



## **Wiltshire Health Overview & Scrutiny Committee**

---

MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL  
17<sup>th</sup> July 2008

### PRESENT:

County Councillors; Mr Roy While (Chair), Dr John English (Vice Chair), Mrs Mollie Groom, Mr Bill Moss, Mr Jeff Osborn, Mrs Pat Rugg, Mrs Judy Seager, Mrs Margaret White.

District Councillors: Mr Mike Hewitt (Salisbury District Council), Mr Brian Mudge (West Wiltshire District Council), Mrs Sheila Parker (North Wilts District Council).

OTHER COUNCILLORS: Mr Peter Davis

### STAKEHOLDERS:

Dr Peter Biggs, (Chair Wiltshire Interim Local Involvement Network), Mary Wilson (Wiltshire Interim Local Involvement Network), Jean Cole (Wiltshire & Swindon Users Network)

### OTHERS:

Wiltshire Primary Care Trust: Alison Knowles.  
Swindon & Marlborough NHS Trust: Lyn Hill-Tout, Sarah Robinson.  
Great Western Ambulance Service NHS Trust. Sophie McCracken.  
Wiltshire CC: Sian Walker DCS, Nicola Gregson. DCS, Paul Kelly Democratic Services.  
Councillors Tony Deane and Peter Davis

Members of the public present: 2

---

## **28 Apologies**

Jetta Found.  
Howard Lawes.  
Paula Winchcombe.

## **29. Minutes of the Previous Meeting**

The minutes from the meetings held on 15<sup>th</sup> May were accepted as a true record.

### **30. Chairman's Announcements**

- A paper on Wiltshire Air Ambulance went to June Cabinet, and is also being taken to the Joint Great Western Ambulance Scrutiny Committee on 25 July. The Clinical Review is delayed until August, and the Chair has asked that the original timescale be shortened. The Police and GWAS are having discussions including governance issues relating to the charity.
- Mary Jarvis has been invited to speak to the Committee today about the Melksham Petition for the re-instatement of the Minor Injury Unit.
- Tony Molland, Chair of the Joint Overview and Scrutiny Transition Board (JOSTB), Jeff Osborn and Paul Kelly are meeting to discuss 'Joint' work in Unitary Councils.
- Caroline Pickford (CP) is arranging for Members to visit the Malmesbury Primary Care Centre.
- Terry White is retiring from the Patients Forum. He has done sterling work and the Chair will send a letter of thanks on behalf of the Committee. Terry is now one of two vice chairs of the interim Local Involvement Network.

### **31. Member's Interests**

Jeff Osborn, Chair of Trowbridge Hospital League of Friends

### **32. Public Participation**

Mary Jarvis (MJ), Melksham Without Parish Council, provided the Committee with a comprehensive Statement on the 'Campaign for Reinstatement of a Minor Injury Service at Melksham'.

MJ welcomes the Reforming Community Services (RCS) Task Group's recommended actions to write to the Melksham GPs and to the PCT.

The Chair thanked Mrs Jarvis for her contribution and asked the Committee to note her comments, which would be considered further in the Reforming Community Services Agenda Item below (34.1)

### **33. Great Western Hospital Foundation Trust Bid.**

Lyne Hill-Tout, (LHT) Chief Executive, Swindon & Marlborough NHS Trust, gave a PowerPoint presentation (copy available from the Scrutiny Officer if required).

The following additional information / action was provided in response to member's questions:

Information on the percentage of Wiltshire PCT's budget that is applied to the Great Western Hospital (GWH) will be provided by Alison Knowles (AK).

Interest was shown in the profile of the Membership Community. Age and ethnicity of the membership is collected monthly and Sarah Robinson (SR) will forward this to the Chair.

Membership is not restricted to a radius, but is open to any area.

Assurance was given that the PCT and the Swindon & Marlborough NHS Trust work collaboratively and that the strategy to support healthcare in the community did not clash with the aims of the PCT.

