

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 20 February 2014 at 9.30 am in The Executive Meeting Room - Third Floor, The Guildhall

### **Present**

#### Portsmouth members

Councillors Peter Eddis (Chair)

David Horne

Margaret Adair

Margaret Foster

Jacqui Hancock

Mike Park

#### Co-opted members

Councillors Gwen Blackett, Havant Borough Council

Mike Read, Winchester City Council

### **Also in Attendance**

#### Portsmouth City Council

Stephen Corrigan, Senior Project Manager, Integrated Commissioning Unit

Justin Wallace-Cook, Assistant Head of Adult Social Care

#### Portsmouth Hospitals Trust

Peter Mellor, Director Corporate Affairs

#### NHS Property Services

Clive Shore

#### Solent NHS Trust

Ros Tolcher, Chief Executive

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

Councillors Dorothy Denston, Peter Edgar, Keith Evans and David Keast sent their apologies.

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

Councillor Read declared a personal, non-pecuniary interest in respect of agenda item 5, in that he formerly worked at St James Hospital.

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

Councillor Blackett advised that she had spoken to most of the schools in her area to see how many were asking for blanket consent at school entry for permission to examine children's teeth. She reported that the schools she visited were not carrying out dental checks in the first year of school but she

had two more schools to visit. Moorlands School in Purbrook have a dentist who visits their school. Pupils also receive free samples of toothpaste and toothbrushes to encourage a good dental routine. The panel asked whether pupils in Portsmouth schools were given free toothpaste and toothbrushes and if not whether it would be possible for pupils in Portsmouth to receive this. The panel felt it was important that Portsmouth City Council and Hampshire County Council adopt the same practice and have both measures in place.

#### ACTIONS

- Check with Dr Jeyanthi John whether schools in Portsmouth offer toothbrushes and toothpaste to pupils, and if not ask the Director of Public Health whether this initiative could be introduced.
- Write to the Director of Public Health for Hampshire County Council to ask them to consider the blanket consent at school entry for permission to examine children's teeth.
- Examine this further when the Panel reviews dentistry at their June meeting.

It was reported that there was an error on page 1 of the minutes on the list of attendees. Darryl Meeking is a Consultant for Portsmouth Hospitals NHS Trust and not Solent NHS Trust as the minutes stated.

**RESOLVED that subject to the above amendment, the minutes of the meeting held on 16 January 2014 be confirmed as a correct record and signed by the Chair.**

#### **13 Portsmouth Hospitals' NHS Trust's Update. (AI 4)**

A deputation was made by Sue Mullan of 38 degrees Portsmouth NHS Monitoring Group. She gave the Panel a brief overview of the work of the organisation and said that they recognised the challenges faced by health professionals. She was concerned that efficiency savings meant cuts to services rather than more efficient services for patients. She also mentioned that patients were often confused of the services available and where they should go, so visit Queen Alexandra Hospital creating additional pressures. She referred to the pharmacy update at the last meeting by Sarah Billington who said she was willing to promote the use of the pharmacy, and said it was important to follow this up. She asked the HOSP how they were planning on monitoring this situation.

Councillor Horne said that if there are substantial changes proposed to services then it is in the panel's remit to scrutinise these which they would do. The panel discussed how the out of hours care service had gradually declined and commented that if pharmacies had extended opening hours, this would ease some of the pressure on hospitals. Councillor Eddis thanked Sue Mullan for her deputation. He said that the panel were carrying out a review into unscheduled care at their next meeting and they were planning on following up on the issues raised in the deputation. The panel discussed the limited pharmacy opening hours which was one reason for patients choosing to go to Queen Alexandra Hospital as they had nowhere else to go. The panel agreed they would look into this at their review into unscheduled care.

Councillor Park said that in his experience efficiency savings did not have to mean cuts. It was the role of the panel to scrutinise rather than campaign.

Peter Mellor, Director Corporate Affairs presented his report that had been circulated with the agenda and in response to questions from the panel clarified the following points:

#### *Emergency Department Performance*

- There were many factors why the hospital had not met their emergency department targets. The number of patients had not increased but the winter months had led to a number of respiratory issues with the elderly.
- The front of door GP had eased some of the pressure however the constant pressure of patients visiting the hospital was an issue. Regular meetings were held between the GP's and the hospital and on the whole the GP front of door initiative was working very well. The hospital had a number of extra beds that often had to be used however these needed additional staff. PHT were meeting with their healthcare partners next week to discuss these issues and seek solutions.
- The front of door service is still a pilot scheme. PHT were due to meet with CCG colleagues to see if this had been a success and had been value for money. Mr Mellor said the key is that the contract needs to be set at the right level and agreed with commissioners.

