

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Wednesday, 22 July 2015 at 9.30 am in Conference Room A - Civic Offices

Present

Councillor John Ferrett (Chair)
Councillor Phil Smith
Councillor Jennie Brent
Councillor Alicia Denny
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor David Keast, Hampshire County Council
Councillor Mike Read, Winchester Borough Council

Also in Attendance

Guildhall Walk Healthcare Centre

Kim Dennis, Practice Manager
Kate Huskinson, Assistant Practice Manager

Healthwatch Portsmouth

Carol Elliott, Head of Development
Patrick Fowler, Consultant

Portsmouth City Council

Dr Janet Maxwell, Director of Public Health
Mark Stables, Service Manager

Portsmouth Clinical Commissioning Group

Innes Richens, Chief Operating Officer
Dr Jim Hogan, Chief Clinical Officer
Katie Hovenden, Director of Professional and Clinical Development for NHS Portsmouth CCG

Portsmouth Hospitals NHS Trust

Ursula Ward, Chief Executive

St Mary's Walk In Centre

Penny Daniels, Hospital Director
Paul Fisher, Minor Injuries Unit/Minor Illnesses Unit Service Manager
Dr Deb Jeavans-Fellowes, Operations Manager

TQ21 (Social Care arm of Southern Health NHS Foundation Trust).

Carol Cleary, Interim Head of Services

6. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillor Gemma New. Councillor Edgar also gave apologies as he needed to leave the meeting at 11am as he had another engagement to attend later that morning.

7. Declarations of Members' Interests (AI 2)

Councillor Peter Edgar and Councillor Gwen Blackett both declared a non-prejudicial interest as they are both governors at Portsmouth Hospitals' NHS Trust.

8. Minutes of the Previous Meeting (AI 3)

It was RESOLVED that the minutes from the meeting held on 16 June 2015 be confirmed as a correct record subject to the following amendments:

Page 1 under the list of councillors present, Councillor Mike Read was the representative from Winchester **City** Council.

Page 1, minute number 1 should read 'Members asked that their thanks be passed on to David Horne for his great diligence and very **conscientious** work as Chair'

Page 1, minute number 4 - correction to the name and title of the person making the deputation which should be amended to '**Alan Burnett, Chair of Portsmouth Pensioners' Association**'. Mr Burnett had asked if a number of points be added to his record which he had raised at the last meeting but had not been included in the minutes. The panel agreed that Mr Burnett had made these points and that the below points be added to his deputation record.

- The walk in centres were established by the then Government to widen access especially to those 'outside' the mainstream system eg. those visiting the city, homeless etc and not just to 'widen choice' cited in briefing note.
- It is used by a wide range of patients in terms of ethnic background, age, residential location and need.
- Mr Burnett urged the PCCG to extend the contract of the walk in centre and surgery at the present site for two years, at least until the Government's plans for a more accessible primary care system is introduced. He felt that the Guildhall centre is in many ways a model of wider access which is envisaged which should be copied not closed.

9. Urgent Care and Walk in Centres (AI 4)

Innes Richens (Chief Operating Officer), Dr Hogan (Chief Clinical Officer) and Katie Hovenden, (Director of Professional and Clinical Development for NHS Portsmouth CCG) introduced their report which included the following points:

- This was an update on the consultation and engagement which was due to end on 31 August and no decisions had been made on the future of Guildhall Walk Healthcare Centre (GHWHC).
- The CCG had received support from Portsmouth City Council, Healthwatch Portsmouth University, PHT and Solent with promoting the survey.
- The CCG is also working with the Portsmouth Pensioners Association, Portsmouth Disability Forum and the Carers Network to promote the online survey.
- Focus groups are taking place with the Salvation Army.
- An Equalities Impact Assessment is being finalised.
- It was anticipated that a final decision on the CCG's preferred options will be made at the CCG board meeting on 23 September and the CCG will formally report these to the HOSP meeting on 18 September.

Dr Janet Maxwell added that she had offered to support the CCG by asking her team to complete a needs assessment to understand the homeless population and their current access to healthcare. Officers were working to ensure this was completed by early September. This would include recommendations on future models of care.

