1. Purpose

This purpose of this report is to inform the Panel about proposals that have been received from the local NHS to vary or develop local health services and to update the Panel on the progress of issues previously reported, including the work of the Joint Health Overview and Scrutiny Committees.

2. Recommendations

The Panel is recommended to

Approve the recommendations set out in bold type in paragraphs 4.2 – 5.9.

3. Background

3.1 The Panel is reminded that the National Health Service Act 2006 places a duty on strategic health authorities, primary care trusts and NHS trusts to make arrangements to consult patients and the public about on-going service planning, on proposals for service development and change and on decisions that may affect how services operate. The Act also places a statutory duty on NHS bodies to consult all affected health overview and scrutiny committees (HOSC) on any proposal for the development or variation of local health services. If an overview and scrutiny committee considers the proposal to be substantial it will be subject to formal scrutiny by the committee.

3.2 Guidance published by the Department of Health recommends that proposals for service change are discussed with all affected overview and scrutiny committees at an early stage in order to agree whether or not a proposal is considered by the committee to be substantial. In addition, a local framework for assessing whether a service development is substantial was jointly agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in March 2005.

3.3 When dealing with proposals for a substantial development or variation by an NHS body, where more than one HOSC is consulted, a joint HOSC committee covering all the local authorities affected by the proposals must be
formed for the purposes of responding to the NHS. Members will be aware that three local Joint HOSCs have previously been established which include representatives from this Panel, one covering the area covered by the Strategic Health Authority, as referred to in paragraph 3.2 above, and the other two with representatives from Hampshire County Council to review maternity services and elderly medicine services. Arrangements are also underway to establish a Joint Committee to respond to proposals, when published, around the provision of acute services in West Sussex. Updates on all of these are given below.

3.4 HOSCs also have a statutory role to play in considering whether an NHS body has satisfactorily complied with its responsibility under Section 242 of the National Health Service Act 2006\(^1\) to consult with patients and the public about any proposal to vary a service. An OSC may give consideration to this aspect of a NHS proposal whether the proposal is considered by the OSC to be substantial or not.

**Quarterly Letters**

3.5 The Panel receives regular quarterly updates on developments in services from:

- Portsmouth City Teaching Primary Care Trust
- Portsmouth Hospitals NHS Trust
- The City Council's Health, Housing and Social Care Directorate
- South Central Ambulance Service NHS Trust

A copy of those quarterly letters received in time for this meeting are attached to this report (appendices “A” and “B”).

4. **Joint Health Overview and Scrutiny Committees**

**Maternity Services in Portsmouth and South East Hampshire**

4.1 This Panel will be aware that a Joint Health Overview and Scrutiny Committee (HOSC) with Hampshire County Council and Isle of Wight Council was established in 2005 with the remit to scrutinise proposals for maternity services in Portsmouth and South East Hampshire. This Joint Committee last met on 6 June 2007. At this meeting the local NHS indicated that future developments in these services would now be taken forward separately by Hampshire PCT and Portsmouth City PCT. As a result, both Portsmouth and Hampshire Health Overview and Scrutiny Committees will also consider future developments separately, unless matters are again considered to directly affect both populations (an extract of the draft recommendations from the meeting of the Joint HOSC is attached as Appendix “C”).

---

\(^1\) Section 11 of the Health and Social Care Act 2001, relating to public involvement and consultation, has been replaced by Section 242 of the National Health Service Act 2006.
4.2 The Joint HOSC recommended, however, that this Panel scrutinise the preferred service model for the stand-alone birth centre on Portsea Island that is currently being developed by Portsmouth City PCT. **It is therefore recommended that the Panel hold an additional meeting in early July to take this forward.**

**Elderly Medicine**

4.3 The Panel is reminded that a Joint HOSC was established with Hampshire County Council in 2006 to scrutinise the transfer of the management responsibilities for services provided by the Department of Medicine for Older People in Portsmouth and South East Hampshire and the permanent closures of Exton 4 and Kingsclere wards at St Mary’s Hospital, Portsmouth. This Joint Committee last met on 17 April 2007. At this meeting it was decided to receive a further update on progress in November 2007 and March 2008.

**Fit for the Future: Proposals for West Sussex**

4.4 The Panel will recall that it met on 18 April 2007 to consider the forthcoming proposals for health service reconfiguration planned across Surrey and Sussex. Despite a lack of information the Panel decided that the proposals in respect of acute hospital provision in West Sussex were likely to constitute a substantial variation in health services for Portsmouth residents. Since that meeting arrangements have been underway to establish a Joint HOSC consisting of representatives of West Sussex, Hampshire, East Sussex, and Surrey County Councils and Portsmouth and Brighton and Hove City Councils. The first meeting is expected to be held in July 2007. The Panel is advised that the Democratic Services Manager, under delegated authority, has appointed the Chairman and Vice Chairman of this Panel to the Joint Committee.

