HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 4 November 2014 at 9.3am at the Conference Room A - Civic Offices

Present

Councillor David Horne (Chair)
Steve Hastings
Phil Smith
Lynne Stagg
Gwen Blackett, Havant Borough Council
Keith Evans, Fareham Borough Council
Mike Read, Winchester Borough Council

Also in Attendance

NHS England (Wessex)
Felicity Cox, Area Director
Alison Lorimar, Project Director, Vascular Reconfiguration

Portsmouth Hospitals' NHS Trust.
Perbinder Grewal, Endovascular and Vascular Surgeon

Hampshire & Isle of Wight Pharmaceutical Committee
Paul Bennett, Chief Officer.

Care Quality Commission.
Moira Black, Inspection Manager for Portsmouth.
Jo Ward, Inspection Manager for Primary Medical Services.

Portsmouth City Council.
Jackie Charlesworth, Deputy Head of Integrated Commissioning, Integrated Commissioning Unit
Maggie Vilkas, Operations Manager

1. Declarations of Members' Interests (AI 1)

No interests were declared.

2. Welcome and Apologies for Absence (AI 2)

Apologies were received from Councillors Peter Edgar, Hannah Hockaday and David Keast.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 7 October be agreed as a correct record.

4. Vascular Services - update. (AI 4)

Felicity Cox asked the panel to note the following points:

- When she arrived in April/ May 2014 she identified that dedicated support was required for the major project work and brought in a team headed by Alison Lorimar.

- The priority is to achieve better outcomes for patients.
- The outcomes have improved.
- Met with the clinical teams from Portsmouth and Southampton and agreed to work together until the end of this year, possibly longer.
- It is important to make the best of the resources across the Wessex footprint.
- She is mindful that the Chair of Chichester Health Overview and Scrutiny Committee had asked them to consider forget their population. Portsmouth supports Chichester patients as QA runs outreach vascular clinics.

In response to questions from the panel, she explained that the Vascular Steering Group oversees the programme development of collaborative working. Members include her and the Chief Executives of the Clinical Commissioning Group, Portsmouth Hospitals' NHS Trust and University Hospitals' Trust.

Councillor Horne read out Councillor Edgar's statement:
There is no doubt that the centralising option would have serious consequences for surgery delivery especially in Renal, Cancer and Stroke treatments. I have attended meetings where the comments made by vascular surgeons from outside the area have supported the networking concept and have stated that every area is different and that the stand alone option would not work in the unique central southern Hampshire geographical situation. Obviously this situation will be monitored and kept under review by the NHS but if it is working well at the moment then Option B should be deleted.

In response to questions from the panel, she clarified the following points:
- This area is different with both rural and urban patches.
- The Five Year Forward Plan which has recently been published recognises the aim is for an equality of outcomes rather than input. The specifications do not look at services that are inter-dependent on vascular surgeons e.g. renal.

Councillor Stagg expressed concern about paragraph 7 of the update which said that compliance with the NSS has not yet been fully achieved.

In response to questions from the panel, Alison Lorimar clarified the following points:
- No areas have been identified where the NSS has been achieved.
- Perhaps another line should have been added into the update explaining that it is very difficult for other areas outside of London.
- More work will also be carried out into the potential impact on patients.
- The NSS focuses on a very small number of patients with AAAs but it is important to ensure that the impact on interdependent services is considered.
- The outline business case will include information regarding the potential impact on interdependent services, the potential impact of increase travel times for some patients, the centralisation and collaboration models.

- The multi-disciplinary team meets regularly depending on the number of patients they need to discuss.
- The minutes of the monthly Vascular Board meetings monthly are confidential.

In response to questions from the panel, Perbinder Grewal explained that:

