

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 3 April 2008.

PRESENT: Councillor Dryden (Chair), Councillors Cole, Lancaster and P Rogers.

OFFICIALS: J Bennington, D David, J Douglas, P Duffy and J Ord.

PRESENT BY INVITATION:

Middlesbrough Primary Care Trust: Elaine Wyllie
South Tees Hospitals NHS Trust: Linda Henerty and Des Robertshaw
Hard of Hearing Group: Mr J. McGregor
Sign Interpreter: Judith Barnett.

**** APOLOGIES FOR ABSENCE** was submitted on behalf of Councillors Biswas, Elder and Rooney.

**** 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 5 March 2008 were taken as read and approved as a correct record.

STRATEGIC PLAN 2008 TO 2011

The Executive Director of Social Care presented a report and sought the views of the Panel on the proposed health related content included under the different themes of the Strategic Plan 2008-2011 as shown in Appendix A. The content for each section was divided into two parts: Part 1(Key achievements against priority contributions to Community Strategy themes during 2007/2008) and Part 2 (proposed actions and targets to address Strategic and LAA priorities for 2008/2009).

Members were advised that the proposed content was an early draft and would be subject to further change as the emerging Strategic Plan was reviewed and developed in collaboration with partner agencies. Target and outcome figures would also change as performance data was finalised for the end of the financial year.

Members sought clarification on a number of areas including: -

- a) since the report had been circulated it was noted that further work was being undertaken to explore what organisations could deliver on the objective to establish a Community Interest Company;
- b) specific reference was made to the targets both national and local in terms children and young people under the planned action heading of 'improve health outcomes';
- c) in developing local targets such as that relating to obesity Members highlighted the importance of ensuring that such targets reflected the particular local circumstances based on available evidence;
- d) specific reference was made to a recent final report of the Panel relating to Life Expectancy and Cardiovascular Disease and in particular the issues surrounding obesity and diabetes the details of which would be included in the Operational Plan of the Primary Care Trust in support of the relevant areas in the Strategic Plan;
- e) confirmation of the targets relating to adaptations in respect of: -

- increase the percentage of people who receive delivery of equipment and minor adaptations to daily living within 7 working days from 84% to 89%;
- increase the percentage of new older-client assessments having acceptable waiting times from 82.4% to 85%.

AGREED that the information provided in relation to the draft health related content under the different themes of the Strategic Plan 2008/2011 be noted and supported and the progress in key achievements acknowledged.

AUDIOLOGY SERVICES IN MIDDLESBROUGH

The Scrutiny Support Officer submitted an introductory report on the information to be sought from representatives of Middlesbrough Primary Care Trust (PCT) and South Tees Hospitals NHS Trust (STHT) to discuss audiology services provided for Middlesbrough residents.

Members were reminded of news coverage over the Christmas and New Year period 2007/2008 relating to audiology services and associated waiting times. The Royal National Institute for the Deaf had conducted a research project whereby it had asked 152 PCTs to supply information. One of the questions asked related to the current average time it took a new adult patient to receive a hearing aid and from the time of referral by a GP. A copy of the RNID press release was included in Appendix 2 of the report submitted.

According to the RNID, the research conducted had found that 39% of new patients in England had to wait more than a year to have hearing aids fitted. It was pointed out that the Department of Health had a target of 18 weeks for the procedure to be completed.

On a local basis and according to the RNID research, STHT had average waiting times of over a year along with nine other NHS Trusts.

Reference was made to a meeting of the Panel held on 4 January 2008 when it had been agreed that the Chair on behalf of the Panel and with the assistance of Officers, investigate and report on subsequent findings.

As part of the evidence gathering process, the Chair and supporting Officers attended the Middlesbrough Deaf Centre on 6 February 2008 to discuss local audiology services with Deaf people and their experiences of such services. Notes of that meeting had been taken as outlined in Appendix 1 of the report submitted.

The main areas of discussion had been as follows: -

Communication Breakdown:

- it was considered essential that people working in the Audiology Department at James Cook University Hospital (JCUH) should be able to communicate with deaf patients;
- views had been expressed that the translation services within JCUH were considered to be poor;
- it was suggested that sign language interpreters should be available on request to attend appointments with deaf or hard of hearing patients;
- as deaf patients attending appointments at JUCH were not approached when their name was called it was suggested that visual signs, display boards or a light system should be used;

Appointments:

It was noted that it was an individual's responsibility to request an appointment, as the Audiology Department did not automatically schedule regular hearing tests, check ups and reviews.