#### *Friends and Family Test*

- The Friends and Family test was introduced by the Department of Health in April 2013 as an initiative to improve quality. Currently it only covered in-patients and staff were asked to encourage patients to complete the questionnaire and say whether they would be likely to recommend Queen Alexandra Hospital to friends and family based on their experience. The questionnaires are anonymous and staff were only aware of the ward that the patient had visited. Staff were forbidden from leading patients and were not allowed to help them complete questionnaires.
- The hospital had introduced two methods for completion. An electronic, system using the television screen over the patient beds during their hospital stay, or a paper questionnaire which was given once they are discharged. The results of the electronic survey were consistently lower and it was thought this was because patients are able to fill these in during their stay when they may not be feeling their best and have not had time to reflect on their experience. In addition to this any 'likely to recommend' answers were discounted from the results and only the very likely results are recorded. PHT had now withdrawn the electronic questionnaire and the friends and family score had since increased to 72%. It was for the national debate to decide on the format of the questionnaire and whether this should be changed. All hospitals in the UK use this test and others had performed better so it was not an excuse.
- The friends and family score for maternity was superb and also for the emergency department which was very encouraging.

- The percentage return of questionnaires was 30% which was not very high. It was felt that patients often are keen to go home once they are discharged and do not want to stay longer filling in a questionnaire about their hospital experience. The hospital received a large number of letters of thanks however, and the panel commented that in general they had received positive comments about the hospital from their constituents, family and friends.
- The questionnaires were uniform across the UK and the hospital did not have the option to amend the questions.
- Queen Alexandra Hospital had a bank of nurses to use in the case of staff absence.
- Mr Mellor referred to the point raised in the deputation about finding a balance between providing a quality of care and pressures to make efficiency savings. He said that Portsmouth Hospitals Trust was not prepared to compromise patients' safety for the sake of budget savings.

#### *Patient Discharges*

- There was an issue with doctors discharging patients but not writing patients' prescriptions until the end of their rounds. Doctors were encouraged to complete a patient's prescription once they had reviewed and discharged a patient. There was also the discharge lounge where patients can wait for their prescription and this enabled a bed to be made available for another patient. Consultants could write a prescription that could be taken to an outside pharmacy but this would cost the hospital more money. Medicines dispensed at the hospital would cost far less to the hospital than if the patient got these at another pharmacy. It was noted that this was an issue and a balance needed to be found. The hospital needed to make the processes more efficient and were encouraging clinicians to think about how they can improve the process.
- In response to a comment that the former Royal Haslar Hospital used to complete patients prescriptions the evening before they were discharged, Mr Mellor said that the clinicians did not want to discharge patients too soon and cause further issues. A patient's condition might change overnight causing a need for a different prescription. The emergency department will challenge clinicians to say if a patient fit to go home tomorrow whether they could be released the previous evening instead.
- Prioritisation of patient discharge did take place. Each ward has a whiteboard listing every patient and their predicted discharge date, and each patient is reviewed every day with a consultant.

#### *Cancer services*

- Mr Mellor said that the number of referrals had risen by 23% in the last year, partly because of people living longer and partly due to national initiatives encouraging people with symptoms to visit a doctor. He reminded the panel of the recent campaign and said that this had caused massive spikes in the number of referrals and it was not easy to get extra staff to deal with these.

- The hospital did not receive warnings before national campaigns were about to be publicised. If they were aware it would help to a degree however it will still cause resource implications.
- Portsmouth Hospitals Trust (PHT) respected the clear targets set by the Department for Health despite some being difficult to meet. The hospital now offered robotic surgery for some types of cancer which was very successful. Patients had asked to wait to receive this surgery which meant that the hospital was breaching their targets. Some patients had asked not to have cancer treatment over the Christmas period which had also been a contributory factor to the hospital not meeting its targets. The hospital had also been a urology consultant short until July which had a significant effect on productivity.
- Councillor Eddis gave a brief report of the 111 centre visit that the panel had attended the previous day which was extremely informative. There were some areas where the services shut down at night and he asked Mr Mellor if the service was helping relieve pressure at Queen Alexandra Hospital. Mr Mellor said that the service was working extremely well after a few teething problems.
- The Referral to Treatment (RTT) times for all patients is 18 weeks and the hospital had struggled in certain areas including urology. Those patients who have been waiting the longest are seen first and also patients who have a severe case. A balance was needed between the work force and resource availability and this was currently mismatched on some areas.

