



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

MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL  
19 MARCH 2009

PRESENT:

COUNTY COUNCILLORS; Mr Roy While (Chair), Dr John English (Vice Chair), Mr M Hewson, Mr Jeff Osborn, Mrs Pat Rugg, Mrs Margaret White.

DISTRICT COUNCILLORS: Mr Mike Hewitt (Salisbury District Council), Mr Brian Mudge (West Wiltshire District Council), Mrs S Parker (North Wilts District Council)

OTHER COIUNCILLORS: Mr Peter Davis

STAKEHOLDERS:

Jean Cole (Wiltshire & Swindon Users Network)

OTHERS:

NHS Wiltshire: Alison Knowles, Jeff James

Great Western Hospitals NHS Foundation Trust: Debbie Tapley

Members of the public present: 0

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### **65. Apologies**

Mrs Paula Winchcombe

Mr Bill Moss.

Mr Peter Biggs

Mrs Mollie Groom

Mrs Judy Seagar

Mrs Anna Farquahar

Mrs Mary Wilson

Mr Martin Fortune

Mrs Jetta Found

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

The minutes from the meeting held on 20<sup>th</sup> November 2008 were accepted and signed as a true record subject to an amendment regarding Item 61 of the minutes, reflecting that

‘Melksham is still expanding with 750 dwellings to be built and an extra 270 just approved for the existing George ward school site’

## 67. Chairman's Announcements

1. As there were a number of general items of interest for members, these have been circulated by e-mail to members in the form of a News Bulletin.
2. **Delayed Transfers of Care (DToC) - visit from Bucks RCS Task Group final report**  
Members from Buckinghamshire Health Scrutiny Committee visited us on 23<sup>rd</sup> February to see what actions Wiltshire had taken to reduce its DToCs.
3. **RUH patient Transport Impact Assessment.**  
The RUH submitted two Impact Assessments to us for informal discussion and the Chairman, Vice Chairman and Health Scrutiny Officer met with NHSW to discuss these further. The first proposal was about 'Direct Booking of Patient Transport Services (PTS) by patients or their carers' directly to the RUH PTS Advice Centre. As Wiltshire patients were already using a direct booking service, this was not felt to be a substantial variation.  
The Second proposal was to apply DH Eligibility criteria for Patient Transport Services. As this was applying National criteria this was not felt to be a substantial variation.
4. **GWAS.** Great Western Ambulance Service and Wiltshire Police have signed a contract to extend the current air ambulance service for five years.  
  
David Whiting has been appointed as the new Chief Executive of GWAS. He is currently Director of Operations with East Midlands Ambulance Service NHS Trust (EMAS) with responsibility for A&E, Patient Transport Service and two Emergency Control Rooms.
5. **Annual Health Check**  
Panel Members have now had presentations from Salisbury Foundation Trust, NHSW, and the RUH.
6. **HOSC RECOMMENDATION - Transport and access to Health Care.**  
This subject was referred to the Overview & Scrutiny Management Committee. A Rapid scrutiny exercise of access to health care in Wiltshire takes place on March 23. Alison Knowles will represent the PCT and Alan Feist and Ian White will be attend from Wiltshire County Council.
7. **Melksham MIU- Strategic Health Authority.** The SHA considered the Melksham MIU petition on 20 November 2008. Minutes and recommendations have been circulated with the agenda.

## 68. Member's Interests

Jeff Osborn, Chair of Trowbridge Hospital League of Friends.  
Margaret White, Health Advocacy Partnership.  
Mike Hewitt, Chair of Supporting People partnership

## 69. Public Participation

None

## 70. NHS Wiltshire Annual Update

Mr Jeff James (JJ), Chief Executive, NHS Wiltshire (NHSW) gave a PowerPoint presentation. (See <http://194.72.162.210/documents/dscgi/ds.py/View/Collection-1637>).

JJ highlighted the fundamental concerns for the next 5 to 10 years, mentioning the need to create a workforce to take care of the ageing population in particular.

Public health priorities currently involve dealing with obesity, smoking, sexual health, drugs & alcohol and falls prevention. Particular challenges to note include road injuries and death, children's tooth decay and hip fracture in the elderly population.

