HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 11 February 2008.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Cole, Elder, Lancaster, Mrs H Pearson and P Rogers.

OFFICIALS: J Bennington, J Douglas, P Dyson and J Ord.

PRESENT BY INVITATION: South Tees Hospitals NHS Trust:
A Sutcliffe (Deputy Director of Nursing)
A Anderson (General Manager, Operational Services)

Middlesbrough Primary Care Trust:
N Stevenson (Senior Commercial Manager)
S Taylor (Commercial Support Officer).

**** AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor 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 4 January 2008 were submitted.

Councillor Elder highlighted the reasons for submitting a letter a copy of which had been circulated at the meeting of the Panel held on 4 January 2008. Specific reference was made to the scrutiny programme in terms of the influence of the PCT and importance of obesity, alcohol and stress related factors when considering CVD as indicated by Dr Canning, Secretary Cleveland Local Medical Committee.

AGREED as follows: -

1. That the minutes of the meeting of the Health Scrutiny Panel held on 4 January 2008 be approved.

2. That the comments of Councillor Elder be noted.

PATIENT TRANSPORT TO AND FROM JAMES COOK UNIVERSITY HOSPITAL

Further to the meeting of the Panel held on 4 January 2008 the Scrutiny Support Officer submitted a report which outlined a series of questions which had been forwarded to a number of organisations regarding the review of patient transport to and from James Cook University Hospital. The report included the responses received as outlined in briefing papers from the Department of Social Care, South Tees Hospitals NHS Trust and Middlesbrough Primary Care Trust.

The Chair welcomed representatives who outlined the main areas covered in the briefing papers and highlighted a number of key issues including the following: -

Social Care:

i) from the outset it was pointed out that whilst only a small proportion of the overall population using patient transport required social care services following discharge from hospital it was acknowledged that they were amongst the most vulnerable and often had complex needs;

ii) the logistics between discharge from hospital and ensuring that the most appropriate package of care was in place for the client was of crucial importance and time critical a delay of 2-3 hours could be very significant;

iii) it was pointed out that it appeared that a specific examination of the Patient Transport Service (PTS) in terms of quality as it impacted on clients and services had not been undertaken;

iv) it was considered that the development of a systematic mechanism for dealing with problems which clearly identified the communication channels would assist in continuing to improve the quality of the service;

v) social workers (26) involved with discharges from hospital were mainly based on site at JCUH and although further details could be provided it was indicated that they were likely dealing with 100 patients in any one week;

vi) following a clinical decision to discharge, Social Care was informed of the need for assessment by means of a notification process linked to the Delayed Discharge process;

a) although work was allocated throughout the day the discharge process was reliant on a number of components;

b) Continuing Health Care (CHC) must be considered for all patients, triggers completed by ward staff and sent to the PCT;

c) if the patient did not need full consideration for CHC the social worker would request reports that may be necessary to progress discharge from other professionals working with the family;

d) if the CHC triggers were met the same reports were requested along with a nursing assessment followed by a meeting to complete the Decision Support Tool which would be submitted to the Community Care Panel;

e) a support package; intermediate care either residential or community based or residential care in respite; short stay or interim basis;

vii) it was confirmed that Social Care did not have input into the appropriateness of the mode of transport and there had been occasions when patients had not been discharged home when expected and Social Care had not been informed accordingly;

viii) when all assessments were completed and the most appropriate support package or placement was agreed a care plan was compiled and discharge plans agreed;

a) Middlesbrough's Rapid Response Service could facilitate speedy discharge;

b) the service was flexible and reliable covering seven days and also covered end of life care;

ix) it was confirmed that very often Social Care was not notified by the Trust/Ward staff of when a patient in receipt of a service was admitted to hospital or when a patient arrived home with a package of support organised by a social worker;

x) if a patient from a residential care home or the intermediate care centre attended an outpatient appointment patient transport would be informed and made aware of the patient's requirements such as the need for a two-man ambulance;

