

## **HEALTH OVERVIEW & SCRUTINY PANEL**

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 21 June 2016 at 9.30am at the The Executive Meeting Room, third floor, the Guildhall

### **Present**

Councillor Jennie Brent (Chair)  
David Tompkins  
Leo Madden  
Gemma New  
Lynne Stagg  
Elaine Tickell

#### **1. Welcome and Apologies for Absence (AI 1)**

Introductions were made.

The Chair asked that thanks be noted to Councillor Peter Edgar, Gosport Borough Council who was a valued member of the panel since its inception. She also welcomed Councillor Philip Raffaelli who replaced him and Councillor Elaine Tickell from East Hampshire District Council.

Apologies had been sent from Councillors Brian Bayford, Gwen Blackett and Mike Read.

#### **2. Declarations of Members' Interests (AI 2)**

No interests were declared.

#### **3. Minutes of the Previous Meeting (AI 3)**

**RESOVLED** that the minutes of the meeting held on 15 March 2016 be agreed as a correct record.

#### **4. Portsmouth Hospitals' NHS Trust's Response to the Care Quality Commission's Report (AI 4)**

Tim Powell, Interim Chief Executive and Peter Mellor, Director of Corporate Affairs, Portsmouth Hospitals' NHS Trust explained that:

- The Care Quality Commission made unannounced visits to the ED twice in February and twice in March.
- The board is very sorry for the failings highlighted in the report and hope that this will be a catalyst for instigating change.
- The ED was not fast enough to react to surges in demand and did not escalate early enough which had a serious impact on the ambulance service. An escalation process has now been agreed with the ambulance service.
- At times when there was high pressure in the ED, a jumberlance was used for four patients in order to free up other ambulances. Although these

patients were under the supervision of a paramedic, the board recognises that there were issues of privacy and dignity and they would be safer to be in the department.

- Improved leadership and accountability is key to improvement.
- The clinical presence in the management process has been strengthened, with senior doctors involved in decision making.
- It is recognised that the key to the success of the ED is management and Dr Rob Hague will join the trust on 18 July as the Executive Director of Urgent Care. He is a well-respected clinician and currently works at West Sussex which is rated as outstanding.
- The metrics are reported to the CQC every Thursday. These include performance on targets such as patients being seen by a nurse within 15 minutes of arrival, a doctor within an hour and being admitted or discharged within 4 hours.
- The metrics show some traction has been made. It is essential that this is sustained and work is happening to ensure that the programme is imbedded and delivers at pace.

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

- Measures have already been put in place and the next 100 days will be critical. The trust must demonstrate that the plan has been implemented and that the metrics are moving. The CQC has the right to take action to escalate or de-escalate in the meantime.
- The flow through the hospital and management of discharges are also being scrutinised as this is crucial to the ED's performance as was highlighted in the report.
- Since the inspection, there is a more responsive service with more people are seen within the targets. The escalation process is activated earlier in order to deal with surges in demand. More patients have an estimated date of discharge at the day of their admission.
- It is better, but there is further to go. The bank holidays in April proved difficult but it is expected that by the end of June, 85% of patients will be admitted or discharged within 4 hours. Although it is still 10% lower than national target, it is progress. There has not been sufficient time for the trust to demonstrate that this is an ongoing trend.
- Every day a learning session is held to review the actions and outcomes of the last 24 hours. This is to ensure that the Urgent Care Programme is imbedded.
- The Urgent Care Committee, which is part of the Full Trust Board reviews weekly the metrics and the milestones and holds key people to account.
- The intensive scrutiny will continue for a considerable time.
- The demand will also increase until the system wide process is in place.
- Key - to successful running of the ED is management.

The Chair permitted Councillors Bryan Turner and James Walsh, Chair and Vice Chair of the West Sussex Health Adult Social Care Select Committee to ask questions and in response the following points were clarified:

- A significant amount of work is happening with NHS Improvements to ensure that the Board receives a high level of assurance and asks the correct questions.

- The CQC report highlighted that staff felt that they had lost their voice, despite the annual surveys. More is being carried out to increase engagement at all levels and staffing levels are being reviewed.
- Many patients can be discharged within 24 hours after receiving a diagnosis and a care plan. This is the equivalent of the day-surgery process.
- The D2 short stay unit is now in place.
- There is now a geriatric resource in the ED to respond to more quickly to the many attendees who are elderly and frail.
- More patients are moved to the Discharge Lounge before midday.

**RESOLVED that the response be noted.**

## **5. Update on Vascular Services (AI 5)**

Dominic Hardy, Director of Commissioning Operations, Dr Liz Mearns, Medical Director. Pauline Swan, Vascular Programme Manager, Carol Wood, Head of Communications and Engagement and Mike Phillips, Vascular Surgeon, University Hospitals' Southampton NHS Foundation Trust introduced the report and explained that the recommendation previously presented to the HOPS had been approved through the NHS England internal assurance and management decision making authority via the Decision Making Business Case and the report of the engagement exercise was being presented.