**Tamarine and Russets**

4.5 The Panel met on 5 March 2007 to consider proposals to reprovide respite care services currently delivered at Tamarine in Denmead and to address concerns from users about the quality of care provided at the Russets centre in Portsmouth. At this meeting the Panel decided to delegate full scrutiny of the proposal to close Tamarine to the standing Hampshire, Southampton, Portsmouth and Isle of Wight Joint HOSC. The Joint Committee will be meeting to consider this matter on 25 June 2007. The Panel also requested that the Portsmouth City Patient and Public Involvement Forum conduct site visits at both locations to assist the Joint HOSC in its deliberations. The outcomes from this visit and the Joint HOSC will be reported to this Panel in due course.

**Community Hospitals in the South Central Strategic Health Authority Region**

4.6 The Chairman and Vice Chairman have recently attended two meetings held between Chairs of the region’s Health Overview and Scrutiny Committees
and the South Central Strategic Health Authority (SHA). These meetings have provided an opportunity for the SHA to inform the HOSCs about the Department of Health’s plans to introduce a bidding process for funding to PCTs aimed at improving community services. Criteria have been developed to enable bids to be prioritised and the HOSCs were asked to assist the SHA with this part of the process. A briefing note prepared by the SHA for HOSC chairs when they last met on 8 June is attached as Appendix “D”. The Panel is asked to note that officers supporting this Panel were informed just before the meeting that St Mary’s Hospital in Portsmouth is amongst the schemes bidding for funding.

4.7 At the meeting on 8 June HOSC representatives indicated that they felt their participation in this process to be both outside of their remit and an unsatisfactory way of ensuring community services meet local needs. There were also concerns expressed about the way in which the SHA had engaged with the HOSCs throughout this process. The SHA did inform the HOSCS, however, that the deadline for bids has been extended from end of June to the end of July. Due to the possibility that Portsmouth may be involved in the bidding process it is recommended that the Chairman and Vice Chairman continue to ensure that this Panel is actively involved in this process where appropriate.

5. Proposals Received to Vary or Develop Local Health Services

The proposals that are set out below have been the subject of formal notification from the NHS, either by email or letter.

Learning Disability Services

5.1 At the meeting on 5 March 2007 the Panel received a brief update on proposals from Portsmouth City Teaching PCT to integrate Learning Disability Services in the city. At this meeting the Panel requested that a report on the service model options being developed be brought back to the Panel in due course. These options have now been developed and it is recommended that this item be scheduled for the Panel to consider at the meeting on 18 July 2007.

Older People’s Health and Social Care

5.2 The Panel will recall that Portsmouth City Teaching PCT advised in its quarterly update in August 2006 that the PCT and the City Council were in the process of developing a new model for older people’s services. The PCT has indicated that the proposals for the new model, along with its plans for public consultation, will be reported to the Panel in due course. It is recommended that Officers continue liaise with PCT to take this forward.

Section 75 Arrangements²

² Section 31 of the Health Act 1999, relating to arrangements between NHS bodies and local authorities, has been replaced by section 75 of the National Health Service Act 2006.
5.3 Portsmouth City Teaching PCT and the City Council have indicated their intention to establish lead commissioning arrangements, under the terms of Section 75 of the National Health Service Act 2006, in respect of the following care groups:

- Substance Misuse
- Mental Health
- Learning Disabilities
- Older People

It is hoped by the PCT that these will provide an opportunity for both organisations to formalise and improve existing working arrangements within a legal framework.

5.4 The Centre for Public Scrutiny has advised officers supporting this Panel that these proposals alone do not appear to signify substantial changes in service, as they are primarily changes to the way in which the joint commissioning of services will be managed, funded and governed. As such the Panel is unlikely to have a statutory scrutiny role, as defined by the Health and Social Care Act, to play in this process. However, the Panel is asked to note that there is a possibility that any new arrangements could lead to future service changes and the PCT will need to ensure that it fulfills its statutory duties should changes be proposed.