Deaf Awareness:

It was suggested that there should be increased deaf awareness in the Audiology Department in order to tackle discrimination, creating more positive attitudes and enhancing communication skills.

Waiting List:

- it had been stated that if an individual wished to replace an analogue hearing aid with a digital hearing aid they had to wait for over a year to receive the replacement hearing aid;
- users had been advised that in the first instance, providing children with digital hearing aids was a higher priority than adults.

Diagnosis:

Reference was made to difficulties which users had encountered with regard to re-programming/testing hearing aids after complaints usually as a result of experiencing headaches and balance problems.

Complaints:

Reference was made to a lack of response from the Audiology Department following the submission of complaints.

Information:

It had been stated that patients were not informed of the services available.

Contact:

It was pointed out that deaf and hard of hearing individuals experienced problems in making appointments, as many were unable to use a telephone.

Deaf Awareness Week:

It was pointed out that although the Audiology Department had been contacted regarding the Deaf Awareness Week the Department had not displayed any interest in supporting the activities scheduled to take place.

In order to assist the review process the local NHS representatives at South Tees Hospitals NHS Trust and Middlesbrough Primary Care Trust had been asked to consider a number of preliminary questions.

A copy of the initial response from South Tees Hospitals NHS Trust to such questions was provided in Appendix 3 of the report submitted briefly summarised as follows: -

- a) Current Waiting Times for Audiology Services for people in Middlesbrough:

It was stated that patients attending their General Practitioner surgeries at present requesting referral for hearing aid provision could expect to wait in the region of 36 weeks prior to receiving their hearing aid from JCUH.

- b) If there were different cohorts of audiology patients and if this affected waiting times:

It was confirmed that there were different cohorts of audiology patients. It was explained that some patients might have been referred by their GP to an Ear Nose Throat Consultant for investigation, which may result in the need to wear a hearing aid. Such patients were then referred onto Audiology by the ENT Consultant. It was pointed out that this mainly applied to

those patients who were under the age of 60 and were less likely to have hearing loss caused by age alone.

It was pointed out that the main body of patients requiring hearing aids were in the 60 years and over age bracket and were generally referred direct to the Audiology Department by their GP.

The waiting times of all the above patients was reported as generally being the same.

- c) The number of patients currently waiting longer than 18 weeks for audiology services:

At the end of January 2008 it was reported that there were 467 patients from the Middlesbrough area waiting for hearing aids with waiting times in excess of 18 weeks.

- d) Historical reasons as to why there were long waiting times:

Reference was made to several factors which were considered had contributed to long waiting times for patients requiring digital hearing aids. The Audiology Services had been part of a nationwide modernisation of hearing aid services commissioned by the Department of Health with effect from early 2004. Although the South Tees Audiology Services was one of the larger departments in the UK they had been limited as other departments to three additional members of staff in respect of modernising hearing aid services.

Other contributory factors had been identified as follows:

- the need to spend more time per patient providing them with digital hearing aids;
- since the start of the Modernising Hearing Aid Services project there had been a national shortage of Audiologists and recruitment had continued to be a problem;
- as a result of publicity surrounding the availability of digital hearing aids under the National Health Service, the demand for hearing aid provision from the general public had increased more than what was expected.

- e) What was being done to address the matter:

It was confirmed that STHT and the Audiology Service had been working closely with the local PCT working on the following: -

- a waiting list initiative had been commissioned by Middlesbrough PCT in 2006/2007;
- in 2007/2008 an additional 1,100 patient journeys had been jointly commissioned by Tees PCTs;
- it was also understood that Tees PCTs had commissioned yet further capacity from the Independent Sector on a temporary basis in order to further reduce the pressure on the South Tees NHS Audiology Service.

- f) What else could be done to improve matters:

It was stated that provided that the additionally commissioned activity volume was sustained at 2007/2008 levels, throughout 2008/2009 financial year, the Audiology Service at South Tees believed that this would provide sufficient capacity to deliver no more than 18 week waits for digital hearing aids for patients in the Middlesbrough area by December 2008.

- g) As the North East Region was heavily represented in the RNID's worst ten waiting times they were asked if there was any SHA leadership on the matter.

It was confirmed that the local PCTs were in discussion with the Strategic Health Authority regarding the commissioning of hearing aid services.

The Chair welcomed representatives from Middlesbrough PCT and the Audiology Department JUCH who outlined current services and how they may be developed in the future. The Chair

also welcomed Mr J McGregor from the Hard of Hearing Group who was invited to participate in the deliberations.