In response to questions, they clarified the following points:

- Patients in Southsea with ruptured abdominal aortic aneurysms would be taken directly to Southampton General Hospital (SGH). Evidence shows that being taken to a specialist centre rather than a general hospital gives patients a better chance of survival even if the centre is further away. Patients can now be stabilised by ambulance staff for longer and be in constant communication with the hospital. If there is considerable congestion, patients could be taken to QA Hospital (QAH) by ambulance and then transferred by helicopter to SGH.
- The Isle of Wight has been part of the network with patients being transferred to Southampton for over 15 years. Patients have not reported any issues with these travel arrangements.
- During the day, there will be a vascular surgeon at QAH. Out of hours' cases will be dealt with on an individual basis. If necessary a surgeon would travel to QAH. It has not been necessary for a surgeon to travel to the Isle of Wight.
- There will be no changes to the screening services programme. Gosport has good screening services run by Portsmouth Hospitals' NHS Trust (PHT) based at the War Memorial Hospital.
- Many clinicians attended the engagement exercise at QAH.
- The Vascular Society recommended that high end services be concentrated in major trauma centres. This has the advantage of being easier for 1) the recruitment of vascular surgeons, 2) arranging the rota for study leave, sickness and holidays and 3) sharing expertise.

- Councillor Raffaelli is part of the patient Reference Group. Engagement will carry on with that group.

Mark Pemberton, Vascular Surgeon, PHT joined the meeting and explained that Portsmouth residents will have a better clinical delivery but some will have to travel further for treatment. They have been obliged to travel to London for heart surgery for a number of years and they have not reported that the travel was an issue.

**RESOLVED that the report be noted and an update be brought to a future meeting.**

#### **6. Portsmouth Clinical Commissioning Group - update (AI 6)**

Tracy Sanders, Chief Strategic officer and Innes Richens, Chief Operating Officer introduced the update and in response to questions, clarified the following points:

- Following the change of service at the Guildhall Walk Healthcare Centre (GHW), the impact on patients will continue to be monitored. The proactive communications plan is continuing to be delivered with both GHW and St Mary's Treatment Centre. Leaflets are available in the waiting area and receptionists have received training.
- Unregistered people who turn up at the GHW will no longer be eligible for treatment at the GHW but will be triaged to ensure that it is safe to ask them to attend their own GP surgery.
- The Hub is one of the possible venues for the new practice.
- GP surgeries can use their workforce flexibly in order to build up expertise or to improve patients' experience. There is a range of ways that the triage system is operated in the city with some surgeries employing clinicians to take initial telephone calls.

**RESOLVED that the update be noted.**

#### **7. Wheelchair Services (AI 7)**

Jane Warren, Commissioning Project Manager introduced the report and in response to questions, clarified the following points:

- Only new service users will be affected by the changes.
- There will be no changes for end of life service users.
- The length of time a service user will have to wait for a wheelchair will depend on their clinical priority.

The Chair expressed concern that organisations seem not to know how to contact the wheelchair service and are not giving appropriate information to service users.

The panel confirmed that the engagement carried out is appropriate and sufficient.

**RESOLVED that the report be noted.**

**8. Director of Public Health's update. (AI 8)**

Janet Maxwell, Director of Public Health introduced the report and noted that education is key to preventing health problems and reducing the pressure at the Emergency Department at QAH which had been discussed earlier on the agenda.

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

- Recruitment for Director of Public Health for both Portsmouth City Council and Southampton City Council will start this summer with the new Director expected to start early next year.
- Healthy Living Pharmacies offer services to support people with smoking cessation, weight loss and substance misuse. Pharmacies have a high footfall as many people go there in the first instance when they have a health concern.
- Fratton ward has recently received lottery funding.
- Work to regenerate Charles Dickens ward has included setting up the John Pounds Centre and improving community centres.
- The communities will be asked what they want and work will be prioritised accordingly.
- Work to identify women at risk of major health problems before they conceive has been renewed and support for their children in the early years and primary schools will continue.
- Feedback from secondary school teachers indicates that they are concerned about the mental health and wellbeing of their pupils but the focus from Government is on GCSE results.
- It is important that the work is carried out to look into the complex and unintended consequences of the digital age e.g. bullying, sexting and exploitation.
- Responsibility for public health moved to unitary and county councils. Hampshire County Council's Director of Public Health manages public health in Gosport.
- The alcohol health team has a strong presence at QA Hospital.
- Despite the fantastic work carried out by the air quality team, there is a serious problem with air quality in the city because of urban density, the high volume of lorries and other traffic. Much work has been done to improve traffic flow but the only way to make a difference is to reduce the number of cars on the road. The affects are worse in deprived areas, where poor lifestyle choices exacerbate the health effects.
- The public health team work closely with planners to encourage developers to consider environmental issues.

**RESOLVED that the report be noted.**

**9. Healthwatch update to include mystery shop report on GP practices (AI 9)**

Patrick Fowler, Consultant at Healthwatch Portsmouth introduced the report and in response to questions from the panel explained that:

All surgeries were contacted as part of the mystery shopping activity.

- Visits by patient representatives as a follow up will cover topics such as reviewing the reception service, physical environment, information, signposting, patient involvement and access to appointments. Locations are determined on which surgeries the volunteer patient representatives come from.
- Healthwatch has fed into the process that the CCG uses to assess GP surgery merges.
- The mystery shopping activity highlighted some inaccurate information being given out by surgeries. This has been fed back to individual practices and will be checked through an ongoing monitoring process.
- Photo identification is not required as part of the process to register with a GP - this has been confirmed to all practices, especially those asking for this form of ID. Healthwatch Southampton also found instances where would-be patients were told that photo identification is required to register with the surgery.

**RESOLVED that the report be noted.**

**10. Dates of Future Meetings (AI 10)**

**RESOLVED that the following meeting dates be agreed:**

**26 July.**

**4 October**

**6 December.**

The meeting ended at 11.45 am.