5.5 Portsmouth City PCT has indicated, in a report to its Board in April, that it intends to undertake consultation with a number of stakeholders, this Panel and the PPIF on four options for how the Section 75 arrangements could be taken forward. Whilst, as noted above, the changes do not appear to be substantial the Centre for Public Scrutiny has suggested that it would be still good practice for the Panel to be involved in the consultation process and, following discussion with the Chairman it is proposed that the Panel undertake “shadow” scrutiny sessions before and after the PCT’s own consultation process. This should enable the Panel to give a view on the PCT’s consultation process without prejudicing any future scrutiny should any future service changes be proposed.

Joint Commissioning Strategies

5.6 Portsmouth City Teaching PCT and the City Council’s Adult Services have also notified the Panel about their intention to revise the Joint Commissioning Strategies that exist for the four care groups mentioned above. It is suggested that the Panel may find it helpful to hold an informal briefing session on the Strategies in early September.

Child and Adolescent Mental Health Services

5.7 Portsmouth City Teaching PCT has notified the Panel that at its Public Board Meeting on Friday 27 April, the PCT Board approved a Business Case for the re-provision of service and administrative accommodation in respect of the
Specialist Child and Adolescent Mental Health Service (CAMHS). Provision is currently accommodated in two locations, in the Battenberg Clinic, North End, Portsmouth and in The Merlin Centre Southsea and it is proposed to rationalise this onto one site at St James Hospital. Consultation on the reprovision is being undertaken with clients, their families and stakeholders.

5.8 In addition, the PCT has also recently received approval for a separate bid to extend the upper age limit for which it provides services from 16 to 18. The PCT envisages that the additional capacity will initially be catered for at the Battenburg Avenue Clinic. The PCT has indicated, however, that the whole service will eventually be provided from the St James' Hospital site.

5.9 The PCT has helpfully both completed a Framework Assessment in respect of these proposals and provided officers with details of the engagement in has undertaken with clients etc. It is therefore recommended that this information is provided in more detail at the next meeting to enable the Panel consider both whether these proposals constitute a substantial change to services and whether the PCT has fulfilled its duties under Section 242 of the National Health Service Act 2006.

..........................
Democratic Services Manager

Background Papers:

Health and Social Care Act 2000
Overview and Scrutiny of Health – Guidance, Department of Health, July 2003
Health and Social Care Act 2001, Directions to Local Authorities (Overview and Scrutiny Committee, Health Scrutiny Functions)
National Health Service Act 2006
12th June 2007

Councillor David Stephen Butler  
Chair, Overview and Scrutiny  
Portsmouth City Council  
Guildhall Square  
PORTSMOUTH  
PO1 2AZ

Dear Councillor Butler

Quarterly Update – June 2007

There are three issues that I wish to bring to the Health Overview and Scrutiny Panel’s attention this quarter. These are set out below together with position statements in relation to the St Mary’s NHS Treatment Centre and Primary Care Premises, two updates specifically requested by the Panel.

Dentistry

The official opening of the new dental surgery in North End took place on 24th May. This surgery has taken the waiting list of Portsmouth residents from the PCT’s dental help line. Premises have been identified for the second dental surgery in Cosham. However, delays have occurred due to issues raised by the City Council’s Highways Department. It is hoped to resolve these in the near future. It is anticipated that the third new dental surgery will open in the south of the city during the summer.

Fluoridation

The PCT has been using local, regional and national sources of information to develop an oral health needs assessment in the city. This needs assessment is nearing completion and will provide the information necessary for the PCT to address issues related to oral health issues including the fluoridation of water supplies. Other issues relate to the oral health status and how this varies across the city’s population, access to dental care and policies and programmes to address the oral health needs of the people of Portsmouth.

An oral health strategy group has been set up to oversee the implementation of the action plan that will be developed as part of the needs assessment. Details of the key actions within the work streams will be submitted to a future PCT Board.
Portsmouth Community Hospital

The Panel will recall that the development of the St Mary’s Hospital as a community facility is a key feature of the Portsmouth and South East Hampshire Capacity Map. The Capacity Map sets out the footprint of facilities required across South East Hampshire to ensure appropriate community services are in place to support the acute services’ clinical strategy to focus acute services around the Queen Alexandra Hospital.

The PCT is in ongoing discussions with Portsmouth Hospitals NHS Trust regarding the future development of the site and the potential timeline for doing this. The development of the St Mary’s Hospital site will require significant capital investment in infrastructure to make it fit for purpose and as such the PCT is pleased to have reached the short list of the South Central Strategic Health Authority process for accessing capital funding earmarked for community facilities development.