### Finance

NHSW has a £580m budget, equating to £1295 per Wiltshire resident. A priority is to spend more on local services. Bearing in mind Wiltshire's rurality (benchmarked as average) JJ questioned if the £85 per head on Mental Health and Learning Disability Services was enough.

They are also keen to identify and rectify poor quality management within the PCT.

### Public Feedback

Feedback from consultation with patients, relatives and members of the public showed public priorities include cleaner hospitals, a focus on prevention and promoting healthy lifestyles in general (especially in dentistry), and improved emergency services.

Survey results showed patients' perceptions of nursing care and waiting times was better than the general public's. Nursing care was rated highly and waiting times the lowest. However, there had been a dramatic change in waiting times; in March 2003, a patient could expect to wait 18 months for surgery, in March 2009 the figure stood at 13 weeks (maximum). Waiting times are still rated as a priority however, with patients expecting shorter waits still.

Margaret White (MW) asked if up to date figures for patient feedback was available. The presentation was based on 2005 statistics JJ agreed to provide the most recent figures, and offered to share the IPSOS Mori Poll results with the Committee.

Mike Hewitt (MH) asked if friends and family expected more than the patients themselves. JJ had not found that, but had noticed a subtle difference in the general public between people who are seldom admitted patients, and those who are frequently admitted patients. He also noted that young people had higher expectations, as they expect public services to be on a par with commercial services.

Dr John English (JE) asked if waiting times could sometimes depend on the quality of the consultant (i.e. the better the consultant is perceived to be, the longer the waiting time). JJ replied that patients should be confident in whichever surgeon or healthcare professional they are referred to. He also emphasised that they would not sacrifice quality of care and treatment in order to meet waiting time targets.

Peter Davis (PD) asked what the cost of achieving targets was. He recounted an experience relayed to him by an elderly woman in Corsham who was sent home alone in a taxi in the middle of winter, so that a bed could be vacated. JJ said he would follow the matter up if PD would provide further details of the incident. He said that when patients are discharged, their transfer plan should be completed in conjunction with a carer.

The Chairman expressed awareness that feedback seems to include anecdotal experience from people concerned about a particular issue. He said we seldom hear from people who are satisfied with the service.

### Teenage Pregnancy

This issue is contained within the overall sexual health strategy. On average, there were fewer teenage girls having babies in Wiltshire. The rate was low to begin with, but has now risen slightly. JJ assured the members that they were working to keep the rate down, but emphasised the strategy involved work across a number of agencies. He also pointed out that some teenage girls actively choose to become pregnant, and that not all teenage pregnancies are a result of ignorance. Teenage pregnancy can also be related to low life aspirations and suggested responsibility needs to be encouraged among young men, as well as young women.

### RUH Bath

BM asked about the state of the RUH in Bath. In particular, he addressed the poor performance of the A&E department at the hospital, and the poor rates of infection control. JJ said he had been working with the Bath and North East Somerset PCT in relation to the four hour wait. He said they hoped to meet the target by year end. There had been some very encouraging improvements, but said they would continue to work on ensuring standards are met. The chairman felt that a balanced view was needed. The RUH gives good treatment, but access is difficult.

### Specialisation

Jean Cole (JC) asked if consultants could specialise to become proficient in certain procedures. JJ confirmed that they could. He said this was good for improving the quality of procedures, but could be problematic as patients may sometimes have to travel further for treatment.

### Maternity

Maternity services in Wiltshire are already compliant with the National Strategy on Changing Childbirth. Community services relating to maternity already offer the number of choices specified by the strategy (4 tiers), NHS Wiltshire can meet the changing standards immediately.

### Children's services

There has been an increased focus on mental health in Children's Services, as they are forging stronger links between health services for young psychiatric patients and council services.

### Long Term Conditions

NHSW aims to improve support for carers, and will concentrate on facilitating self-care and self-management programmes. Type II diabetes is an area where this policy could apply as the condition can be managed through prevention and lifestyle changes that consequently need less medical intervention. The PCT wished to promote a system whereby people take responsibility for their own health, rather than relying on health care professionals to rectify whatever problems arise. NHSW is the only PCT in the South West to provide both indoor and outdoor powered wheelchairs. Although expensive, it improved disabled people's lives dramatically.

