

Health & Adult Social Care Select Committee

29 September 2017 – At a meeting of the Committee held at 13.00 at County Hall, Chichester.

Present: Mrs Arculus, Lt Cdr Atkins, Mrs Bridges, Mr Fitzjohn, Ms Flynn, Dr O’Kelly, Mr Petts, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Neville (Chichester District Council), Cllr Mrs Sudan (Crawley Borough Council) and Mr Pickering (Healthwatch West Sussex).

In attendance by invitation: Mrs Jupp (Cabinet Member for Adults and Health)

Apologies: Cllr Mr Barton (Adur District Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Coldwell (Horsham District Council), Mr Edwards, Mrs Jones and Mrs Smith.

Declarations of Interest

26. The following interest was declared: -

- Mr Turner declared a personal interest in respect of item 7 (Clinically Effective Commissioning) as a locum pharmacist

Minutes of the last meeting of the Committee

27. The Committee agreed that Cllr Mr Belsey’s comment that ‘There was a paucity of extra cancer services for those suffering the consequences of cancer, such as lymphedema’ should be added to the minute for the item on Radiotherapy Services

28. Resolved - that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 7 July 2017, with the addition above, be approved as a correct record and that they be signed by the Chairman.

Responses to Recommendations

29. The Committee was disappointed with both responses, especially the lack of data and clarity of timescales.

30. Resolved – that the Chairman writes again to NHS England South and Western Sussex Hospitals NHS Foundation Trust asking for data on drop out rates and more certainty over the timescales of delivery of radiotherapy services in West Sussex

Forward Plan of Key Decisions

31. Resolved - that the Committee notes the Forward Plan of Key Decisions.

Patient Transport Service Update

32. The Committee considered reports by High Weald Lewes Havens Clinical Commissioning Group (on behalf of all clinical commissioning groups in Sussex) and

Healthwatch East Sussex (copies appended to the signed minutes). The clinical commissioning groups' report was introduced by Keith Hoare, Programme Manager, High Weald Lewes Havens Clinical Commissioning Group (HWLHCCG), who told the Committee: -

- HWLHCCG put together a dedicated team for the transition of the Patient Transport Services from Coperforma to South Central Ambulance Service NHS Foundation Trust (SCAS) which took place in two phases
- There was a strong focus on the transfer of data, service specification and online booking before the go live date
- SCAS was the lead provider, but also used sub contractors, as did Coperforma, for some of the work
- Dockland Medical Services staff had been transferred into SCAS
- The first day of the new service went smoothly with any issues being resolved jointly between SCAS and the acute Trusts
- However, there was a problem with the number of calls being higher than expected
- Around 90% of healthcare professionals were using online booking
- Around 90% of all bookings being made were for on the day transport, which put pressure on the system, so work was on-going by SCAS with Trusts on more effective planning for discharges to ease this pressure
- Complaint levels were low, only five or six per month out of 24,000 journeys
- The performance against key performance indicators was better than the same time last year and had improved since go live
- A patient forum existed as one way to gather patients' views on the service
- Overall the transition had gone well, although there was still room for improvement

33. Alan Pickering, Healthwatch West Sussex, introduced the Healthwatch East Sussex survey report telling the Committee that: -

- The survey that was carried out over May and June showed an improvement in the service under SCAS, but some inconsistencies remained in the Brighton area
- 60% of problems were around online bookings and the services was less consistent at weekends
- Journeys and vehicles were generally ok with some occasional problems with wheelchair access and waiting time for return journeys, although people recognised traffic conditions played a part
- A follow-up survey would be carried out in December

34. Summary of responses to committee members' questions and comments: -

- Rotas were being changed to deal with peaks in demand
- Most of the issues raised about Thames Ambulance Service Ltd (a subcontractor of SCAS) by the Care Quality Commission (CQC) were not to do with its Sussex operation
- SCAS validated all its sub-contractors and carried out spot checks on them
- The CQC had plans to inspect private ambulance services in the near future
- The Committee was concerned over some targets not being met, early arrivals, one treatment cut short and end of day delays and felt that hospital volunteers might be able to help support patients in these instances