St Mary’s NHS Treatment Centre

In its business plan reporting for the end of the financial year 2006/07 the PCT reported that lack of PCT based activity reports had impaired effective management of the contract. The PCT is now pleased to report that it receives weekly activity reports based on individual PCTs in the contract. This enables Portsmouth City Teaching PCT to manage the contract more effectively by being able to monitor and make adjustments to the contract as required within the contract’s parameters.

Primary Care Premises

Work has continued to develop two projects in relation to primary care premises since the business cases were approved by the PCT Board in March 2006. These were to provide new premises for Dr Tutte & Partner in Somerstown and improved premises for Dr Robinson & Partners at Lake Road.

Discussions with architects over the plans for the new build in Somerstown remain in the development stage. Patients and the public continue to be kept informed, and, at their request, practice and PCT representatives will be meeting with the residents association in the area of the new build on 26th June.

A preferred bidder was appointed in February 2007 to undertake the work at Lake Road. This has allowed finalisation of those plans and work to begin on patient and public engagement. The first patient newsletter went out at the beginning of June and patients are being invited to attend a public meeting on the publication of the final plans during the week ending 22nd June.

I hope this gives you a useful update. I would be delighted to provide any further information you require on these or other matters.

Yours sincerely

Rob Dalton
Director of Corporate Affairs
Email: Rob.Dalton@ports.nhs.uk
31 May 2007

Mr Sam Meyer
Democratic Support Officer
Portsmouth City Council
Civic Offices
Guildhall Square
Portsmouth
Hampshire
PO1 2BG

Dear Sam

I hope you are well. As requested please find within an update on South Central Ambulance Service – Hampshire Division and responses to specific questions you have raised.

**General Update**

**Service Development**

As you may be aware South Central Ambulance is undertaking a significant development programme over the coming year in readiness for changes to the way in which response times are measured. This will mean that the clock for response times which traditionally starts when we have an address and basic symptom details from the 1st April 2008 will start when the phone call connects to the Emergency Operations Centre (EOC), before it is answered. This will mean that patient will get an even faster response.

As a result of this change to the measurement times, if the service did not invest in additional frontline resources as well as make significant improvement to process, Hampshire’s performance would drop by 25% against the national Category A 8 minute standard. However as stated above, the service will be investing heavily in frontline resources, including additional EOC staff. This equates to 100+ extra staff across Hampshire delivering frontline patient care, the largest recruitment campaign ever to be undertaken. It is planned that most of the additional staff will be in place and delivering patient care by January 2008.

There are also many other performance initiatives being undertaken to improve the response we provide to callers and patients including upgrading technology, investment in additional fleet and improvements to performance management.

We are pleased to report that Hampshire have already closed a 25% gap by 8% over the past 2 months and has a performance improvement plan to improve on this month on month. Against trajectory we are approximately 7% ahead of plan.
General Performance

Performance continues to improve within the Hampshire Division after a challenging year and we are now exceeding Category A 8 minute performance (75.06%) and making significant improvement in Category A 19 minute (94.3%) and Category B 19 minute (89.5%). The service development programme we have in place will ensure performance will continue to improve.

Specific details on the Portsmouth area postcodes for last year are outlined in Appendix A.

Motor bikes

A communication was recently sent to you regarding the withdrawal from operation of the Honda ST1300 motorcycles in use within Hampshire. This came as a result of a coroners report following a fatality within the Police Service. We are working with Honda and the Police Service to review the status of the Honda ST1300’s but we are still operating our Honda ST1100’s which are unaffected by the recommendations following this report.

Reconfiguration

We are now 10 months into reconfiguration and have now completed approximately 90% of the structural changes within the new organisation. There are also a number of standardisation projects underway which include review of the fleet, EOC systems, uniforms etc. This is a lengthy process and may take a number of years to complete, but ultimately this will benefit the organisation but more importantly patients.

Community Health Practitioner

We recently launched an exciting new initiative within the Portsmouth area aimed at educating the public, working with the evening health economy and working with frequent callers. This has been a joint collaboration and funded with external partners both within the private and public sector.

For more information please refer to Appendix C.

Training

Not only are we training 100+ new recruits to the service but we are also undertaking a significant internal training programme for existing staff. This includes opportunities for technicians to train as paramedics, and emergency care assistants to train as technicians. All technicians and paramedics will also be undertaking a 5 day course this year to enhance their primary assessment skills which will enable more patients to be left at home or referred to a more appropriate healthcare provider other than A&E.