The Vice Chair (JE) congratulated the Trust on its achievements, noting that since Salisbury Foundation Trust (SFT) achieved that status it had led to better services in their area. He also highlighted the need for Falls prevention, plus the work being done by SFT to reduce drink related incidents including violence and teenage pregnancy, by working with the proprietors. LH-T said there was a falls co-ordinator and that GWH were already mapping 'frequent flyers' and working with the local police to identify 'peak times' such as pay days.

The Chair thanked Lyn Hill-Tout for her presentation.

**It was resolved that:**

**AK will provide information on the percentage of the Wiltshire PCT Budget that goes to GWH**

**SR will provide an analysis of the Membership's profile. (age / ethnicity etc)**

**34. Reforming Community Services (RCS) Task Group - Update report**

**34.1 Melksham Minor Injury Unit Petition:**

The Chair referred back to today's statement from Mrs Jarvis, and his remarks are recorded as Item No 07

<http://194.72.162.210/documents/dscqi/ds.py/View/Collection-1510>

Dr Peter Biggs (PB) Chair of the RCS Task Group, supported the Chair's remarks, adding that the Task Group had received many letters during the Pathway for Change Programme, but few had been about Minor Injury Units (MIU). He felt the 25% drop in attendees at MIUs in general, represented the cases that were inappropriate for the service and that PCT information leaflets have helped to clarify what is treatable at MIUs.

PALS has only received two complaints about MIU's- neither was about Melksham.

The HOSC agreed to the recommendations made in the Update report to write to the Melksham GP's and the PCT. AK informed the Committee that the PCT wrote to the GP's in November 2007 as part of the audit of the impact of the MIU changes in primary care. All the practices in Melksham confirmed that they did not wish to provide a minor injuries service. AK also reminded the Committee that it is the PCT's decision to commission services, and that in this case it had decided the need was being met.

Members felt it was still appropriate for the GPs to be contacted by the HOSC.

The concern over transport to MIUs was then discussed. AK explained that Bus Services were the responsibility of the Local Government, and that the 2006 PCT survey found 80% of attendees at MIUs went by car. It was agreed that the letter to the PCT would also ask about the Transport Plan for accessing MIU services.

#### **34.2 Update Report:**

PB fed back that the group had been happy with the consultation process, but with some concerns. All the Group's recommendations had been met and it was decided services needed time to bed in before they could be monitored. This is now being done through regular updates from the PCT to the Task Group, and to their own Board. The PCT had set up a Reforming Community Services Management Group, of which PB was a member, but this had now disbanded as its task was complete.

#### **34.3 Chippenham Hospital Beds**

Dr Nicholas Brown gave a presentation on 'Chippenham Hospital Beds' to the Task Group's meeting on 3rd July. The Group agreed it should await the outcome of the Trusts response to the North Wiltshire Practice Based Commissioning Consortium before considering the matter further.

#### **34.4 Primary Care Centres.**

In response to questions about Primary Care Centres (PCC) and the need to hear about plans and be active, PB advised that the Task Group role will be to follow through their development. The PCTs are committed to transferring services to these centres and to being flexible enough to accommodate services from the Acute Trusts. At present PCCs are being discussed with Local organisations.

#### **It was resolved that:**

**The HOSC would send a letter to the three GP practices in Melksham (i.e. St Damien's, Giffords, Spa) to ask why they have not shown any interest in providing Minor Injury Services in the town and what would need to be in place to encourage them to provide a service.**

**The HOSC would send a letter to the PCT to:**

- **Ask the cost of an 'enhanced GP contract' to supply Minor Injury Services in Melksham, at an activity level for current residents, if a surgery offered to supply it.**
- **Enquire about the Transport Plans for access to Trowbridge and Chippenham MIUs, particularly around travel costs and methods for disadvantaged people, and those reliant on public transport.**
- **Ask that the public are encouraged to refer their issues through PALS**

