Health & Adult Social Care Select Committee

13 March 2014 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Bradbury, Mrs Evans (Chairman), Mr Griffiths, Mr Hillier, Mr Hunt, Mrs Jones, Ms Kennard, Mrs Rapnik, Mrs Smith, Mr Sutcliffe, Mr Turner and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Edwards (Arun District Council), Cllr Mrs Hamblin (Adur District Council) and Cllr Mrs Turner (Worthing Borough Council), Mr Burdett (Healthwatch)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adult Social Care)

Apologies: Cllr Mr Burgess (Crawley Borough Council), Cllr Dr Skipp (Horsham District Council) and Mrs Field (Cabinet Member for Community Wellbeing and Deputy Leader)

Committee Membership and Appointments

117. The Committee approved the appointment of Mr Burdett and Mr Hillier to the Committee and Ms Kennard to the Business Planning Group.

Declarations of Interest

118. In accordance with the Code of Conduct, the following prejudicial interest was declared: -

- Cllr Edward Belsey, in respect of item 6 (Stroke Services – Performance and Sussex-wide Review) as having a financial interest in a company that carries out diagnostic procedures on stroke patients – Cllr Belsey left the meeting for this item

119. In accordance with the Code of Conduct, the following personal interests were declared: -

- Mr Bryan Turner and Cllr Mrs Val Turner, in respect of item 7 (Access to Primary Care) as pharmacists

Minutes

120. The Committee agreed that the heading of minute 93 should read 'Response to recommendations' and the actual minute should read:

'The Committee considered responses from the West Sussex Clinical Commissioning Groups to recommendations made by the Task Force on Short Breaks Services for Children with Complex Health Needs and Disabilities and from Sussex Partnership NHS Foundation Trust to the recommendation made by the Committee at its 3 October 2013 meeting asking that commissioners and service providers look to extend the Memory Assessment Service to people with an existing diagnosis'

121. With regard to the resolution in minute 115, NHS England had responded to a letter from the Chairman of the Committee asking for an update on the damaged GP surgery in Crawley. The Committee was unhappy with the lack of detail in this letter (e.g. the timescale for repairs) and with the time taken to respond.

122. Resolved – That

i. The Chairman to write to NHS England asking for a more detailed and timely response

ii. The minutes of the Health & Adult Social Care Select Committee meeting held on 22 January, amended as above, be approved as a correct record and that they be signed by the Chairman.

Response to Recommendations

123. The Committee considered responses from the West Sussex Clinical Commissioning Groups to the Committee's recommendation at its 3 October 2013 meeting asking commissioners and service providers to extend the Memory Assessment Service to people with an existing diagnosis (copies appended to the signed minutes) and felt that the responses did not answer the question. Mrs Brenda Smith reported that it had not proved possible to appoint the planned three admiral nurses to support people with dementia and their families/carers in the north of the County. Concern was expressed that the funding allocated for this should be used as soon as possible to put alternative services in place to meet local need.

124. Resolved – That the Committee

i. Writes to the West Sussex Clinical Commissioning Groups repeating its request regarding the extension of the Memory Assessment Service

ii. Asks that the forthcoming Task & Finish Group on the Dementia Strategy looks at the use of funding in the north of the West Sussex to support people with dementia and their families/carers

Stroke Services – Performance and Sussex-wide Review

125. The Committee considered a report by the Sussex Collaborative Delivery Team (copy appended to the signed minutes) which was introduced by Kate Parkin, Sussex Collaborative Delivery Team, who told the Committee that: -

- The aim was to ensure the best patient outcomes and experience whatever time of day/week strokes occurred
- A strategy meeting had been held where it was agreed that stroke services need to change to achieve this
- Consistent data would be required covering the whole patient pathway to enable comparisons of outcomes across the region – some parts of the pathway might need to change as a result
- A baseline assessment identifying gaps/problems and an options appraisal would be completed by September 2014, with an interim report available in June/July
- There would be a consultation process involving the public on possible changes to services where these were required

