, attendances at the Emergency Department (ED) have increased. This reflects the national trend and a change in patient

behaviour. The ED at QAH was designed for a maximum capacity of 280 attendances a day. If there are more, it can be a struggle to achieve targets regarding waiting times. It is not simply a case of placing more doctors at the front door. The trust is very keen to work with all partners to reduce attendances.

During triage, ED nurses can book patients into the Out of Hours system if this is a more appropriate pathway.

The patient's regular GP is alerted if they call the Out of Hours GP more than three times in four days.

The answer phone message to local callers to NHS Direct will ask people to call 111.

In response to questions from the panel the following points were clarified:
GPs have always been informed when their patients have called the Out of Hours Service. Under the system, the quality of information has improved.

Initial delays for home visits by GPs at night have been resolved.

Under the Out of Hours Service, some GPs work from home to triage callers.

SHIP PCT Cluster has recently conducted a survey of patients attending the ED to determine what pathways led them there.

Portsmouth has a 24/7 community nursing service. The rest of Hampshire has a twilight community service which runs until 11pm.

RESOLVED that:

- 1. The results of the recent patients' survey regarding their attendance at the Emergency Department, Queen Alexandra Hospital be sent to members.**
- 2. The chair write to Hampshire's Health Overview & Scrutiny Panel and Health & Wellbeing Board regarding community nurse services in Hampshire.**
- 3. Choose Well information be circulated to all councils.**
- 4. An update on the National Commissioning Board Local Area Team for Wessex be brought to a future meeting.**

76. Southampton, Hampshire, Isle of Wight and Portsmouth PCT's Cluster's Update (AI 6)

Sarah Elliott, Director of Nursing, SHIP PCT Cluster introduced the update that was circulated with the agenda.

The panel was asked to note that it had been decided that the Choose Well campaign would use targeted themes for the Choose Well campaign e.g. for sports injuries, the minor injuries unit is the most appropriate choice for treatment. The proposed campaign 'A&E is not for Anything and Everything' campaign will not be used. The campaign will be refreshed annually.

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

The SHIP works with the Local Dentistry Committee and the Local Pharmacy Committee.

Some pharmacists have trained to be part of Patient Group Directories where medicine can in certain circumstances be prescribed without a prescription. This may be useful for some patients with long term conditions who do not need to see their GP when symptoms reoccur.

The boundaries for the Local Area Teams were drawn up by the Secretary of State and take into account centres of research, local authority borders, hospital catchment areas, the location of trauma centres etc. Although separate teams, these will work together under the same specifications and for the same organisation.

The CCGs will be responsible for approximately 80% of commissioned services. This will not include pharmacies as it was felt that the two had a close working relationship.

The panel asked for details of any 24 hour pharmacies in the city to be sent to them.

RESOLVED that Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster's update be noted.

77. Portsmouth Hospitals' NHS Trust's Update (AQP) (AI 7)

Allison Stratford, Associate Director of Communications and Engagement introduced the update that had been circulated with the agenda and raised the following points:

The panel was reminded that a link to the trust's board meeting papers is sent to the panel and includes details of the trust's performance.

Attendances at the ED over the last few days:

25th November: 345.

26th November: 313

27th:November: 269

There are significant peaks and troughs in attendances; on one day for example 30 people arrived within the space of 30 minutes.

The responsibility for monitoring the trusts that are not yet foundation trusts has been given to the Trust Development Authority.

In response to a question from the panel, Ms Stratford explained that parking was managed by Carillion and charges at Queen Alexandra Hospital were in line with other hospitals. Disabled parking is available at £1.60 for all day. Matrons have discretion to give a reduction for regular visitors or patients. Parking at Southampton General Hospital is more expensive. Carillion is required to maintain the parking area and all equipment as new. The amount taken by Carillion in parking charges has not been disclosed to

PHT as it is commercially sensitive information.

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

78. Caring for the Future (AI 8)

Rob Watt, Head of Adult Social Care presented the letter that had been circulated with the agenda and explained that the government aims are to transform social care in line with the 'personalisation' agenda. It is also understood that services will have to manage in the future with significantly less funding, otherwise there is a risk that in 20 – 30 years time Adult Social Care would account for all local authority expenditure.

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

Domiciliary care agencies in Portsmouth used by the council are zoned so that their workers go to one area and therefore reduce travel time.

Clients should always get their allocated time with their carer. If this is not happening the council will investigate.

Increasing numbers of people will request personal budgets and therefore have greater control of their care. The government originally said that 100% of people in receipt of care should have a Personal Budget by April 2013. This target has now been reduced to 70%

We need to encourage the development of more community based schemes that contribute toward people's ability to live independently. e.g. early birds where a volunteer calls several people first thing in the morning to check that they are well.

RESOLVED that the Caring for the Future report be noted.

79. Dates of Future Meetings (AI 9)

31 January.

14 March.

The meeting concluded at 12:25.

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Councillor Peter Eddis
Chair, Health Overview & Scrutiny Panel