**The RCS Task Group would await the outcome of the North Wiltshire Practice based Commissioning Consortium before considering the Chippenham Hospital bed position further.**

**35. Great Western Ambulance Service (GWAS) - Community First Responders (CFRs)**

Sophie McCracken (SM) – Community Response Manager, GWAS gave a PowerPoint presentation. *(copy available from the Scrutiny Officer if required)*

The Chair felt this was a crucial service and asked the Committee to support the scheme and recruitment of more CFRs. SM explained that getting Criminal Record Bureau checks causes a delay in the recruitment process, and assured the Committee that GWAS does work with St Johns Ambulance, and that CFRs are insured through the Trust. The level of skill for CFRs is predetermined, has been risk assessed and is regularly monitored. All CFRs operate within their scope of practice which is the level they have been trained to. Any skills used by CFRs within this scope of practice are therefore insured by the Trust.

AK added that GWAS and the PCT are launching a joint campaign and will be promoting CFRs through the relevant partnerships in September.

Members were asked to note that when a CFR is sent to a call, an ambulance is also sent out to the patient.

SM went on to explain that the CFR scheme was a National one with an aim of improving patient care within the local community.

Tony Deane informed the Committee that East Knoyle had CFRs due to the enthusiasm of the local ambulance station manager, and that he felt CFRs were just what Salisbury needed.

**It was resolved that:**

**The Committee would support the promotion of the Community First Responders, and that the Scrutiny Officer would liaise with GWAS on the best way to do this.**

**36. Wiltshire Primary Care Trust**

**36.1 Delivering Equitable access in Primary medical care. (see Briefing Paper circulated with Agenda)**

AK informed the Committee that the development in the South of the County is to be known as a 'Primary Care Centre', in keeping with the PCT's existing strategy to develop facilities in the community. Jo Howes is leading public and patient engagement work on all the primary care centres across the county.

Point 2.2: makes reference to 'a patient's perspective'. AK explained that this was perspective was gained from a National Patient Access Survey of 16,000 patients which showed they were happy with their service, but wanted better evening and weekend access.

Para 4: Public Involvement. It was highlighted that engagement with Parish and County Councillors were not currently in the initiatives listed. AK agreed to include these groups.

Margaret White (MW) asked if the PCT had any input to the building specifications of the premises, for example the use of Solar Building principles. AK offered to review MW's folder of information on the subject.

### **36.2 Wiltshire PCT Update to Health & Scrutiny Committee.**

AK provided a written update (item 09) which is now available at <http://194.72.162.210/documents/dscqi/ds.py/View/Collection-1510>

Goldney Avenue Clinic (the old Chippenham health centre): AK asked the Committee to note the planned closure of the clinic by the end of 2008.

Community ENT clinics in North and West Wilts: A clinical governance risk had been identified with the decontamination of nasendoscopes. As a result nasendoscope procedures would only be available at Chippenham and Warminster but ENT outpatient clinics would continue on all current sites

Proposals to relocate Gynaecological Cancer surgery to Bristol.

The HOSC will be asked to nominate someone to sit on the Review. The members nominated the Chair (RW). Councillor Judy Seager subsequently agreed to act as Sub.

### **A wider discussion then followed.**

Primary Care Centres (PCC): The PCT is pleased with Malmesbury PCC, as are the GPs, and members were encouraged to visit the centre. PCCs have been subject to some adverse and confusing articles in the Salisbury Journal, and the PCT will now run its own publicity in the Journal to ensure a balanced view is received in the area. It was suggested that local members could also contact the Journal.

The decision on the location of the Devizes PCC will now be made at the September PCT Board. The choice is now between the Green Lane and Southgate House sites.

For information - the September PCT Board will be in Salisbury.

Birthing facilities: The existing maternity beds in Trowbridge will close and move to Chippenham at the end of the year, but a Birthing Room will be provided in Trowbridge. The new Trowbridge Primary Care Centre will house the Birthing Room.