126. Summary of comments from witnesses and responses to Members' questions:

127. Dr Rob Haigh, Chief of Medicine, Western Hospitals NHS Trust (WSHT) told the Committee that: -

- WSHT had been cooperating with the compilation of Sentinel Stroke National Audit Programme (SSNAP) data for a long time, and had an improvement plan in place, and was performing better now than the figures in the paper showed e.g. patients accessing therapy within 24 hours with all patients in need of swallowing tests having them within the correct timescale
- SSNAP data was based on 75% of available information from one quarter only with different trusts reporting things differently – 100% of data was now collected, but it would require a year's worth of data to get the true picture
- Out of 44 data sets, only 10 appeared in the paper
- St Richard's Hospital (Chichester) had a good out of hours arrangement with Queen Alexandra Hospital (QAH), Cosham, for stroke patients, but a key issue for WSHT to address was the need to improve access to timely CT scanning
- Patients admitted to QAH instead of St Richard's were not included in the data, which gave a skewed picture of St Richard's performance
- WSHT was working with the Local Area Team, Sussex Community NHS Trust and commissioners to manage the stroke pathway in the best possible way
- WSHT had no obstructive practice against change, and no lack of commitment to improve standards – WSHT had extremely good outcomes for stroke patients

128. Dr Ben Mearns, Consultant Physician in Acute & Elderly Medicine and Clinical Lead for Acute & Elderly Medicine, Surrey & Sussex Healthcare NHS Trust (SaSH) told the Committee that: -

- SSNAP data had been published for the first time in February and the local clinical network accepted it would take a year for the data process to settle in
- The level A standard was aspirational, with 85% of stroke services nationally in levels D and E, which was not considered poor – no trusts in England were in level A, with level D being the average
- SaSH was providing a good service for stroke patients and wanted to get to level A, which was achievable, but would take time, resources and new ways of working – early supported discharge would also help
- All NHS trusts are signed up to the stroke review and to delivering level A standard services

129. Sue Braysher, Chief Officer, Horsham and Mid Sussex Clinical Commissioning Group/Crawley Clinical Commissioning Group told the Committee that: -

- The seven clinical commissioning groups (CCGs) in the Surrey/Sussex region were working hard to improve stroke services, but were still not meeting targets and had asked the Sussex Collaborative Delivery Team to make this piece of work a top priority – the CCGs had put it at the top of their agendas
- Evidence from other areas showed that improvements could be made, but this might mean reconfiguring some services to get the best outcomes for all patients. It would be important to ensure the public and local communities understand the reasons behind any change, and for clear communications on what may be challenging proposals for the future.

- The beginning and end of the the patient pathway (rehabilitation) were equally important as acute services

130. Dr Nicola Gainsborough, Consultant, Elderly Medicine, Brighton & Sussex University Hospitals NHS Trust told the Committee that: -

- SSNAP data was intended to drive up standards – Sussex had started from a low base with under-resourced services and made huge progress - variation remained, but it was hoped that equity could be achieved across the region
- This may means that some units have to be closed if not enough people were being treated in them to ensure the best clinical outcomes
- The NHS wants HASC support for the stroke review and the changes that may be required

131. Geraint Davies, Director of Commercial Services and Dr Jane Pateman, Medical Director, South East Coast Ambulance Services NHS Foundation Trust (SECAmb) told the Committee that: -

- The ambulance service was the first link in the chain for good patient outcomes, evaluating patients in situ and taking them to the right hospital
- The nearest service is not always the best service – sometimes it may be better for patients to travel further for better quality treatment and improved outcomes
- Longer journey times were monitored for potential risk, but SECAmb had good arrangements with hospitals, letting them know that patients were on their way so that stroke assessment teams were ready when they arrived so that stroke patients do not have to wait before being admitted
- SECAmb was concerned that thrombolysis was only available in West Sussex during the day without telemedicine support

132. Tanya Brown-Griffith, Head of Service – Coastal, Sussex Community NHS Trust (SCT) told the Committee that: -

- SCT was ideally placed to support best practice for people with stroke, especially around early supported discharge into the community
- SCT Neurological teams were seeing great improvements in patient outcomes when patients had quick access to community rehabilitation and therapists had the resource to move patients quickly through the pathway
- SCT needed to be an integral part of the discussion about how to achieve a gold standard model of stroke services

133. Additional comments by the Committee: -

- Members were concerned that there seemed to be a lack of urgency in Sussex in terms of improving stroke services, given that the National Stroke Strategy had been in place since 2007
- Members stressed the need to address discrepancies and inconsistencies between services accessed by West Sussex residents
- Clear evidence will be required to support the case for change to ensure Sussex has world-class stroke services and to enable the Committee, and the public, to support the changes that may be required
- It would be helpful to understand the costs of different aspects of services across the whole stroke pathway, and the financial implications of how services are currently delivered