- The single clinical service has not yet improved availability of vascular surgeons on call.
- He was appointed two years ago. Previously he was at a Royal Free Hospital in London.
- It is very difficult to recruit vascular surgeons in Portsmouth at the moment because of the uncertainty regarding the future of vascular services.
- Networking is a good way forward.
- Clinical outcomes are good in both hospitals.
- The two centres have potential to be separate hubs.
- He would like Chichester patients to come to QA so that it would meet all the NSS.
- QA staff have started providing locum support to St Richard's Hospital.
- Half the St Richard's patients are treated at QA and the other half go to Brighton. It is very difficult as it receives a two tier service at the moment.
- QA would like to send two surgeons regularly and has the capacity to do so.
- Ideally Portsmouth would be an arterial centre (the hub) and Chichester is the spoke. Southampton would be an arterial centre too and the network link would continue.
- Digital case conferencing is working very well. This has formalised the network that was already in place between surgeons at both hospitals. Patients are now transferred on a more regular basis.
- The Local Area Team and the HOSC in the Chichester area have both decided patients would travel to Brighton for treatment, so he was not sure how this fitted in with the government's aspiration to increase patient choice. If a patient has their first appointment at Chichester with a consultant from Brighton, the follow up would be at Brighton.
- There have been one or two ruptures en route from Chichester to Brighton. If the patient is stable they are transferred to the agreed hospital but if they are critical they are taken to the nearest hospital and the surgeon would travel to them.

Councillor Evans expressed concern regarding the reliability of data as the choice of 12 month period can bias the results. He also questioned the financial effect that removing vascular would have on the rest of the hospital.

Councillor Blackett noted that Chichester residents would be very happy to attend QA for treatment and residents from the other side of the region go to Brighton. She queried the impact of travel times on mortality rates if all patients had to go to Southampton for treatment.

Councillor Read reminded the panel that the Chair of the Chichester HOSC had attended a previous meeting to remind the panel that his residents

needed the QA service. Therefore negotiation with West Sussex area is essential. Put a divisive line down.

RESOLVED that the business plan be brought to the Health Overview & Scrutiny Panel meeting in February.

5. NHS England - update. (AI 5)

Felicity Cox asked the panel to note the following points:

- NHS England has reorganised its structure nationally as it has made a commitment to Government to streamline bureaucracy. This is an opportunity to equalise resources to meet the needs of the populations in each area. The seven areas will be reduced to four. The area that Wessex covers will remain unchanged (it is already the biggest in the South); however there will be a loss of 4-5% staff.
- The Five Year Forward Plan was published recently by many organisations. It recognises that there is not a one size fits all solution and instead it looks at 4-8 models in terms of equalities of outcomes not input. It focuses on keeping people out of hospitals where possible. Pharmacies have a key role to play in this.
- It is currently difficult to recruit GPs in the area.
- Clinical Commissioning Groups will have increased control over the wider NHS budget to enable them to shape services to suit their population.
- A joint committee is being set up with NHS England and CCGs.
- Speciality Commissioning is also being reorganised in NHS England.
- The additional boundaries being put in for patients are unhelpful. This is evident in Children's Mental Health Services.
- More complex disaggregation of funds is being discussed with CCGs.

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

- Better Care Funding is a key part of joint working.
- NHS England (Wessex) recognises the needs of mental health patients and that their services should receive priority funding.

ACTION
The NHS England structure chart will be sent to the panel.

RESOLVED that the update be noted.

6. Congenital heart services review. (AI 6)

Felicity Cox gave the following verbal update:

- The panel received the consultation papers prior to this meeting.
- The local centre is at Southampton General Hospital.
- The decision will be taken in Spring 2015.
- She recommends that the panel makes its views heard.

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

- Over the last few years, cases have become more complex.
- Centralisation of these services is required to ensure that specialist nurses and surgeons carry out enough operations to produce the best outcomes.

- It was felt that insufficient consultation was carried out during the previous review that took place two years ago.
- Travel times and support for families will be considered.

Councillor Stagg informed the panel that she had visited Southampton General Hospital's paediatric cardiology unit as part of a previous scrutiny review and had been impressed with the facilities.

RESOLVED that the report be noted.

7. Hampshire & Isle of Wight Pharmaceutical Committee - update (AI 7)

Paul Bennett introduced the report that was circulated with the agenda and added the following points:

- He is Chief Executive of this committee which has 13 members and represents 357 pharmacies.
- The NHS Five Year Forward View is a useful opportunity to examine the role of community pharmacy and its contribution.
- Medicine Use Review supports people who are on long-term medication.
- There are 22 Healthy Living Pharmacies in Portsmouth, 8 in Southampton, 4 in the Isle of Wight and 9 in Hampshire. This initiative has stalled a bit nationally but he is keen to rejuvenate it locally as it is a fantastic platform to develop health and wellness services and build towards an agenda of self-care.
- Approximately 173 contractors currently provide flu vaccination services, not 175 as stated in the report.
- He would love the flu vaccination service to be offered to people over the age of 65 rather than up to 64 years (as is done in London) as there is evidence to suggest this helps to reach those vulnerable or at risk individuals.