Headquarters

We will be leaving our current HQ at Highcroft, Winchester next year as the site has been sold by Winchester and Eastleigh for development. We plan to relocate (subject to contract) to Otterbourne where a new EOC and HQ will be established.
Resource Centre

The first of our ‘Super Stations’ or Resource Centres will be opened in Qtr1 2008 at Nursling, Southampton. We have already begun a staged moved of the 4 stations involved to Nursling as the station at Southampton has already been sold and planning permission granted to develop the site.

Alton

The new replacement for Alton Station will be operational July / August this year.

Serviced Standbys

There are three new planned service standby’s to become operational in the next few months.

- Avenue de Canne – Southsea
- Unit 24 – City Industrial Estate Southampton (Leisure World)
- New Milton Fire Station – Mew Milton

Work is underway across the rest of the county to ensure we have appropriate standby facilities for our staff, accessible 24/7.

Questions raised in letter 6th March 2007

How the new call centre switch system Andy Roughton referred to has affected the management and performance of the Ambulance Service

A new EOC switch was installed on the 22nd February 2007. This replaced old out dated technology which limited the functionality within the call centre. The new ‘BT Meridian’ switch is an advanced piece of equipment which has allowed a number of internal process changes such as ‘skill based routing’ and ‘forced calling’. Skill base routing allows us to stream calls to the most appropriate call taker to ensure a swift response for emergency calls. Forced calling, means that instead of call takers deciding to answer calls, calls are automatically passed to the next available call taker and answered. This means that the average call answer time has significantly improved, circa 10 seconds. Average answer time is 13 seconds and falling.

Response times for the whole of Portsmouth City broken down into each postcode provided.

Please see appendix A for detailed information on 2006-07 performance standards.

You will note from this information that overall PO postcodes performed very well with many exceeding the national standards for Category A life threatening graded calls. Those areas that have challenging performance are being specifically targeted e.g. Emsworth area, there is now a community responder initiative up and running providing first on scene support to the local community.
An update will be presented at meeting in July.

**Information on Ambulance Queuing times**

We have been working hard with QAH over a number of months to resolve the ongoing issues of queuing which has caused, on occasion, significant performance issues for Hampshire. We have seen average queuing times reduced by over 2 minutes, but there is still work to be done to ensure we meet our internal target of 20 minutes.

**Information about how ambulances link with treatment centres, such as the independent treatment centre at St Mary’s and Royal Hospital Haslar**

The ambulance service will where ever and when ever possible take patients to a treatment centre. To do this the crews follow criteria set by the treatment centres for acceptance of patients.

**Full briefing on the training given to the ambulance crews and how often this training is repeated / updated.**

Please see Appendix B for a full briefing from Ian Teague, Trust Head of Education and Training.

I hope you find this document a useful update on activities and progress within the Hampshire Division of South Central Ambulance Service. If there is any further information you require or points need clarifying please do not hesitate to contact me.

Kind Regards,

Yours sincerely

Phillip Campling
Divisional Director – Hampshire
South Central Ambulance Service
## Appendix B

### Total Number of Incidents by Category in Portsea

<table>
<thead>
<tr>
<th>Postcode</th>
<th>Total Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1432 1175 585 948 923 1193 830 579 1416 246 505 1439 883 800 393 897</td>
</tr>
<tr>
<td>B</td>
<td>2586 2005 1205 1681 1897 2155 1513 1023 2200 430 839 2400 1329 1138 619 1602</td>
</tr>
<tr>
<td>C</td>
<td>990 808 364 761 760 756 567 397 806 145 429 941 658 471 260 590</td>
</tr>
<tr>
<td>Overall</td>
<td>5008 3988 2154 3390 3580 4104 2910 1999 4422 821 1773 4780 2870 2409 1272 3089</td>
</tr>
</tbody>
</table>

### Performance

<table>
<thead>
<tr>
<th>Category</th>
<th>A8</th>
<th>B19</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>81.5% 86.9% 90.3% 81.8% 79.4% 80.1% 68.4% 56.8% 77.0% 71.1% 79.6% 82.5% 79.7% 74.1% 73.8% 75.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>97.8% 98.5% 98.6% 98.0% 97.2% 97.7% 96.4% 97.8% 97.2% 97.8% 96.3% 96.6% 97.4% 97.7% 98.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>91.1% 91.9% 88.4% 89.5% 89.1% 89.3% 89.3% 91.8% 89.3% 90.7% 87.7% 91.3% 91.8% 92.6% 93.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Av. Response (min)