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

- Public transport to St Mary's Treatment Centre (STMC WIC) and parking were considerations in deciding whether to move the walk in service from GHWHC to STMC WIC. The CCG were working with the council to consider options for improving public transport links.
- With regard to the number of GP's retiring, Innes Richens advised that figures from the last local medical committee survey 18 months ago suggested that 39% of GP's plan to retire in the next 4-5 years. This is around the same figure as for other parts of the country. Dr Hogan added that because of this it was important to ensure not to be too dependent on GP's and look at other models of care.
- All surgeries in the city offer same day access to appointments however some are more effective at allocating appointments the same day for patients than others. The CCG are working with practices to find the best systems.
- The GHWHC is under a contract with APMS which is provided by Portsmouth Health. The cap on numbers felt like a pragmatic approach as the contract is due to end at the end of March.
- The CCG have met with Portsmouth University recently. There are 22,000 students registered at Portsmouth University and students have a choice on where they can register, with other surgeries such as the John Pounds Centre nearby to the university. There are a number of practices in the city who have students registered at their practices. The age breakdown of patients at the GHWHC shows that a significant proportion of the patients are in the age range of students but it cannot be confirmed that they are students.
- Dr Maxwell advised that Dr Stuart Ward, Medical Director and representative board member for Health Education England team is looking at workforce development of primary care and tying this in

with health practitioner work. Dr Hogan added that there are many pilots taking place in the city at present to ensure that patients are seen promptly and by the correct person.

- Councillor Read raised concern about the location of STMC WIC, especially for visitors to the city. He advised that the STMC WIC did not appear on some satellite navigation systems and felt that the majority visitors would enter the city via the M275 and therefore the GWHC was the best location for a walk in centre. Innes Riches advised that access to both of the current walk in centres in the city was monitored. The results indicated that two thirds of patients are residents and suggest that in terms of access both sites are currently being used equitably. It was the role of the CCG to look at the needs of the entire population of the city. Dr Maxwell added that in terms of the homeless population, many of the services they use such as the Housing Options Team are based nearer to STMC WIC rather than GWHC and work is taking place to consolidate this so services are closer together.
- In response to concerns raised about the additional housing being built in the PUSH area, Innes said that the growth in the south faces all services and the CCG are working closely with Portsmouth City Council to plan the future options.
- Concerns were raised by the panel about the effect on the student population if the GWHC were to be moved, particularly as there are a number of additional halls of residence due to be built in the next few years. Dr Maxwell said that the university has its own medical centre and discussions with the university need to take place to see whether this needs to be developed to accommodate additional students. She advised that other GP practices such as the John Pounds Centre and Somerstown Hub are all due to be developed so could accommodate additional patients in the future. It was suggested a map be provided to the panel on GP practices in the city.
- Councillor Edgar said that telephone conversations with a GP to establish whether an appointment is needed was a good idea and appeared to be working well in his experience. He asked whether this is being used as a template nationwide. Dr Hogan advised that there are various pilots taking place including one at the Crookhorn Surgery who are looking to triage every call to manage patients in a more proactive way. There is an agreement to move to single IT system which is merged with the community provider and the CCG are about to look at the business case for wider Hampshire to allow them sight of all systems. All Portsmouth doctors surgeries have joined together in a federation to ensure that they all moving in the right direction and it was important to ensure doctors are attracted to Portsmouth who will stay long term.
- Councillor Ferrett asked whether PHT were being consulted on the proposals as he felt this could impact on the Emergency Department (ED) pressures at Queen Alexandra Hospital (QAH). Innes Richens advised that the CCG were consulting with the people who use the service and they did not think the proposals would impact on the ED at QAH. It was felt that the proposals to

move the WIC from GHWHC to STMC WIC would actually improve pressures at the ED as people will be less confused as to where to go so will not go to the ED. This proposal would simplify the process giving the public one clear choice.

- In the last 18 months the GHWHC has been advertised in the urgent care guide.

The panel then received evidence from Paul Fisher, Minor Injuries Unit/Minor Illness Unit Service Manager and Penny Daniels, Hospital Director and Dr Deb Jeavans-Fellowes, Operations Manager at St Mary's Walk Treatment Centre. In response to questions the following points were clarified:

- STMC WIC currently has no doctor on site apart from when the two clinics are held. They have access to a senior doctor in the ED at QAH. The staff would welcome a doctor being based at STMC WIC as it would benefit patients.
- Approximately 300 patients who attend STMC WIC are redirected either to the ED or to their GP out of approximately 4,000 who attend each month.
- The service is currently out to tender and it was uncertain whether the key performance indicator (KPI) of a two hour wait for patients would be used. Their current target however is for patients to be seen and assessed within 30 minutes of arrival. This would not include any further tests/x-rays etc.
- The service has been well established for 10 years and the re-tender gives the Centre the opportunity to grow, develop and become more innovative. The Centre consistently treats 120-130 patients each day.
- The walk-in patients are part of the STMC WIC tender but where the service will be located is currently unknown. If the service moved to STMC WIC they would need to increase the number of cubicles and increase staff.
- STMC WIC has access to language line for any patients who arrive that do not speak English however they find that the majority attend with someone who can speak English so this isn't often needed.
- STMC WIC has extended opening times compared to GHWHC it is open until 10pm 7 days a week.
- Dr Maxwell added that the driver for the proposals is to look at the best use of resources to work together to shape the whole system of care to improve the flow.