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

- The terms chemist and community pharmacy are interchangeable.
- There are very few pharmacies that are not in contract with the NHS and only dispense private prescriptions. Most provide NHS locally commissioned services too.
- The pharmacies in Cosham are community pharmacies.
- A large number of pharmacies are still independently owned and complimentary to those owned by large corporate organisations or regional multiples.
- The committee supports pharmacies working with Hampshire County Council regarding the provision of sexual health services. This is an example of the pharmacies' role in providing public health services.
- It is important to understand residents' requirements when considering pharmaceutical need.
- A lot of engagement work was carried out last year to raise awareness of what pharmacies offer and more engagement is required.
- Community Pharmacies dispense NHS and private prescriptions and sell medicines.
- Healthy Living Pharmacies are required to meet the accreditation standards set by the HLP Board. These have a broader approach to the

promotion of services e.g. Smoking cessation, weight management, HIV testing and chlamydia screening. It is the committee's ambition that many more pharmacies move in that direction

- Healthy Living Centres have complimentary health professionals co-located together in a single centre. These are not in competition with HLPs which provide a different health and wellness offer.
- There are three tiers to the NHS contract: 1) Essential Services e.g. the provision of medicines patient safety/ clinical governance. All 357 pharmacies provide this tier. 2) Advanced service level which includes medicine use review, new medicine service and 3) locally enhanced services which are locally commissioned to meet local need.
- The supply chain from the manufacturers to the pharmacy is highly regulated. The General Pharmaceutical Council which is the profession's regulatory body and has a team of inspectors. The MHRA is the medicines regulatory body. The code of ethics to which all registered pharmacies agree to adhere is very strict. It is very unlikely that a falsified medicine would reach a patient via a community pharmacy as a consequence of this tightly controlled environment. However, European legislation regarding falsified medicines and their tracking is currently being discussed. On the rare occasion that a counterfeit medicine is found in the supply chain swift action is taken to remove it and limit any potential for patient harm.
- There is a continual shift from the supply of branded to generic medicines with increased generic prescribing. The increased competition amongst generic manufacturers and the procurement expertise of community pharmacists has benefited the NHS.

RESOLVED that the update be noted.

8. Care Quality Commission - update. (AI 8)

Moira Black and Jo Ward introduced the update that was tabled at the meeting and added the following points:

- All providers are regulated with the Care Quality Commission under the Health & Social Care Act.
- The CQC has the authority to take enforcement action issue a warning notice or cancel a provider's registration.
- The inspection team comprises a Lead Inspector, a senior doctor, a senior nurse and a lay-person who is an expert by experience. The latter can be a specialist, an ex-patient, a carer or a relative or someone who is receiving care.
- A hospital inspection will cover the following areas: Emergency Department; medical wards; surgery wards; critical care (Coronary care and ICU); maternity and gynaecology, paediatrics and outpatients. Sometimes specialist services will also be inspected.
- Focus groups will be set up for clinical and non-clinical staff, patients and relatives.

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

- Care homes and domiciliary care agencies are also inspected.

- GP surgeries are given two weeks' notice of an inspection and hospitals are given 8-10 weeks.
- Unannounced visits are also made following intelligence.
- The inspectors have the right to return to return two weeks after the inspection to check on progress made.
- A recruitment drive is currently underway for inspectors.
- Partner agencies put forward people who are interested in being on the inspection teams as experts by experience. These positions are re-tendered every year.
- The team is reminded every morning of the principles of conduct it must adhere to during the visit.
- It can be a very long day and support is given to lay-people.

RESOLVED that the update be noted.

9. Lowry Unit Project Closure Report (AI 9)

Jackie Charlesworth and Maggie Vilkas introduced the report that was circulated with the agenda and in response to questions from the panel, the following points were clarified:

- Cedar House is managed privately.
- There are very few providers that still provide day services for people with functional illness.
- Reshaping dementia services has involved two years' work and £500,000 investment by Portsmouth CCG.
- There is a wide range of community services are available five days a week including dementia cafes.

RESOLVED that the report be noted.

The formal meeting ended at 12pm.

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Councillor David Horne
Chair