In their introductory remarks the STHT representatives gave an assurance that efforts would continue to be made to deliver the highest quality services within available resources. As indicated in their written response the Trust had worked closely over the last two years with Middlesbrough PCT with particular regard to advances in hearing aid equipment and a Department of Health initiative, 'Payment by Results'.

Elaine Wyllie (PCT) gave an indication of her role as a commissioner on behalf of four PCTs . It was acknowledged that problems relating to long waiting times for some patients for hearing aids had been recognised in late 2006. Since that time much work had been undertaken and a number of measures had been pursued to alleviate the situation including additional investment and commissioning the independent sector to provide services. The Panel was advised that improvements had been achieved in reducing the waiting list mainly persons aged over 60 year olds.

Although the waiting list figures were not the worst in the UK Members shared the concerns that such numbers should be significantly reduced with particular regard to the vulnerable and elderly patients.

Further reference was made to the financial arrangements, which had previously been on the basis of a block contract for a determined amount based on the geographical area, population and other factors. As a result of a Department of Health initiative much work had been undertaken in moving towards a Payment by Results mechanism on a cost for case basis.

Members acknowledged the additional investment but sought clarification as to the planned action for improvement in the short and long term. In response it was reported that the target to be achieved by December 2008 was for no patients by referral, usually by GPs, should wait longer than 18 weeks for the fitting of a first hearing aid.

The STHT representatives confirmed that the number of patients from the Middlesbrough area waiting for a hearing aid had reduced from 467 to 425 patients. Members requested that an update on such figures be provided in January 2009. It was also agreed that once updated a copy of the strategic plan, which included aspects of training, and improved efficiencies would be made available.

Members asked for further clarification as to the reasons for commissioning the independent sector. In response, the PCT representative referred to many complaints, which had been received including, those from Patient and Public Involvement Forums regarding the lengthy waiting lists. An indication was also given of evidence of a consultant led service whereby patients were being referred to consultants when it was not necessarily required, in order to try and gain earlier treatment. Both the STHT and the PCT had concerns and agreed the need for further investment and to seek alternative ways to reduce the waiting list.

It was confirmed that the independent sector had to meet NHS standards. The current involvement by the Independent Sector was a pilot scheme, which had gone to open tender and was on a case by cost basis. The scheme had provided greater choice for patients and had stimulated the market.

Members sought clarification as to the reasons for the Audiology Department not automatically scheduling regular hearing tests and check ups for individuals with hearing aids. In response it was confirmed that such a service had been considered but given the comparatively small number of people who might benefit out of the current 40,000 plus individuals with hearing aids there was insufficient capital to cope with such a service.

Given the continuing developments and advancements in hearing aid equipment and in the absence of an automatic recall appointment system for patients it was suggested that consideration be given to the compilation of some form of newsletter. Reference was also made to the involvement of Middlesbrough Deaf Centre and patient groups, which could assist in the dissemination of information.

Reference was made to the current arrangements at the Audiology Department, which provided an open access policy with appointments, Monday to Friday for approximately 18,000 out of 40,000 individuals each year.

In terms of the statements from individuals regarding the lack of appropriate signage at JCUH the STHT representatives made available an example of an appointment letter which included information regarding assistance which could be provided in terms of a Foreign Language or Sign Language Interpreter. An assurance was given and details provided of the deaf awareness training provided for staff.

Members highlighted the importance of ensuring that the most appropriate method of communication and approach was adopted for dealing with individuals with hearing difficulties at the reception points at JCUH.

Both the representatives of STHT and the PCT confirmed that methods of communication by means of display boards and/or pager systems had been considered and would be explored further. It was noted, however, that a patient group in Newcastle had indicated that a display board system was considered to be intrusive.

In response to problems raised by individuals regarding the handling of complaints the STHT representatives confirmed that the Trust had a robust complaints policy in place and confirmed that all complaints should be responded to. Confirmation was also given of meetings held with PALS on a regular basis. It was confirmed that if details could be provided of specific cases such information would be investigated.

In terms of previous comments by individuals regarding the lack of information on available services, the STHT representatives provided examples of various leaflets and user guides.

An invitation was extended to Members by STHT to visit the Audiology Department on a mutually acceptable date and time.

AGREED that all representatives be thanked for the information provided which would be incorporated into the overall review.

OVERVIEW AND SCRUTINY 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 11 March 2008.

NOTED