

Wiltshire Health Overview & Scrutiny Committee

MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL
20th November 2008

PRESENT:

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

District Councillors: Mr Mike Hewitt (Salisbury District Council), Laura Mayes (sub for P Winchcombe) (Kennet District Council). Mr Brian Mudge (West Wiltshire District Council), Mrs S Parker (North Wilts District Council)

OTHER COUNCILLORS: Mr Peter Davis

STAKEHOLDERS:

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

OTHERS:

NHS Wiltshire: Alison Knowles, Ania Slinn
Avon, Somerset, Wiltshire Cancer Services (ASWCS) Network. Mary Barnes
Swindon & Marlborough NHS Trust: Lynne Hill Tout, Kunle Thomas
Wiltshire CC: James Cawley.
Wiltshire & Swindon Users Network: Martin Fortune

Members of the public present: 2

55. Apologies

Mrs Paula Winchcombe (Kennet District Council).
Mr Bill Moss.

56. Minutes of the Previous Meeting

The minutes from the meetings held on 18th September 2008 were accepted and signed as a true record.

57. Chairman's Announcements

- The Mainstreaming Mental Health Task Group is having an initial meeting on Monday 24th November to consider issues previously referred by the HOSC.

- We have now sent out Community First Responders recruitment leaflets and covering letters to Parish Councils in target areas identified by the Great Western Ambulance Service.
- Overview & Scrutiny Arrangements in the New Council - Update
The 21/11 Joint Overview and Scrutiny Transition Board will receive an update. The Consultants Draft report will first be considered by the Board at its next meeting on 19 December for comment and/or make revisions prior to undertaking consultation on the proposals in the report. The outcome of consultation will then be reported back along with a final report to the Board on 27 February 2009. The report will contain a proposal to merge Health and Social Care Scrutiny. (see on-line Committee Papers for more details).
- Specialised Commissioning SWHS Network held a meeting on 11 November which we could not attend. The notes of this have just been issued but we have not had time to review them. Further information will be circulated by e-mail.
- The Care Quality Commission (CQC) has launched a consultation period ending 16 January 2009, on how it intends to use its enforcement powers. Please look out for further details will be circulated to you by e-mail.

58. Member's Interests

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

59. Public Participation

The Chair welcomed Mary Jarvis (Clerk to Melksham Without Parish Council) and Gill Butler to the meeting. A written statement on the Melksham Minor Injury Unit Petition had been provided by Mrs Jarvis and this had been circulated to members. It is now available at <http://194.72.162.210/documents/dscgi/ds.py/View/Collection-1566> The Chair asked that the verbal statement to draw out points from this be given at the start of Agenda Item 7.

60. Avon, Somerset and Wiltshire Cancer Services (ASWCS) Network: Engaging with Scrutiny Committees.

Mary Barnes (MB), Director, ASWCS Cancer Network, gave a verbal presentation to support the service background and framework for 'Engaging with Scrutiny Committees' that was circulated with the agenda.

There are twelve cancer tumour site services (one of which is Children) that are managed within the Network. Each of these 'sites' has been reviewed by National Institute of Clinical Excellence (NICE) and has as a result Improving Outcomes Guidance (IOG) published from 1996 starting with Breast Cancer. The first tumour group which called for a service change was Gynaecological Cancer in 1999. This service had an Action Plan drawn up in 2004 by the Cancer Network to meet the outstanding IOG recommendations. The Network is readdressing public consultation for this tumour group and the new framework for consultation has been proposed to improve this process.

In answer to questions raised by Members, MB explained the background to the Guidelines produced by the NICE. The Guidance outlines structures and procedures for delivering 'improved Outcomes' within set time frames. The Improved IOGs are produced nationally by clinical, managerial and public representatives from across the country, they are widely consulted on before publication and once produced cannot be changed locally through consultation

MB outlined how Cancer Networks were formed Following the Calman Hine report (1995). There are now 30 Cancer Networks in the country these are based on referral flows across large geographical areas, as patients with cancer are invariably treated in more than one organisation.

The ASWCS Network has currently delivered the service changes outlined in NICE IOGs for both Upper Gastrointestinal Cancers and Urological cancers. Gynaecological Cancers are currently under review.

The Networks role is to work with clinicians, managers and users to determine the appropriate configuration of services in line with NICE IOG recommendations. National Guidance stipulates that services should be as close to home as possible, but centralised where necessary when the provision of specialist treatment is complex.