### Mental Health

NHSW do not receive much feedback on mental health services and feel the area was often ignored. Patients' needs in this field are not always properly recognised. This attitude needs to change, particularly as there is a marked increase in cases of alzheimers and dementia forecast.

PD noted that mental health services have sometimes performed poorly. JJ suggested that standards had improved as service moved from institutional to community care.

### Urgent Care

The new single point of access policy was a very successful innovation. JJ highlighted the Brain Attack advertising campaign (Act F.A.S.T.) on the Stroke Strategy.

### Planned Care

A priority is to make sure patients are able to book surgery at a time convenient to them. No one would wait longer than 13 weeks, but added that although patients should not be made to wait for surgery, they should not be rushed into it either. Waiting times for cancer treatment were very low, possibly the lowest in the South of England.

### End of Life Care

NHS Wiltshire's target on end of life care is to allow more people to die at home in accordance with their wishes. At present most people die in hospital or a nursing home. This is a national trend and the NHS in Wiltshire is committed to turning this around in the county.

Malcolm Hewson asked whether statistics were skewed by terminally ill people who die of an acute episode. Alison Knowles replied that this should be planned and prepared for so that patients don't have to be admitted. JJ said that there must also be a distinction between prolonging life and prolonging quality of life. He felt a national discussion should be undertaken on preparing for end of life care.

**Resolved:**

- 1. To note the briefing**
- 2. Mr James will attend a future Committee meeting to talk about world class commissioning.**

**71. NHS Wiltshire Update**

Alison Knowles (AK) Director Corporate Affairs and Communications, NHS Wiltshire provided an update on the Minor Injuries Unit (MIU) Review and the RCS 1-year on Review. (papers circulated with the agenda)

**Minor Injuries Unit Review**

AK explained that the MIU system changed in 2007, strengthening services across the county. The change was implemented in conjunction with a successful publicity campaign and has been used as a model of best practice in other counties. NHSW also used the campaign to address the issue of access to GPs and combating smoking.

BM asked if the public could dial a direct number to access a Community First Responder or Emergency Care practitioner, other than 999, and whether all GPs were aware of all services offered by the MIU. AK said serious injuries should always be put through to 999. The call will be triaged and appropriate dispatch activated. It is possible, however, to call the MIU directly. Phone Advice can sometimes be provided (e.g. for a sprained ankle). GPs are kept up to date with information on the services provided by the MIU. Ambulance 'Category C' calls are not included in the paper, but have not changed year on year indicating that the changes have not had an impact on A & E Attendances.

JE congratulated AK on the success of the changes. He asked if the opening times at Trowbridge and Chippenham MIUs would be extended and whether any action was being taken to prevent people going to A&E with general problems (rather than emergencies). AK said they currently monitor attendance at MIUs to investigate the possibility of extending the hours. Numbers fall dramatically after 8pm during the week, but pick up on Thursday, Friday and Saturday nights. The number of admissions to the emergency department has reduced significantly because of the role of the Neighbourhood Teams (NT). The Chairman noted that the NTs had been important in facilitating the changes.

**RCS 1-year on Review**

There are now 11 Neighbourhood teams (NT) up and running and they coped well with the recent emergency conditions caused by the snow. The Patient Advice and Liaison Service (PALS) 'Neighbourhood Team Survey' in November, showed that in excess of 90% of patients were satisfied with the service, and this has been fed back to staff. NTs have also been a

significant help in reducing Delayed Transfers of Care where the equivalent of 125 beds have been released across the NHS.

The Chairman commented that the creation of NT's had shaped the views of the Committee. It is now good to see them working well. The new Maternity Services model is also seen to be doing well.

Jeff Osborn asked to what extent the new model had contributed to NHS Wiltshire's ability to accumulate a financial surplus. AK explained that the surplus was raised by extracting £15million from the old services and reinvesting £13million in the new services. This amounted to a £2million saving. Better commissioning with acute hospitals has contributed to the majority of the savings.

JJ spoke about the 5yr financial strategy, which aims to see a surplus develop every year. This is for two reasons. Firstly, for contingency as the health service can be unpredictable, secondly for flexibility and manoeuvrability.