<table>
<thead>
<tr>
<th>Category</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5.8 5.4 4.0 5.5 6.3 6.1 7.2 8.3 6.4 7.5 6.3 5.6 6.5 6.9 6.5 6.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>8.5 8.3 9.4 9.2 9.5 8.6 10.8 10.9 8.9 12.0 9.9 9.4 8.9 9.1 8.9 8.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>11.4 10.3 13.5 11.7 12.4 12.5 14.7 14.9 11.5 12.7 12.4 12.2 11.6 12.5 11.4 10.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Median Response

<table>
<thead>
<tr>
<th>Category</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.9 4.6 3.2 4.5 5.4 5.1 6.4 7.1 5.4 6.5 5.5 4.1 5.1 6.0 5.4 5.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>5.8 5.5 5.6 5.6 6.5 6.2 8.2 9.0 6.4 8.4 7.9 5.3 6.0 6.7 6.5 6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>6.1 5.7 6.2 5.8 6.8 7.1 8.5 10.3 7.4 8.0 7.9 5.6 6.4 7.7 6.2 7.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % Non-Conveyance

<table>
<thead>
<tr>
<th>Category</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>29.2% 25.1% 15.4% 24.5% 31.3% 19.2% 19.6% 17.4% 22.4% 19.9% 24.2% 29.7% 30.5% 26.8% 25.7% 27.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>43.9% 38.2% 22.2% 35.3% 43.3% 32.8% 42.8% 43.1% 37.9% 42.3% 39.5% 45.0% 46.7% 44.6% 48.5% 47.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>42.5% 47.3% 26.6% 45.7% 42.5% 33.2% 46.6% 47.6% 39.1% 42.8% 48.5% 48.4% 54.4% 46.9% 46.2% 42.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

“Provide a full briefing given to Ambulance crews, and how often their training is repeated / updated”. Response by Ian Teague. Head of Education and Training

PTS
Patient Transport Services staff undertake, at commencement of their employment, a corporate services induction, which essentially encapsulates code of conduct legislation, moving and handling (a full moving and handling course, which is 2 days in duration) and health and safety legislation. They then complete a basic first person on scene course (FPOS Basic - valid for 3 years), which furnishes them with a basic level of first aid, should they encounter the need to perform this in the pre-hospital patient transport arena. This is a one-week course, which is assessed formatively and summatively. The mandatory re-qualification training surrounds manual handling (which is refreshed yearly), which will also encapsulate new items of equipment that need teaching and assessing. Staff undertake a 1 week driving course which is checked yearly.

ECA
Emergency Care Assistants undertake a basic 6 week course, which includes corporate induction (as outlined above), a 5 week nationally recognized course which sees the candidates undertaking basic and advanced first aid, assisting the practitioner, a foundation level anatomy and physiology, and basic life support with additional assisting interventions. Once successful in this area, the candidates complete a 4 week emergency driving course that is pass / fail. ECAs are required to undertake refresher courses yearly.

Technician
Ambulance Technicians, after completing the 1 week corporate induction course, are required to undertake a 8 week basic ambulance aid course, which includes all aspects of manual handling, anatomy and physiology, basic and advanced life support, trauma management, major incident/mass casualty management and drug therapy interventions (roughly equated to a level 1 award, at 30 credits). Once completed, the students will progress onto a 4 week emergency driving course. Technicians are required, under the Institute of Health, Care and Development (IHCD, which is their awarding body) to undertake 10 days refresher training (the subject is left to the Technician's Ambulance Education Centre to agree) over a period of 5 years. They are also required to attend regular (yearly) mandatory updates.

Paramedics
IHCD Paramedics are required not only to hold the Technician award, but to have a period of no less than 1 year’s consolidation. In addition to this, they are required to attend a further 7 weeks educational activities, which centre on advanced anatomy and physiology, advanced skills and drug therapies, advanced trauma management, paediatric and gynecological emergencies management. Once successful, they are required to attend a 4 week hospital placement, where they are formatively and summatively assessed on their ability to complete advanced practices in a real-time setting on real patients (in a controlled environment). At the end of this training period they must apply and register to the Health Professions Council (HPC). As well as fulfilling the Technician education requirement (10 days in 5 years), they are re-
assessed annually (1 day), and every 3 years they need to re-qualify by re-attending their hospital placements.

**ECPs**
Emergency Care Practitioners need to fulfill every aspect of the Paramedic qualification, and practice 2 years post-qualification before being eligible to qualify for the ECP program. This program is 16 weeks education, with an extensive hospital placements program. Their re-qualification requirement is the same as the Paramedic legislation.
Appendix “B”

Appendix C

Community Health Practitioners

The Community Health Practitioner (CHP) is a new ambulance role, developed by South Central Ambulance Service. The CHP role is a unique innovation providing a community based service to patients, communities and businesses, working with other organisations and our wider partnerships.