a) if staffing allowed both MICC and independent facilities, a carer may be sent to hospital with a patient;

b) when delays occurred at outpatient clinics it was important that patients were aware of the process of informing reception that they required return transport;

xi) Social Work staff had expressed concerns that patients had to wait in discharge lounges sometimes all day awaiting discharge and that wards could not give accurate times for discharge making it difficult to set up support in the home;

xii) for regular users of patient transport any change to the usual patterns such as a patient going to respite care had caused problems;

xiii) it was felt that additional information could be provided in GP surgeries related to modes of transport for hospital appointments/admissions.

South Tees Hospitals NHS Trust:

i) following a clinical decision to discharge the process for arranging Patient Transport Service was as follows:-

a) in terms of a planned discharge wards were able to book online with North East Ambulance Services or fax/telephone for PTS before 11.00 a.m. the day prior to discharge or the previous Friday if on a Monday;

b) in respect of a same day discharge wards would try and book PTS by contacting NEAS but if unavailable and in order to minimise the disruption to patient flow an alternative form of transport would be sought such as taxi or private ambulance depending upon a patient's needs;

ii) in most ward areas the qualified nurse assigned to the patient during their hospitalisation would decide upon the appropriateness of the transport with medical staff advising where necessary.

iii) information was provided as to how a ward notified Social Care where appropriate of a patient's upcoming discharge;

a) in most specialities the qualified nurse assigned to a patient would notify social care of the patient's address;

b) in the larger specialities such as acute Medicine and Surgery they had discharge co-ordinators to deal with complex discharges requiring a multi-disciplinary team approach;

c) reference was also made to a Discharge Risk Assessment Tool which was used in some areas to identify specific patients' needs upon discharge;

d) surgery and medicine in particular, used the Notification form completed by a qualified nurse to alert social care on admission to a patient requiring their services upon discharge;

iv) the most frequent reasons for delays in discharge were identified as follows:-

a) no ambulance available due to 'same day discharge' request for transport;
b) ability for relatives/carers to make arrangements to collect patients once they had been informed of the 'same day discharge';
c) limited service from the Ambulance Trust on a weekend;
d) vehicle was inappropriate to meet patients needs for transport due to unclear insufficient information at the time of request;

v) details were provided of the various contracts commissioned by the Trust for PTS;

vi) in terms of outpatients information regarding transport options were given in appointment letters;

a) in relation to Patient Transport patients they were usually requested to discuss their transport requirements with either their GP or through the PCT call centre depending on where they resided;

b) appointment letters also included a patient information leaflet that informed patients of how they could apply for a reimbursement of transport costs through the Hospital travel scheme;

c) Trust had recently appointed a PTS Officer to establish a transport handbook and compile a patient leaflet detailing transport options to hospital.

vii) an outpatient could have their transport arranged locally through the PCT Tees call centre for Teesside PCT locations, a new service that had been in operation since April 2007 and was currently under review;

viii) outside of the above areas the Ambulance Call Centre could be contacted directly or by means of their GP which meant there were times when the Trust often did not know a patient was using PTS transport until they arrived for their appointment;

ix) some outpatient areas such as Main Outpatients arranged transport through the reception or secretarial staff at the request of their Consultant if the patient required a follow up appointment;

Primary Care Trusts:

i) PTS was currently provided by the Transport Information Service (TIS) on behalf of the four PCTs on Teesside;

ii) the purpose of the TIS was to ensure patients who were unable to attend their hospital/clinic appointment by public or other means of transport, had a central contact number to obtain and if eligible non emergency NHS transport service to ensure attendance at their hospital/clinic appointment;

iii) the TIS was currently using a third draft of Eligibility Criteria as shown in Appendix 1 of the report;

iv) in the current Service Level Agreement a call standard response was included to read that a minimum of 85% of calls would be answered within 30 seconds (currently TIS were constantly achieving 90% each month);