**RESOLVED that the Portsmouth Hospitals Trust update be noted and the panel will continue to monitor the areas mentioned in the update today.**

#### **14 St Mary's and St James Hospital Service Review (AI 5)**

Clive Shore, Project Director and Ros Tolcher, Chief Executive Solent NHS Trust presented their report that had been circulated with the agenda and in response to questions from the panel clarified the following points:

- There were a number of reasons why this initiative had not been previously considered. The original plans were for more PHT services to stay on the St Mary's site however due to the NHS reforms and the creation of Solent NHS Trust plans had changed but it was now the right time to look at this again.
- The plans will offer patients a better quality of service and also allow for savings to be made which will be used for service improvements.
- The Battenburg Avenue site would be retained. One option would be for children's services to move from Battenburg Avenue but there were plans to move services into this site as part of the second phase.
- The average length of stay for adult mental health patients was approximately 21 days. Oakdene can allow some patients to rehabilitate for longer periods using two integrated self-contained units within the main building however, respite care was not provided.
- Mental health services will not be affected by the proposed changes to the St James Hospital site. The majority of service users were from Portsmouth city.

- Clive and Ros were having discussions with Portsmouth City Council planning department regarding finding a site near to the St Marys campus for staff car parking. The possibility of a ramped car park was being considered.

The panel agreed that the plans were welcomed and that the issue of finding additional car parking was an issue that needed careful consideration.

**RECOMMENDED that Solent NHS Trust and NHS Property Services continue to work closely with the Council's planning department to find a suitable site for staff car parking.**

**RESOLVED that the panel notes the report and welcomes the plans in principle.**

## **15 Dementia Action Group (AI 6)**

Stephen Corrigan, Senior Project Manager, Integrated Commissioning Unit and Justin Wallace-Cook, Assistant Head of Adult Social Care presented the report and in response to questions from the panel clarified the following points:

- In 2013/14 there was an estimated 2,142 people in the city living with dementia, one third of these are men and two thirds are women as women generally live longer. 50 were suffering early onset but 2092 were suffering later onset of the disease. The city was very good at diagnosing dementia.
- People in the 80-85+ age group are more likely to be diagnosed with dementia and evidence suggests that leading a healthy lifestyle can help to reduce the likelihood of developing some of the diseases which result in dementia.
- The Dementia Action Group (DAG) is an alliance of statutory and voluntary sector providers set up by the Integrated Commissioning Unit (ICU) in June 2013. It is not a decision making body and it is looking at what it can do to improve dementia care in the city.
- The dementia café is an information hub for people with dementia and their carers to meet have beverages and regular guest speakers are invited to these. Carers are also given support and information on dementia in a separate session. The sites for the dementia café are at the Link Centre on Havant Road in Cosham and Southsea Community Centre. However, alternative locations were being considered for the Southsea Community Centre including Southsea Library and the Museum. The service is also considering moving from weekly cafés to fortnightly but having four venues. It was noted that Fratton Community Centre may be a good venue. In addition, Age UK is involved with the Dementia Action Group and offers their own drop in sessions.
- Dementia is a growing problem with people living longer and shrinking budgets. Early diagnosis of dementia is key to ensure people get the right care and support early on in order to live well with dementia and stay independent for as long as possible; this also can help services to

be more cost effective. Evidence showed that if people have the right support and advice this reduces the impact of dementia later on.

- The council and CCG continue to review the services that they jointly commission and currently have four pilots underway to support people in the community and hospital. The council and NHS provided dementia services are meeting the current demand as the diagnosis rate for dementia increases. This will be regularly reviewed, although it is estimated that for at least the next three years resources are likely to be sufficient to meet need.
- It was important to break the myths around dementia and dementia sufferers can have a good life once they are diagnosed. Promoting dementia friendly communities is a key local action plan priority for 2014/15.
- Currently National Institute for Health and Care Excellence (NICE) guidance recommends that dementia patients are diagnosed by secondary care and there is currently a four week window between referral from GP to being seen by a consultant.
- There was a lot of research and drug trials to improve the lives of people with dementia. Officers were hopeful that a cure could be found but said that they needed to plan for the worst case scenario.
- The Council's learning and development department and PHT were planning on buying a virtual dementia training course to make them feel what a dementia sufferer might feel

#### ACTION

- An annual update on dementia to the HOSP.
- A dementia consultant invited to a future meeting.
- Contact the Director of Public Health to ask whether there is an agenda on promoting dementia awareness.

**RESOLVED that the dementia action report be noted.**

The formal meeting ended at 12.00 pm.

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Councillor Peter Eddis  
Chair