South Central Ambulance Service are the first ambulance trust in the UK to develop the community health practitioner role and Portsmouth is the first city to have CHPs introduced.

The CHP role aims to reduce emergency events and patient crisis, acute ill health, accidents and injuries, hospital admissions and lives lost in the community. This will be achieved through proactive patient, community, business and agency engagement, delivered through health promotion, health education, community safety and partnership working.

CHPs are a ‘community face of the NHS’ visible and identifiable and a credible platform for the delivery of health promotion, risk reduction, community safety and education into the communities they serve. Wherever there is emergency ambulance demand, CHPs will seek to reduce risk for individual patients, locations, businesses and the local community.

Certain categories of demand are inappropriate for the ambulance service and as emergency demand is rising at 6 to 7% per annum, the CHPs will be working hard to provide the public with the most appropriate pathways to healthcare, to meet the individual patient’s needs.
**Education**

CHPs will be delivering health promotion and risk reduction education across Portsmouth covering a wide range of subject areas including road safety, personal safety, alcohol consumption, the responsible drinking message, substance misuse, smoking cessation, falls, diabetes, stroke, healthy diet, healthy lifestyle, cardiac disease, blood pressure, sexual health, STIs and other community safety and health subjects.

Education and health promotion will be delivered in partnership with Portsmouth City Primary Care Trust, either solo or supporting existing provision and alongside our many other partner agencies. The CHPs are uniquely placed to gain access to many community groups, who are sometimes reluctant to seek either community safety advice, or medical assistance and advice from their GPs, or advice from the more traditional healthcare facilities and services.

Most towns and cities around the country have concerns around the levels of alcohol consumption, its impact on health and its wider availability in today’s society. The Safer Portsmouth Partnership has formed a partnership with South Central Ambulance CHPs to work face to face in the community, delivering alcohol education and information. CHP alcohol education and first aid is designed to reduce risk, injuries and ill health caused directly and indirectly by alcohol consumption, either at home or in a public place, with presentations, designed to engage the audience, through the delivery of facts, information and brief interventions, so that young people and adults can make their own informed choices and decisions around alcohol.

CHPs will be accessing all areas within the community for health promotion, health screening, education and risk reduction, attending many community events, schools, universities, colleges, businesses and public access areas.

**CHP solo response vehicle (SRV)**

The CHPs will operate within the locality from a distinctive solo response vehicle (SRV), maintaining a highly visible presence in the community. The CHP SRV has been designed by South Central Ambulance Service as a dual purpose vehicle, for attending emergency incidents as well as providing a Health Information Point. The CHP SRV carries the same emergency equipment as our frontline ambulance response cars.

The CHP SRV is the focal point for the delivery of health promotion and community safety, playing an integral part in the role of CHPs. The SRV has been designed to attract both young and older persons, to promote interest and discussion, giving the CHPs the opportunity to interact with the public. The visual impact of the SRV is especially important in promoting and developing proactive engagement with young people, helping the CHPs to interact more effectively and build dialogue, within the diverse communities that we serve.

**Funding**

The Community Health Practitioner initiative is a community, business and organisational partnership, financed by the following contributors:

Portsmouth City Primary Care Trust
Portsmouth City Council
Government Office South East
Snows MINI

Walkabout
Bar Risa
Jongleurs
The White Swan
South Central Ambulance Service would like to thank all of the agency and business partners who have funded the CHP’s and will be further developing its corporate and business partnerships to support and develop the CHP initiative.

For information

alison.roughton@hantsam.nhs.uk
michelle.ullett@hantsam.nhs.uk
tim.churchill@hantsam.nhs.uk

01962 892600
The Portsmouth, Hampshire and Isle of Wight Joint Health Overview and Scrutiny Committee (Maternity)

Recommendations arising from the meeting held on Wednesday, 6 June 2007 in The Guildhall, Portsmouth

That

1. The co-located unit at Queen Alexandra Hospital be included in the options taken forward for formal consultation. The impact this will have on previous commitments to birth centres across south east Hampshire will be clearly set out in the consultation document.

2. Portsmouth City Teaching PCT work closely with partners to ensure that, if taken forward, the co-located unit is offered as a viable choice for Portsmouth women.

3. Provision in Fareham Community Hospital continue to be considered.

4. The further development of options takes full account of the potential impact of any proposed changes in West Sussex.

5. The needs of all the populations in South East Hampshire, including Whitely and surrounding areas, be fully considered in the development of options.