The Panel then received evidence from Kim Dennis, Practice Manager and Kate Huskinson, Assistant Practice Manager at GHWHC. Kim Dennis made the following points:

- Six years ago, £500,000 was spent on making the building fit for purpose. Many other surgeries in the city are not fit for purpose and development would be needed to these surgeries to accommodate the patients registered at GHWHC if it were to close.
- The students registered at the surgery were contacted via letter however as this was sent to their halls of residence in early June most of the students will not see this until they return in September.

- The CCG had advised that patient participation groups had been contacted however the patient participation groups at GHWHC have not been contacted.
- The service currently has 96 patients with no fixed abode who have a chaotic lifestyle and the GHWHC has had a lot of success with these patients and managed to tailor their service to meet their needs.
- On Saturday 18 July 92 patients were treated, with 86 of these being treated and discharged within 30 minutes. Due to the America's Cup this weekend they are expecting an increase in patients as the service is ideally located for visitors attending the event who become unwell.
- Part of the confusion for patients is because they have never been able to signpost and the GHWHC was not included on the *Choose Well* leaflet.
- The GHWHC works closely with the ANA Drugs Recovery Treatment Centre which helps patients who have moved to the city to get away from their triggers for drugs use.
- GHWHC has seven contracted doctors and many more who want to come to work there as it is interesting and diverse.
- GHWHC have never breached their targets.

In response to questions the following points were clarified:

- Each day there are two GP's who work 12 hours a day and one nurse practitioner who is able to prescribe.
- Approximately four patients a week are referred to the ED at QAH if the patients illness is unable to be treated by the doctors at GHW e.g. if a small child is seriously unwell or if there are symptoms of a heart attack.
- The former PCT and the CCG had asked the providers not to market the service as initially they did not know how many would use the service; however the numbers have always exceeded expectations.
- The building has a 10 year lease and has four years remaining on the lease.
- The GHWHC have suggested joining the federation of Portsmouth practices as they have the same IT system and could allow other practices to use their facilities.

The panel felt that it was important that community services meet the needs of its patients and that the GHWHC is serving its population well and was in an ideal location. The Chair asked that the CCG come back to their next meeting on 18th September with the full business case and the results of their engagement. It was felt that a number of unanswered questions remained and it was hoped these would be answered when the panel consider the full business case in September and the panel would then decide whether the proposals constitute a substantial variation in services.

RESOLVED that the reports today be noted and the panel's concerns be noted. The panel will await the formal proposal from the CCG in September.

ACTIONS

- (1) The CCG to provide a map showing the location of all GP practices in the city, indicating which ones are due to be developed and if possible the number of registered patients at each practice.
- (2) The CCG to continue working with PCC to look at how bus routes going east to west in the city could be added to encourage patients to go to St Mary's rather than QAH.

10. PHT update including the Care Quality Commission's Inspection report on Queen Alexandra Hospital (AI 5)

Ursula Ward, Chief Executive of Portsmouth Hospitals' NHS Trust introduced her report and added the following points:

- There was a planned CQC inspection February 2015, which involved 60 inspectors over four days. It was a very detailed process and they were vigorously assessed. The CQC's draft report was received in May which gave the hospital trust the opportunity to respond to any factual inaccuracies. There were a number of misinterpretations and the CQC had accepted 75-80% of these changes.
- The main reason for the overall rating of 'requires improvement' was due to unscheduled care, which was particularly busy during February when the inspection had taken place.
- PHT were very pleased to be rated outstanding on caring as only 4% of hospitals had received this rating so far. 75% of hospitals inspected had been rated as 'requires improvement' overall and 20-25% of hospitals had been put into the special measures bracket.
- PHT received a follow up visit from the CQC on 25 April to view progress on improvements made to date and a report on this is expected in the next couple of weeks. This will be circulated to the panel once received.
- A number of improvements had already been implemented since February and during the next 6-12 months there would be another inspection.
- A quality summit was held on 2 July which a number of partners, commissioners, the Trust Development Agency, Healthwatch etc. were invited to. The quality improvement plan setting out the key themes and issues will be circulated for comment prior to submission to the CQC on 6 August.
- The annual hospital open day is being held on Saturday 3 October which would give the opportunity to get behind the scenes which she encouraged the panel to attend if possible. Some members said they were planning to attend this.

In response to questions the following points were clarified:

- Attracting nursing staff is a big issue at PHT and also internationally. There are currently 300 unfilled nursing vacancies at PHT and they are recruiting nurses from Portugal and Spain to try to fill these. Nurses training in Portugal in particular are of an incredibly high standard and the attrition rate is very low. There is also a shortage of middle grade doctors with eight vacancies presently.
- The practice of nursing is now more complex and there is evidence of young people wanting to get into nursing who do not want to go to

university due to the large debt they will incur. PHT are trying to develop other roles based on experience of working with military staff who use medical assistants who carry out complex procedures and this has made a big difference. They are also working on an education programme with Solent University to ensure good development programmes with a clear progression.