- Patient feedback on all aspects of the stroke care pathway would be helpful, particularly in terms of understanding current experience
- Feedback to Healthwatch West Sussex on stroke services had all focused on primary care, particularly in terms of early diagnosis of symptoms

134. Resolved – That the Committee: -

i. Welcomes the Sussex-wide review of stroke services and asks to be fully involved in the associated consultation process

ii. Asks NHS service providers and commissioners to address the following issues relating to the provision of stroke services: -

a) The need for equity of service provision and outcomes across Sussex
b) Best practice needs to be followed and shared by all NHS Trusts
c) There needs to be better use of telemedicine

iii. Asks the Collaborative Team to provide the following information:-

a) Updated performance and outcomes data on stroke services
b) Timescales for the stroke review
c) Financial data and metrics on costs of stroke services
d) Readmission rates
e) Details of preventative measures to stop strokes happening in the first place

Access to Primary Care

135. The Committee considered a report by NHS England (NHSE), Surrey & Sussex Area Team, the commissioner of Primary Care Services (copy appended to the signed minutes).

136. Summary of responses to Members' questions and comments: -

- Information from the Healthwatch report would be used in conjunction with results from a patient survey to address access issues
- NHSE had told all surgeries to stop using premium telephone numbers, offer a local alternative or make return calls to patients
- GP surgeries were responsible for their own phone systems, but NHSE would work with them to resolve complaints
- GPs were required to provide the same NHS core contracted General Medical Services (GMS) to people living in care homes as for people living independently. But GPs could charge for additional enhanced services requested by care homes that were beyond the scope of the core contracted service. Any breaches of this should be reported to NHSE
- Where care homes pay for such additional GP services, it is likely that the costs would be passed on to the patient (or whoever was responsible for paying for their residential placement – which could include NHS Continuing Health Care or the County Council)
- Treating people in care homes could help ease the pressure on A&E departments, so it could be counter-productive for GPs to make these additional charges, particularly if in doing so they deter care homes from calling GPs out (and therefore increase the likelihood of A&E attendances)

- There was public concern that care home providers would not call GPs to treat patients if they felt that had to pay additional charges for this – it needed to be communicated to people that this was not the case
- For patients discharged early from hospital to care homes who were still in need of treatment, their GP bills would be paid for by the hospital
- Clarity was needed on what was provided by the GMS contract and how much it was reasonable to expect to pay for anything above the contract
- There were strict regulations determining GMS and Alternative Primary Care Services contracts
- There was a strict process to determine whether a new GP practice was needed in an area - sometimes access could be improved by making organisational changes to existing practices. NHSE works with local councils to ensure the health needs of the local population are met, and particularly through influencing the Section 106/Community Infrastructure Levy funding that local councils are able to require of developers as part of new housing developments
- CCGs were fully aware of the impact of local housing developments and the fact that there were no NHSE plans to invest more in primary care services, and were therefore liaising closely with district and borough councils on this
- NHSE was asking practices to highlight any issues they had with their premises and whether these impacted on patients – data would be examined and priorities for improving premises developed
- NHSE responded to complaints about practices and worked with them to produce action plans for improvements e.g. on triaging, advance appointment booking and urgent bookings
- New technology was being considered for repeat prescriptions, booking appointments online, using skype and texts, but practices could only be encouraged to change, not forced
- Some practices offered Saturday morning surgeries and a direct enhanced service outside of the usual 8.00 – 6.30 hours
- To make it easier for people to get GP appointments, from October 2014 all GP practices would be able to register patients from outside their traditional boundary areas (but without a duty to provide home visits). How home visits would be provided was an issue yet to be resolved by NHSE.
- Area teams would need to arrange in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.
- From 1 April, all patients over 75 would have a named GP – and NHSE can provide the service specification for this
- There was a 'Pharmacy Call For Action' and a 'Dental Call For Action' as well as the 'Primary Call For Action', setting out the plans for the future of these services. The outcomes of events held by NHSE on these can be provided to the Committee
- It will be important to explore the opportunities to change how primary care is delivered in the future, and to ensure services are centred on patients, as set out in a recent report by the King's Fund
- Sussex Community NHS Trust could provide nurse-led services in care homes e.g. for patients with complex needs, but this would require investment
- The walk-in centres in Hastings, Eastbourne, Brighton and Crawley were under review by NHSE and the CCGs – the centres had not had a significant affect on the number of people using A&E
- All CCGs were reviewing their urgent care plans, including A&E, out of hours services, moving care in to the community and looking at pathways to ensure patients went to A&E for the right reasons