Section 242 - Information Pathways- (note: these have been published by the Department of Health in the summer of 2008 for 8 national information pathways around gynaecology, prostate and colorectal cancers to ensure consistency of information given to patients across their pathway of care). Further pathways will be developed over 2009 for further tumour groups

Alison Knowles (AK) Director, Corporate Affairs & Communications. NHS Wiltshire, reminded the Committee that Wiltshire patients also use the South Central Network. The IOG is national guidance which the NHS must implement and, probably, the role of the Health Overview & Scrutiny Committee (HOSC) is to challenge the PCT to provide care as close to home as possible, within the parameters of the national guidance. In the case of gynaecological cancers, Wiltshire patients may have to travel to Bristol for surgery but would receive initial assessment

and follow-up care in Bath, depending on the outcome of the current review.

Patient choice was raised, MB confirmed that patient's did have choice in where they could be treated for some tumours however, with rarer cancers that are managed in specialist centres then the choice would be 'like for like' a patient could not be treated for a complex tumour in a local District General Hospital who would not be able to offer the correct level of service, there will be occasions when surgery will need to be carried out in a specialised centre in another area.

Members commented on the excellent service provided by the RUH, MB agreed that the RUH provided excellent services for a range of tumour sites and added that the ASWCS Network had supported the clinicians and PCTs in retaining a Prostatectomy service at the RUH as a satellite service to the specialist Urology Centre in North Bristol Trust.

Responding to a question around retaining local services where possible, MB commented that currently there is a national review of radiotherapy services which recommends that there should be a maximum journey time of 45 minutes for patients receiving radiotherapy treatment

The Chair thanked Mary Barnes for her presentation.

It was resolved that:

The Wiltshire HOSC accepted the 'Involvement process for Cancer Service change across ASW' framework provided by the ASWCS Network.

61. Reforming Community Services (RCS) Update Report.

Mary Jarvis, Clerk to Melksham Without Parish Council, gave a verbal statement on the Melksham Minor Injury Unit in response to the Update Report. She thanked the HOSC for sending letters to the Melksham GPs and the PCT on this subject. The GP responses showed they did not have enough information to make a qualified response, which needs to be addressed. Pharmacies are helping to treat minor injuries because patients cannot get to the MIUs, and transport is still a problem. Melksham is still expanding with 270 dwellings due to be built, and it wants a First Aid centre. Members acknowledged the work done by MJ and Gill Butler for the people of Melksham.

RCS Update report:

Peter Biggs (RCS task Group Chair) introduced the report. Members were reminded that the Task Group was set up to monitor RCS via the Pathway for Change Programme. A report on the findings was published, and since that time it has had regular progress monitoring meetings, at which the PCT have reported on implementation.

The Group has recently looked at the Melksham MIU, Chippenham hospital beds, and transport issues. Whilst transport is not the role of the PCT, nor the Task Group, the Group is suggesting that the HOSC request that the Overview Management Committee reviews transport arrangements for all health facilities within the County.

Now that RCS is core work of the PCT, the Task Group has decided to disband. PB extended his thanks to all the people involved in the group.

Members commented on the report, including the role of area boards in considering health issues, the importance of dialogue between the PCT and stakeholders, the need for responsive public and voluntary transport to health centres and the good performance of the PCT in the area of the Urgent and Emergency Care Review.

AK indicated her support for the recommendations of the Task Group and thanked the Chairman and members for the work they had done.

The Chair commented that the Melksham petition containing some 13,000 signatures, demonstrated strength of local feeling and it was therefore right that full consideration was given to it by the County Council and Health Service. It was important that any further action taken needed to be based on clear strong evidence with support from all.

The Chair moved a motion, seconded by John English, which had been circulated to Members

AK pointed out that the PCT would be happy to bring the December MIU Review to the next HOSC, but that this would not be specific to Melksham

Discussion followed about the content of the MIU Review, the role of the Melksham Health Working Group and the stance of Giffords Surgery. As a consequence the Chairman and seconder accepted an amendment to the motion and it was therefore:

Resolved:

- (1) To approve the recommendations of the RCS Task Group set out in paragraph 18 of its report:
- (2) To thank the Task Group for its update report and to look forward to receiving a final report after its last meeting scheduled for 28 November which is to include an update on the performance of Neighbourhood Teams.
- (3) To note that further reporting on Reforming Community Services which are now integrated into mainstream health service provision will be direct to this Committee in future.

- (4) To note that the PCT's review of MIUs in December will be reported to this Committee at its next meeting on 19 March 2009 and in doing so to ask the PCT to include in its review report the latest position on work done to further publicise health services locally.
- (5) On this last point, to note that the Melksham Health Working Group resolved at its last meeting on 4 November to discuss the possibility of the Group assisting in the publicity and promotion of health services to local people.
- (6) Connected with this and in response to recommendation (e) of the Task Group, to authorise the Chairman, after discussion with the PCT on its current approach, to write to all town and parish councils to encourage participation in dissemination of information on reformed health services. To also be aware that in the new unitary council, area boards (and partnerships) are likely to take an interest in communication about public services in the locality.
- (7) To note that the SHA will be considering the Melksham petition at its meeting later today and therefore ask that the outcome is reported to the committee at its next meeting.