- The Committee was assured that the service was patient-focussed and that a complaints/compliments service existed with information on how to access this kept in vehicles
- Hospitals were also encouraged to feedback and investigate all incidents
- There was a low number of respondents to the East Sussex Healthwatch survey from West Sussex residents as it concentrated on Brighton and East Sussex – the follow-up could include more West Sussex residents

35. Resolved - that the Committee: -

- Welcomes the improvements which have been made regarding the Patient Transport Service contract in West Sussex
- Asks that hospital volunteers are utilised to support patients arriving early at, or waiting to return from hospital
- Asks Healthwatch West Sussex to include more West Sussex residents in the further survey scheduled for December 2017 and provides the results to the Committee
- Does not believe the Patient Transport Service requires further scrutiny at this time, but emphasises the importance of the provider being customer centred
- Asks to receive assurance that clinical commissioning groups in Sussex have not incurred any further financial liability relating to this contract

Clinically Effective Commissioning

36. The Committee considered a presentation by West Sussex clinical commissioning groups (copy appended to the signed minutes) which was introduced by Geraldine Hoban - Chief Officer for Horsham & Mid Sussex Clinical Commissioning Group and Chief Operating Officer for Crawley Clinical Commissioning Group who told the Committee: -

- Due to their financial problems, clinical commissioning groups (CCGS) were asked to review what services they were commissioning – Clinically Effective Commissioning (CEC) was the mechanism that all CCGs in the local Sustainability Transformation Partnership (STP) were using to do this, led by the STP Clinical Forum
- CEC would focus on
 - Standardising policies re funding making sure they were up to date with National Institute for Health and Care Excellence (NICE) guidance
 - Standardising procedures by comparing/benchmarking to establish best practice
 - Accelerating savings by possibly removing some medicines from those available on prescription e.g. those that can be bought cheaper over the counter
- Patient engagement was starting and the changes would need to be communicated well to the public
- Technology would be developed to help GPs make referrals

37. Dr Shivam Natarajan, Clarity Consulting told the Committee: -

- The lessons learnt from similar work elsewhere were being utilised
- Low priority procedures accounted for £50m - £60m a year with the removal of lumps costing the same as the removal of cataracts

- Hip and knee replacement surgery costs varied across CCGs with a revision knee operation cost around £120k, as much as ten first operations
- Policies would have to go through four levels of agreement before approval

38. Andrew Moore, Clarity Consulting, told the Committee: -

- Inconsistency of treatment existed in different areas, especially when GPs moved around – shared policies could help avoid this
- For some people, alternatives to surgery could produce better outcomes

39. Summary of responses to committee members' questions and comments: -

- An initial list of 150 procedures were considered for review, this was now down to around 55 that accounted for £50m - £55m a year
- Surgery would still be carried out if thought to be the best option for a patient
- The CEC would report into the STP as it would deliver some of the savings required at STP level, by reducing money spent by acute Trusts
- GPs needed to have better knowledge of the policies and understand the rationale behind them – policies would be one per A4 sheet and given to GPs
- Each level of clinical scrutiny would involve GPS, all workshops would involve patients and be chaired by GPs
- GP engagement events would take place in each locality

40. Resolved - that the Committee understands the rationale behind the Clinically Effective Commissioning project and asks: -

- To be informed of all policies currently included in the project
- To consider those policies where there is significant threshold change for residents in West Sussex at a future meeting

Possible items for future scrutiny

41. The following topics were raised by members of the Committee: -

- Financial wastage in the NHS on office and other equipment – the Committee was assured that the NHS had cost improvement programmes and national benchmarks on possible efficiencies – no further action required
- The reduction in the number of blue parking badges issued for those with mobility problems – it was agreed that this would be referred to the Cabinet Member for Adults and Health
- Problems with the issue of bus passes for the disabled – it was agreed that this would be referred to the Cabinet Member for Adults and Health

Date of Next Meeting

42. The next scheduled meeting is on 9 November County Hall, Chichester

The meeting ended at 14.52

Chairman