137. Resolved –

i. That the Committee asks the Area Team to: -
   a) Look at carrying out monitoring of GP practices' telephone systems through mystery shopping
   b) Ensure that care homes are not being charged for services covered by the General Medical Services contract
   c) Monitor waiting times for GP appointments in West Sussex
   d) Provide an update report to the Committee's Business Planning group in the autumn

ii. That the Committee asks the Area Team and the Clinical Commissioning Groups to : -
   a) Encourage GP practices to explore the use of new technology to help improve access and communications, whilst recognising that not all patients are IT literate
   b) Look at how to ensure consistency of service and best practice across all GP services
   c) Identify any opportunities for local councils to work in partnership with the NHS to address primary care needs for West Sussex

Proactive Care - The Future Model of Services for the Frail and Elderly

138. The Committee considered a report by the West Sussex clinical commissioning groups (copy appended to the signed minutes) and heard that: -

- Proactive Care was about integrating health and social care for vulnerable patients through multi-disciplinary teams (MDTs) and would develop better relationships with district/borough councils, particularly in housing matters
- Proactive Care was part of a shift in terms of people being more responsible for their own care. It is a work in progress and is developing all the time.
- Several pilot schemes were running, including one on pharmacies
- Sussex Community NHS Trust was the lead provider for Proactive Care in Coastal West Sussex and believed that integrated services were best delivered in the community, but it would take time for this change in thinking to prevail

139. Summary of responses to Members' questions and comments: -

- Proactive Care would be centred around the patient and bring families together whilst avoiding duplication where possible
- GPs would play a crucial role as they had the best knowledge of their patients and would be kept informed of developments
- If a GP referred a patient to a Proactive Care Team this information would be acted on immediately
- There should be less attendances at A&E and people should be more confident about living at home as self-care and self-management is an important component of the programme
- A mental health pilot had shown that people felt safe and well when supported in their homes
- The programme needed more publicity so people understood how things would change
- Patient groups had been involved in developing the programme
- Carers would have access to assessments followed by support

- MDTs would consist of highly skilled, experienced staff who would assess patients needs based on a range of factors
- Risk stratification data was a new way of identifying those at risk of being admitted to hospital, intervening and tracking the outcome
- There were ways to measure the cost of care before and after intervention and a questionnaire was being developed to get qualitative data
- Evaluations were taking place to identify savings across the health and social care economies
- Investment in 2013/14 had been about embedding teams in to integrated services around primary care, which would have a direct impact on the experience of care for patients in 2014/15 – throughout 2014/15 the impact of this on acute hospitals would be measured – at the moment, the impact seemed to be minimal
- It would be important to ensure that there is a return on investment in the programme, with cost savings to both the County Council and the NHS. Further work is underway to understand the value for money of the programme and the impact of the NHS Support for Social Care Funding
- The next phase of the programme would focus on delivery
- Information on patient stories and data on patient outcomes can be provided to the Committee

140. Resolved – That the Committee: -

i. Welcomes the Proactive Care programme and recognises that this is still developing

ii. Asks the Clinical Commissioning Groups and County Council to continue to monitor, and to provide data on:-
   - The impact of Proactive Care on patient experience and outcomes
   - The impact of Proactive Care on reducing hospital admissions (and particularly whether conveyance rates to A&E have reduced as a result)
   - Whether Proactive Care provides good value for money and leads to cost savings across the whole health and social care economy (but not at the cost of patient experience and outcomes)

iii. Requests an update report in March 2015, to include the requested data

Business Planning Group Update

141. The Committee considered an update by the Chairman of the Business Planning Group (copy appended to the signed minutes).

142. Resolved – That the Committee

i. Agrees that the proposals to relocate the podiatry service in Bognor Regis do not constitute a substantial change in service, do not require further scrutiny and are endorsed for implementation
ii. Notes that a one-off Task & Finish Group of the Committee is being set-up to scrutinise the draft Dementia Strategy in April
iii. Endorses the Committee's Work Programme

Forward Plan of Key Decisions

143. The Committee considered the Forward Plan of Key Decisions for April to July (copy appended to the signed minutes) and expressed an interested in hearing more about the proposed decision to re-procure telecare services in West Sussex.

144. Resolved – That the Committee

i. Receives more information on the re-procurement of telecare services
ii. Notes the Forward Plan of Key Decisions

Date of Next Meeting

145. The next scheduled meeting is on 12 June at County Hall, Chichester

The meeting ended at 13.36

Chairman.