Hygiene Standards: The PCT has been reported as being one of the worst performing Trusts. AK explained that this rating comes from their Core Standards Assessment for 2007, that they are now compliant.

Area Boards (formerly known as Community Area Boards)

The PCT is looking at ways to engage with the Area Boards, and Jo Howes is working on this.

The Chair thanked AK for her contribution.

**It was resolved that:**

**The Committee noted the planned programme of engagement with patients and the public over the primary care developments in South Wiltshire and requested the inclusion of County and Parish Councillors in the programme.**

**Local Salisbury members could write to the Journal to voice concerns about the media coverage of the primary care developments.**

**The Committee noted the closure of Goldney Avenue and the changes to the ENT outpatient service.**

**The Chair represents the HOSC on the Review of the proposals to relocate Gynaecological Cancer surgery to Bristol.**

### **37. Delayed Transfer of Care (DToC) Task Group**

Malcolm Hewson (MH), Chair of the Task Group, introduced the group's Final Report and Addendum which had been circulated with the Agenda. He extended his thanks to Jo Howes for compiling the report, and for the valued support she gave the Group.

MH highlighted that historically, Wiltshire was accustomed to high numbers of delays, resulting in it becoming 'unremarkable'. However, improved relationships and co-operative working between Officers in the NHS, Social Care, and the Trusts, had led to a great improvement in the figures with the work being seen as just the beginning, not the end. He also drew attention to the Recommendations in the report (para 132 to 144), emphasising that the solution for assessing Long Term Care lay in the 'Management of the process'.

The public recognised the term 'Bed Blocking' rather than DToC, and that it was mainly elderly patients who became delayed

Sian walker (SW) echoed the sentiment about better ongoing process management, adding that Communication was also a key aspect. To this end, Joint funded posts were now being considered. LHT also endorsed the significance of partnership working, and the importance of the Night Nursing Service.

SW explained to members that 'Spot Purchasing' was buying a place outside of a block contract and that it was useful when a need arose that was not identified when the Block Contract was drawn up. Numbers of Spot Purchases will be supplied as requested by a member.

The Chair thanked the members of the Task Group for their work.

**It was resolved that:**

**Members should note the Addendum to the report**

**SW to supply numbers of Spot Purchases.**

**The DToC Report will now be circulated to the Trust and Portfolio holder for endorsement.**

**Future monitoring will be carried out, and reported through the RCS task Group.**

### **38. Wiltshire Interim Local Involvement Network**

PB gave a verbal update.

In April 2008 the old Patient and Public Involvement (PPI) Forum was disbanded, to be replaced from 1<sup>st</sup> September by a new Local Involvement Network. In the intervening period an Interim Local Involvement Network was set up. The Network covers Health and Social Care and anyone can join (as a member, or as an associate). It is currently Chaired by PB, with Terry White and Martin Fortune as vice chairs. The Core Group has 20 volunteers.

There are three task groups:

1. Communications and Publicity (Major task Group)
2. Management Protocol
3. Visits to premises.

The Criteria for becoming a Core Member are currently being discussed, as is a work plan. However, this is difficult as from 1<sup>st</sup> September everything could change.

### **39. South West Health Scrutiny Network**

This regional network aims to improve scrutiny of impending consultations by the South West Specialised Commissioning Group, and the Committee is asked to decide on a preferred Option to enable HOSCs to jointly respond to these proposals.

**It was resolved that:**

**Option 2 (Establish a Standing Specialised Commissioning Joint Committee that only meets to respond to specific consultations) would be the preferred Option for Wiltshire HOSC.**

### **40. Children & Adolescent Mental health Strategy**

This Item was moved to the September HOSC

### **41. Date of Next Meeting**

**18<sup>th</sup> September – 10.30.**

The officer who has produced these notes is Caroline Pickford, Health Scrutiny Officer within Democratic and Members' Services, direct line (01225) 713058. Email: [carolinepickford@wiltshire.gov.uk](mailto:carolinepickford@wiltshire.gov.uk)