62. Wiltshire Primary Care Trust.

Alison Knowles provided a verbal update to the Committee:

Wiltshire PCT Finances - 08/09 budgets and progress to date.

Jeff James (CEO) had intended to attend the meeting today to give a financial update. However, the allocations for the next 3 years are not yet available so JJ and Charlotte Moar, Director of Finance and Deputy Chief Executive, will now attend and provide this update at the March 09 HOSC.

For 2008/09, the PCT is planning to deliver a surplus of £1.6m on its budget of £570million. The in-year position at month 8 is an overspend of £0.68million. The overspend is being driven by increased activity in hospital care and changes to the national guidance on Continuing Health Care (CHC). The PCT is confident it can deliver

The Annual Review and CD had been circulated at an earlier HOSC. AK was interested to know if members found the format useful.

Joint strategy for people with learning disabilities.

The PCT is developing this strategy and it will be published in time for the next HOSC.

Guidance on patients paying privately for cancer drugs

The Dept of Health has issued a consultation document. See:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089926

The deadline for responses is 27th January 2009, and the PCT suggests that the HOSC may want to respond. Hospital Trusts are currently working through the practicalities and the PCT is reviewing its Exceptions process. The expectation is that patients should not default to paying until the NHS pathway is exhausted.

Goldney Avenue.

The movement of services from Goldney Avenue was discussed at the last Task Group. The Child & Adolescent Mental Health Service (CAMHS) is moving to Melksham and is not seen as a significant variation.

Primary Care Centres (PCC)

Trowbridge PCC - the Planning application has been submitted.

Westbury PCC - is still looking for land.

Devizes PCC - the PCT and GPs are looking at details of the specification. They are working on a timeline.

Work is ongoing on the Devizes NHS Treatment Centre, which is due to open in October 2009.

General comments from Members.

The PCT was congratulated on its achievements, and the importance of good relationships was stressed.

Thanks were extended to the Jenny Edwards for all her contributions, and especially for her valuable work with the Patient Advice and Liaison Service. It was asked that her replacement is introduced to the Committee.

The value of 'Joined up care' was noted by the Budget Scrutiny Committee.

Surprise was expressed about the PCT score for Access to GPs as personal experience was 20 minute. AK advised that patients should take up these issues with the GP Patient Groups. PB added that WIN has a section on Access, and that not all surgeries have Patient Groups. Calls to GPs are all 0845 numbers so charged as a local call.

It was resolved that:

Roy While, Mike Hewitt, and Peter Biggs meet to produce a response to the consultation on patients paying for private care, on behalf of the HOSC.

63. Great Western Ambulance Joint Health Scrutiny Committee.

A welcoming letter has been sent to Anthony Marsh, Interim Chief Executive Officer Great Western Ambulance Services (GWAS). He has come to GWAS from the West Midlands, where he made an impact and gained experience of 'Rurality'. RW raised Wiltshire's issues with him at the last Joint Committee.

A meeting between AM, RW and JE is taking place next week to look at performance, statistics, and action plans. We will want to involve the PCT in future monitoring work.

Interim Report and Recommendations:

RW, JE, and Judy Seagar (JS) have been representing the HOSC at the Joint Committee, which produced the Final Interim report circulated with the agenda.

RW made comments regarding certain recommendations:

4. We have now sent out letters and leaflets to targeted Parish Councils.
- 5 and 10. These call for the HOSC and PCT to work together.

Comments on the report were invited:

1. The format of the report was questioned. Could future reports have a clear executive summary, followed by details in the body please.
2. The Trust has high levels of staff sickness. The Local Authorities already have a system for tackling this, maybe it could be passed over.
3. Recommendation 7: Suggested target of 100% of all Cat A calls responded to within 20 minutes. (AK added that the PCT does not support having different targets in areas)
What is the clinical basis for this target?
4. Recommendation 10: Not clear what performance was being monitored at Weston and Frenchay Hospitals?
(AK explained this was handover times. There is a target of 15 minutes and the suggestion is to fine the Trust for breaches).
5. Page 8: the fact that there is no national funding basis for ambulance services, or any benchmarking is amazing.
6. Page 17: Cat A (8) targets by sector, shows how poor Wiltshire's result is.
7. Appendix 4 is missing from the report

Review of the operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008

This report describes the benefits of working together as a joint Committee. It now proposes to meet quarterly and is considering the use

of Task Groups and co-opting members from WIN and other Local Involvement Networks.

It was resolved that

Member's comments would be forwarded to the Joint Committee.

64. Date of Next Meeting

The next meeting is scheduled for Thursday 19 March 2009 10:30.
Members to note that an earlier meeting may be called if necessary.

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