HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 23 May 2006.

PRESENT: Councillor Harris (Vice-Chair) (In the Chair); Councillors Biswas and Lancaster.

OFFICIALS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** M Phillips, Acting Director of Primary Care, Middlesbrough Primary Care Trust.

**** AN APOLOGY FOR ABSENCE** was submitted on behalf of the Chair, Councillor Dryden.

**** 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 19 April 2006 were submitted and approved.

OUT OF HOURS SERVICE – MIDDLESBROUGH PRIMARY CARE TRUST

In a report of the Scrutiny Support Officer reference was made to the evidence received so far in respect of the effectiveness of the Out of Hours service provided by Primecare on behalf of Middlesbrough PCT and the other Tees Valley PCTs.

A number of areas had been identified by the Panel, which required further clarification.

The Chair welcomed Martin Phillips, Acting Director of Primary Care, Middlesbrough PCT who responded to a series of questions which had previously been circulated which focussed on the undermentioned areas.

a) If patients with long-term conditions, such as diabetes or kidney problems who may be able, to some extent, diagnose themselves were dealt with in a different manner;

- It was confirmed that patients with chronic long-term conditions as identified were currently treated in the same way as all others in that they would need to be call the OOH service and then they would be triaged;

- whilst self management was encouraged and help in gaining a better understanding of how to cope with conditions was supported it was acknowledged that there were governance issues when clinical action was involved to protect both the patient and the professional;

- an assurance was given that there would be vigorous monitoring arrangements to ensure that appropriate safeguards were in place in terms of the safety aspects in such circumstances;

- the scope to make the service more responsive to individual patients was supported by Members;

- it was felt that with the consent of all concerned the possibility of having information on an individual patients clinical conditions added to the Primecare database in the same way as palliative care patients should be examined;

- such an enhanced level of clinical information would in most circumstances assist and facilitate the clinician's decision making;

- although Members referred to the likelihood of many patients, especially elderly persons who would prefer to speak to a person from their own GP practice it was pointed out that over the past ten years most GP practices in Middlesbrough had used deputising services;

- it was also noted however that there were more local GP's than at first involved who were now participating in the OOH service;

- Members concurred that in certain circumstances the number of persons a patient may have to speak to and the number of calls involved as part of the triage system may cause unnecessary anxiety and therefore the overall system should be examined in this regard;

b) Evidence regarding the number of people engaging directly with Accident and Emergency facilities and/or Ambulance services rather than OOH:

- although the current available data was inconclusive there was an indication that A & E activity was increasing but that this was not attributable to changes in the OOH arrangements.

Reference was made to a recent report from the House of Commons Public Accounts Committee, which highlighted areas of concern for OOH services nationally, particularly with regard to the cost of OOH and the achievement of targets. The Panel sought clarification on a number of issues with regard to the report specifically: -

i) has the cost of the provision of OOH been as predicted, or has the PCT had to expend more than was budgeted for?

- the cost of the OOH contract was in line with projections albeit in excess of the Government's £6,000 per GP;

- one of the reasons for this figure related to the analysis of the costs of operating co-operatives which were lower than commercial arrangements;

- although direct comparisons were difficult for benchmarking purposes it appeared that the costs of the Tees Valley service was in the median for OHH services;

- it was noted that as part of the contractual process the current OOH service provider had not been the most inexpensive but the priority had been to ensure the best services for patients;

ii) has the OOH contract been signed?

- a contract had been signed on 28 March 2006 between Middlesbrough PCT and Primecare;

iii) what percentage of patients are assessed within the stated timeframe for urgency/emergency call?

- approximately 90% of urgent calls were clinically assessed within the 20 minute allowance and all emergency calls were assessed within the 3 minute allowance;

- it was suggested that more calls as thought necessary had been categorised as urgent;

- the assessment period commenced at the point of speaking;

- in response to the Panel's request further details would be provided on the protocols in respect of urgent and emergency calls.

iv) Jo Webber of the NHS Confederation, which represents 90% of health service organisations, said that 80% of patients were satisfied with the service--- does that hold true for the experience in the Tees Valley?

- results from surveys conducted locally by Primecare had shown that 90% approximately of Tees Valley patients had expressed satisfaction with the service;

- it was confirmed however, that the survey had shown that only 60% of Tees Valley patients had expressed total satisfaction with the service;

- it was acknowledged that to judge the level of satisfaction was difficult and examples were given of cases where the service had been used on several occasions which had impacted on the level of expectation of the service;

v) in what way will the PCT's experience of OOH so far inform its future plans for the provision of the OOH?

- it was considered that the PCT was more able to 'manage the market' than when they had initially taken on responsibility for OOH service;

- it was considered that in future there may be more scope for different elements of the service which could be delivered by various organisations;

- it was felt that there could be greater emphasis placed on patient education and self-reliance in order to reduce the number of calls being made to the OOH service which could be dealt with 'in house', NHS Direct or other means;

- it was felt that more work needed to be undertaken to develop the workforce and skills such as that of the nurses, nurse practitioners or emergency care practitioners;

- monitoring arrangements including the patient satisfaction surveys would continue to inform future plans to improve the service;

- it was thought unlikely that additional funding would be made available for OOH service;

- it was considered that the triage system needed to be further defined to differentiate between urgent and non urgent cases.

vi) How does the PCT think OOH service can improve?

- the need for the service to be more patient centred was reiterated and to be more responsive to the needs of patients and their carers;

- as a consequence, better working across organisations would inevitably be required and across the agencies providing unscheduled care services;

- improved partnership working between the PCT and James Cook University Hospital where the OOH centre was co-located;

- develop the opportunities for enhancing the skills of the current workforce and encourage recruitment;

- Members concurred with the need for improved co-ordination between the services especially the ambulance and hospital services.

vii) What does the PCT see as the largest impacts of the new OOH service on primary care services?

- improved level of patient access as doctor's surgeries were able to 'switch off' at a definite time each day.

AGREED that Martin Phillips be thanked for the information provided which would be incorporated into the overall review.

**** OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 25 April 2006.

NOTED