

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 21 December 2004.

**PRESENT:** Councillor Dryden (Chair), Councillors Biswas and Lancaster.

**OFFICIALS:** J Bennington and J Ord.

**\*\*PRESENT BY INVITATION:** South Tees Hospitals NHS Trust:  
Dr Vincent Connolly, Clinical Director of Acute Assessment Unit  
Jill Moulton, Director of Planning.

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors McIntyre and Mrs H Pearson.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 25 November 2004 were submitted and approved.

## **EMERGENCY ADMISSIONS REVIEW - JAMES COOK UNIVERSITY HOSPITAL**

Further to the meeting of the Panel held on 25 November 2004 and in a report of the Scrutiny Support Officer Members were advised that the Chair of the South Tees Hospitals NHS Trust had identified major themes relating to emergency admissions consistent with the terms of reference for the review which the Panel had previously agreed as follows:-

- a) To establish the rate of emergency admissions into James Cook University Hospital (JCUH) and relate to national figures;
- b) To investigate why the numbers of emergency admissions into JCUH are at their current level;
- c) To investigate methods of reducing the amount of 'unnecessary' emergency admissions;
- d) To investigate the impact developments such as Out of Hours, Minor Injury Units, Walk in Centres and Emergency Prevention has or could have on emergency admissions at JCUH;
- e) To investigate to what extent a 'revolving door syndrome' exists, whereby the same people are admitted and discharged from hospital on a regular basis and the costs this incurs;
- f) To examine performance indicator information relative to the interface between the NHS and Social Services in dealing with patients coming out of acute care into the primary care;
- g) To ask whether there are predictable trends in Emergency Admissions and could elective surgery be planned to complement any trend.

It was also noted that the Chair of the Trust had identified the themes of psychiatric factors and self harm, particularly in young men, as creating an increasing pressure on Emergency Medicine the reasons for which could be added to the terms of reference.

The report outlined possible sources of evidence to be considered at the next meeting of the Panel such as other local NHS Trusts which would include Middlesbrough PCT, TNEY Mental Health & Learning Disabilities Trust and TENYAS Ambulance Trust. Other suggestions included the South Tees Patient's Forum and Social Services.

**AGREED** as follows:-

1. That the information provided be noted.
2. That item (b) of the above terms of reference be extended to take into account the increasing trend for certain emergency admissions as identified by the Chair of the South Tees Hospitals NHS Trust.

### **ACUTE ASSESSMENT UNIT - JAMES COOK UNIVERSITY HOSPITAL - PRESENTATION**

The Chair welcomed Dr Vincent Connolly, Clinical Director of Acute Assessment Unit (AAU) and Jill Moulton, Director of Planning at James Cook University Hospital (JCUH) who gave a presentation which provided an introduction to the current review and an insight of the main features of the emergency care services as follows:-

- majority of patients were from Middlesbrough and East Middlesbrough and other specialist emergencies from areas such as Darlington, North Yorkshire;
- Emergency Care encompassed Accident and Emergency, Acute Assessment Unit and GP Out of Hours;
- the Medical Assessment Unit covered Primary Care, A & E and self referral;
- the aim of the AAU was to provide expert assessments, diagnosis and treatment as soon as possible by teams of skilled doctors and nurses;
- patients often had complex medical problems for example chronic bronchitis, heart failure, diabetes;
- consultants were based in AAU which allowed earlier involvement in patient care than under previous arrangements;
- there had been a significant increase of emergency admissions in recent years and 2004 had shown a further 10 % -11% increase from the previous year but it was noted that there was a high turnover of patients within 24 hours;
- patient satisfaction forms had demonstrated a high rate (92.5%) of patients satisfied with care and treatment received;
- although many patients were admitted to traditional special care wards more community based facilities were being developed to provide quality patient care at home or in emergency clinics which patients in recent surveys had shown to be the preferred arrangements;
- the need for a good working relationship with other departments was recognised as being essential;
- some of the national directives for the current provision and future development included Accident and Emergency Modernisation Team, European Working Time Directives, National Service Frameworks, NHS Plan Targets and review of GP Out of Hours Services.

Statistical information was provided on certain benchmarking between April 2003 – March 2004 as follows:-

	JCUH	similar Peer Hospital
General Intake Medical Admissions	13,833	
Deaths in Hospital (suggested lower rate as a result of the impact of AAU)	3.24	5.51
Deaths in 2 days	0.23	0.80
Re-admission rate	10.3	10.54
Discharge to home	92	81.9.

A brief summary was given of the extensive services provided and being developed including:-

- Ambulatory Emergency Care Team
- Fast Access to Services Team (unsuitable patients 10%, transfer to non acute beds 15%, patients remaining in acute hospital beds 16% and patients discharged home via FASTeam 59%)
- Rapid Access Clinic
- Chest Pain Clinic
- Heart Failure Team
- Diabetes Team
- COPH Outreach
- Macmillan team
- Review of GP's contract resulting in PCT being responsible (Primecare appointed) for providing urgent health care Out of Hours, generally between 6.00 p.m. – 8.00 a.m.
- Evolvement of Nurse Practitioners
- Extending roles of Health Care Assistants.

Specific reference was made to self referrals such as sever asthma cases. Further chronic disease management plans were being developed to cope with increasing numbers in various categories.

The following points were raised during the subsequent discussions:-

- a) reasons for increase in emergency admissions which included:
  - demographic changes i.e. more elderly persons
  - higher survival rate but increases in chronic diseases
  - patients benefited from urgent treatment centres at hospital rather than at home for such illnesses as sever angina;
- b) increased rates reflected national trends and not specifically as a direct result of less community hospital facilities;
- c) it was suggested that further information be sought from the Strategic Health Authority in relation to increases in primary care as a result of the review of the GP's contract and Out of Hours service;
- d) clarification was sought on the reasons for re-admissions which mainly involved persons with chronic diseases such as chronic lung disease, heart failure which in some cases patients had expressed a desire to go home;
- e) Members requested further information on the extent of involvement of other external services such as Social Services in respect of those cases referred to in (d) above;
- f) In response to identifying ways of reducing unnecessary admissions Dr Connolly explained the difficulties in defining 'an unnecessary admission' for example, people accessed facilities at AAU but were not necessarily admitted and patients via GP's were able to have urgent x rays and scans;

- g) It was noted that the AAU model had received national acclaim and recently been given an award.

**AGREED** as follows:-

1. That Dr Connolly be thanked for the presentation and contribution to the subsequent deliberations which would be incorporated into the overall review.
2. That the invitation to visit the emergency care facilities (A & E, surgical emergencies and emergency admissions) at James Cook University Hospital be pursued.
3. That as part of the compilation of evidence information be sought on the joint working arrangements with the Social Services team.

#### **DEPARTMENT OF HEALTH CONSULTATION - FUTURE SUPPORT - PATIENT AND PUBLIC INVOLVEMENT IN HEALTH**

The Scrutiny Support Officer submitted a report which sought a response from the Panel to the Department of Health's consultation on the future support arrangements for Patient & Public Involvement in Health.

**AGREED** that a copy of the questionnaire be circulated to all Members of the Council and a further report and the form be submitted based on the responses received.