- With regard to the impact on the ED once the 20,000 plus additional homes are built in the QAH catchment area, Ursula Ward said are all in the local health economy are recognising that a step change is needed to work cohesively together. There is a system wide plan in place which all partners have signed up to. There is an issue with how to manage the frail and elderly and those with long term conditions. Going to hospital should be seen as the last point of referral and PHT are working with community providers to promote this message.
- With regard to end of life care, the Liverpool pathway was the standard set at a national level however there were concerns with its interpretation. Previously there was a dedicated end of life ward which provided outstanding care however physically this ward area was unable to accommodate all those patients requiring this care, In April 2015 following extensive consultation, the End of Life Palliative Consultant, the Specialist Palliative Care Team and the End of Life Care Team have been co-located into one CSC, Medicine for Older People, Rehabilitation and Stroke. From 1 July the Trust wide End of Life Strategy was formally launched. Ursula advised she would be happy to provide more information or a visit for the panel to see this new team.
- Councillor Keast said he was shocked with the numbers of patients waiting for discharge for various reasons and asked as a councillor at Hampshire County Council could help improve this situation. Ursula Ward advised that there are approximately 120 patients occupying beds who do not need to be there. She said that part of the reason is down to the hospital that need to be more consistent and further work is needed. Additionally partners need to work with PHT. Portsmouth city council are able to respond quicker with care packages as have integrated teams with Solent. Councillor Keast said he would take this back to Hampshire County Council to see if a situation could be improved.
- Councillor Ferrett said that both Portsmouth City Council and Hampshire County Council will be facing big cuts to Health and Social Care budgets and he hoped that PHT would be consulted on the possible impacts of cuts. Ursula Ward said that the whole of the health and social care resources needed to be reviewed and PHT are aware that resources could be used more effectively.
- With regard to recognition awards for staff, Ursula Ward advised that PHT run a 'best employee of the month' award. They also work with *The News* on the Healthcare Award which is internally a prestigious award ceremony where individuals and teams are recognised. There are also long service awards for the very dedicated and loyal staff working for PHT.

RESOLVED that the report be noted.

11. Tamerine Respite Care Unit. (AI 6)

Carol Cleary, Interim Head of Services TQ21 and Mark Stables, Service Manager introduced their report. In response to questions the following points were clarified:

- TQ21 are working with Portsmouth and Hampshire Commissioners on the closure of the Tamerine Unit.
- The closure of Tamerine has brought forward the respite review.
- The problem with Russets is that it is a large congregate setting with a multiplicity of functions and some people find this difficult.
- An allocated Social Worker is meeting with all families individually to look at their needs and the needs of the person receiving respite care.
- There are nine people who use Tamerine from Portsmouth City Council and 11 from Hampshire County Council.
- Portsmouth is developing a small service for those who need it. It will be part of a larger service to achieve economies of scale. It is anticipated that it will be in place before the closure of Tamerine in December 2015.
- TQ21 are in the process of transferring another short break service to Hampshire and there may be potential to use this service in the short term.
- There is a general move away from residential care as it represents an inflexible and costly approach. They are now looking to move towards a more personalised approach made possible by the development of a menu of options that will include outreach support and Shared Lives. This will provide a different offer that will have less emphasis on respite care.
- Families and individuals using services will be consulted on change.

RESOLVED that the report be noted.

12. Healthwatch Annual Report (AI 7)

Carol Elliott, Head of Development and Patrick Fowler, Healthwatch Consultant introduced the report. In response to questions the following points were clarified:

- Healthwatch Portsmouth had suffered staff cuts and was now a team of three. They are reliant on help from volunteers and currently have 10 volunteers who assist with running public surgeries to reach members of the public.
- It had been challenging to get the Healthwatch Board established.
- Healthwatch are an independent consumer's champion who can go into public places to get the public's views on different healthcare services they have received.
- Funding cut of 30% from Portsmouth City Council for this year. Contracted until March 2016 and their funding is not ring fenced.
- Councillor Ferrett said that Portsmouth City Council needs to ensure that Healthwatch are consulted when drawing up the next budget so they have the opportunity to raise any concerns. Carol Elliott said that

she was already in talks with the contacts manager to see how the service can continue and would like to see an extension to the contract for stability.

- The Panel felt that Healthwatch provide a great service and it was important they have enough funding to continue.

RESOLVED that the report be noted.

The meeting ended at 11.50 am.

Councillor John Ferrett
Chair