MH felt carers are often in need of support and asked whether enough was being done to provide this. AK said that they were working on the Joint Carers Strategy. This 3yr strategy involves health and social carers working together. There will be an Annual Health Check for carers and there are plans to extend the number of respite breaks. Acknowledgment was given to there still being a long way to go on improving carer support, but she believed they were heading in the right direction.

JE said he was disappointed that Maggie Rae was not present to talk about the health education scheme, and that 'Road Injuries and Death' warranted a Task Group in the future Unitary Council HOSC; and raised a number of further points on health improvement.

The Chairman responded by informing the group that Maggie Rae would be present at the next meeting

JE felt the construction of care homes in Salisbury would be important if NHSW were going to achieve their goal of allowing more people to die at home, as opposed to in a hospital. JJ said the demand on land was problematic, but assured the group all possibilities are explored.

The Chair thanked AK and JJ for their contribution to the meeting.

**Resolved:**

**1. To note the briefing**

## **72. Health Scrutiny – Transition to One Council**

The board considered the report of Paul Kelly (PK), Scrutiny Manager. PK asked the board to follow the lead of the Implementation Executive and the Joint Overview and Scrutiny Transition Board in using the experience and knowledge of district councillors, and co-opt members onto the committee in the pre-election period.

Subject to the new council, he explained that the proposed new structure provided opportunities for holistic thinking and spoke about the inter-relation between Adult Social Care and Health Scrutiny. PK asked members to note the impact the new Area Boards could have on scrutiny, including health scrutiny. The Area Board handbook considers referral pathways, and further discussions will be taking place.

Talks are currently going on with networks regarding the effective process for setting up of Joint Committees.

BM asked if the new council will continue to provide observers on the PCT board meetings. AK said that following the annual review of the board structure, a letter was written to the Leader of the County Council explaining that the PCT were keen to have observers from the new unitary council at the meetings. They requested one observer from the HOSC and one additional observer if possible.

### **Resolved:**

- 1. To agree the co-option of the ex-district council members during the pre-election period (with the allowances already determined).**
- 2. To note the proposal to create a new Health and Adult Social Care Scrutiny Select Committee in the new council.**
- 3. To note the role of local challenge by the area boards and the potential implications and benefits for the work of health scrutiny.**
- 4. To note the potential requirement for members to form Joint Committees with other Local Authorities and that appropriate arrangements will need to be approved in the future.**

## **73. Commissioning and Joint Commissioning.**

The committee considered a report from the Commissioning seminar held at County Hall on Monday 2<sup>nd</sup> March. The report included a list of potential Work Plan items and asked the committee to approve the formation of a Work Plan Review Group.



The Chairman suggested nominating three or four members to join a Work Plan Review Group and to report back the next meeting. The Health Scrutiny Officer will arrange group meetings.

**Resolved:**

- 1. To approve the formation of a Work Plan Review Group to consider the subjects identified at the seminar, and develop a prioritised Work Plan on Commissioning for the new committee to consider.**
- 2. To recommend that the following members join the Work Plan Review Group: Dr J English, Mrs P Rugg, Mr M Hewitt**
- 3. To contact other members not present, to seek further volunteers to join the Work Plan Review Group.**

## **74. Wiltshire Involvement Network (WIN)**

The committee considered the report on the formation of WIN and its progress to date.

The Chairman explained that Peter Biggs, Chairman of the WIN, was engaged at a WIN event and had sent his apologies.

Several members expressed concern that it was not clear to the public where they should address their grievances, send petitions or deal with local problems. It was noted that grievances are often addressed in inappropriate forums and that being redirected can often be irritating to members of the public. The Chairman referred to the recent letter, sent on behalf of the HOSC, to all Town and Parish Councils entitled 'Pointing People in the Right Direction'. This letter, which will be circulated to all council members, highlighted the use of PALS, WIN, and Area Boards as places for the public to take their concerns, which can then be evidenced. The PCT would then be able to address large scale issues.

As such, some members suggested that a central point of contact should be established. The Chairman resolved to return to the issue again at the next meeting.

**Resolved:**

- 1. To note the report**
- 2. To consider the issue of public awareness of WIN, PALS and Area Boards at the next meeting**

## **75. Date of Next Meeting**

The next meeting is scheduled for 14<sup>th</sup> May 2009 10:30.

The officer who produced these notes is Katherine Manson, Democratic Services Officer.

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