6. The financial, birthrate and populations figures underpinning the proposals be reviewed and reconciled.

7. The Maternity Services Liaison Committee be given a full opportunity to feed into and inform the final options presented for consultation.

8. The draft public consultation document be circulated to the Hampshire Health Overview and Scrutiny Committee before publication: and

9. The Portsmouth Health Overview and Scrutiny Panel be asked to scrutinise the preferred service model being developed for the stand alone birth centre on Portsea Island.
Requested Briefing for OSC Chairs

Thank-you for your letter of the 21st May to Mark Britnell. Chris Evennett will be taking forward the work on Community Services and he looks forward to meeting with you all. PCTs have been invited to the meeting on the 8th June.

In order to continue your engagement in the debate we have proposed to bring the leaders of the short-listed schemes for Community Services Funding into the discussions on this date and will be most welcoming of any feedback as part of the process of reaching priorities. Discussion can be had on the 8 June as to how appropriate criteria for decision making could be applied. The SHA will then take forward the prioritisation process.

I have addressed your questions below.

What are the respective roles of the SHA and individual PCTs in making decisions about future strategies for community hospitals?

The PCTs are the commissioners of services to meet the health needs of their population. In delivering this function they will be required to engage with all relevant stakeholders. PCTs will be developing local proposals on all of the health care for their residents and community services will comprise an element of these plans. PCTs are in the process of developing Commissioning strategies and these will inform future service design and provision.

The role of the SHA has been laid out in our published governance document and covers areas of system development, performance enhancement, regulator and champion of patient, public and taxpayer aspirations.

The SHA set an objective in 2006/7 to develop a framework around community services. This was to support our role in community services as in all other areas as

• Regulator of commissioning and PCTs, developing strategies and operating plans to improve capability and capacity to assess health need and organise health and social care accordingly.
• A system developer, developing a complimentary suite of system reforms which are designed to give patients better quality, responsiveness and choice.
• A performance enhancer, improving organisational and individual capability to meet our obligations to Government, stakeholders and the patients we serve.
• Champion of patient, public and taxpayer aspirations, better understanding the nature of the 4 million people we serve and working with partners who share our goals and aspirations.

As per SHA Governance and Operating Framework;
In particular with the development of community services the SHA has a role around prioritising bids for the national funds for Community services. It is important to be aware that this is only one example of development open to PCTs in their commissioning role and they will be exploring many opportunities with partners and others around their complete range of commissioned and directly provided services.

To illustrate how these roles play out in practice the PCTs and their communities will develop proposals for their communities. The SHA then has a role in prioritising bids for the Department of Health funding rounds. To undertake this prioritisation we have worked with PCTs to understand the role and function of modern community facilities.

**What freedom do PCTs have in deciding how to allocate spending at the local level?**

PCTs are responsible for managing their revenue allocation. This is the freedom of decision as described above. They will utilise these funds in line with the requirements placed on them to meet the needs of their population. The SHA will discharge its function in seeking assurance that the decisions are in line with national policy and secure the greatest health benefit for the population.

For the community services capital allocations PCTs will put forward specific proposals as designed at the local level. These schemes, if prioritised, are then put forward to the Department of Health to receive support. If the Department of Health also agrees these priorities then the PCT should get a confirmed additional capital allocation to spend in line with their proposals. This will need to continue to demonstrate compliance with all capital planning business plans rules – so that full business cases are developed as necessary.

The PCT revenue allocation however remains the significant resource available to PCTs to discharge their commissioning functions (So for comparison across NHS South Central over £5 billion revenue allocation and at best £70 million of community capital allocation).

**How will the work currently being taken forward by the SHA fit alongside the need for local people and stakeholders to be involved developing strategic plans?**

The PCT plans will drive what is submitted to the SHA and it is expected that the PCT plans have been developed with local people and stakeholders. The SHA will be looking to understand how local people and stakeholders have been involved in PCT planning.
How will priorities for funding be assessed and what weighting will be applied and how?

A shortlist of proposals has been developed using our framework for investment in the hospital setting. This seeks to identify where investment will create the most modern service and greatest health improvements. Beyond this we are suggesting that the proposals are presented to the session on the 8th June where views can be collated. Any views can be fed into the further decision making processes.

The PCT Board of Commissioners and SHA Board will then need to finalise the priorities for submission to the Department of Health by end of June 2007.

Who will make the final decision about the allocation of capital funding available?
The Department of Health.