v) an indication was given of the results of a service evaluation involving 120 patients of which 96% had agreed that calls had been answered quickly; 92% confirmed that the operator had been helpful; 93% had understood the process they were taken through; and 96% had been happy with the way the call had been handled;

vi) as at October 2007 a total of 27,507 calls had been handled and of those 9,855 became NEAS and 679 ECR bookings;

vii) a block contract was used to fund the PTS;

viii) PCT commissioned PTS from NEAS;

ix) PTS was performance managed centrally by Middlesbrough PCT;

x) performance was considered to very good with the TIS taking over 2000 calls per month;

xi) in terms of transport appropriateness all calls in relation to outpatient appointments were checked for eligibility and if so a patient's mobility was ascertained and the most suitable vehicle dispatched;

xii) in relation to the determination of a patient's eligibility for PTS for an outpatient's appointment the TIS took all calls into the Service and then through the patients , the eligibility criteria and then advised patients accordingly;

xiii) if the patient was eligible for transport then the TIS booked the journey on behalf of the patient;

xiv) the four PCTs contributed to the TIS.

The key points arising from the subsequent discussion centred on a number of areas including the following.

Funding

a) if a patient's needs was determined as a primary health need and eligible for continuing healthcare it would be funded by the NHS;

b) as a result of legislative changes introduced in October 2007 a new step had been incorporated into the overall process in that a patient may have to undergo an assessment and if determined that they were not eligible for continuing healthcare a charge may be made to the patient depending on income and savings;

Discharge from Hospital

a) in response to clarification sought on how a patient was tracked examples were given as to how this often was complex especially in the case of changing health circumstances of a patient;

b) the Deputy Director of Nursing explained that a patient's discharge plan was commenced on the day of admission and once a medical decision had been made and if transport required it would be booked for the next day but a time not given;

c) should it prove necessary for a patient to be transferred to the Discharge Lounge in the hospital confirmation was given that the nursing staff would ensure that such patients continued to receive the required healthcare;

d) the Deputy Director of Nursing confirmed that there were very few patients who remained in the Discharge Lounge for lengthy periods of time;

e) the PCT supported the use of discharge lounges as part of the overall discharge arrangements as a means of assisting with patient flow;

f) it was confirmed that a co-ordinated approach was adopted and close liaison with social care when dealing with patients with a complex package of care;

Arrangements with North East Ambulance Service:

a) reference was made to the current arrangements with the North East Ambulance Service in booking a planned journey the day before and confirmation given that in general a time could not be guaranteed;

b) an indication was given of current negotiations between STHT and NEAS and attempts to include certain flexibility into the contract in terms of the booking arrangements such as extended day time appointments, same day patient journeys;

c) reference was made to a number of factors such as balancing the services, the Government drive to reach targets in terms of blue light emergency response times, type of vehicle required, number of facilitators needed, different equipment required such as stretchers, special chairs, implications of Choose and Book, distances to travel which impinged on the ability to identify more precise times for the booking of ambulances;

Other Forms of Transport:

a) confirmation was given of other forms of transport used such as taxis or private ambulances in certain circumstances;

b) reference was made to local arrangements with a taxi firm in respect of renal patients who may have to visit JCUH three times a week outside of the core times for PTS;

Transport Information Service – Pilot Service:

a) posters and leaflets had been made available to GPs the responses from which would be assessed;

b) the concept of the eligibility criteria had been based on the original national guidelines and embodied by groups in different ways;

c) reference was made to a number of issues such as clarification regarding areas of responsibility and eligibility issues when patients were attending hospitals outside of the Tees Valley which were currently being examined.

Conclusions:

i) Members highlighted a number of individual cases including problems associated with transport for outpatients, lack of co-ordination between the services, unsuitable taxi vehicle, incidences of elderly patients unnecessarily remaining in hospital over a weekend awaiting appropriate transport;

ii) further information was required on the contractual arrangements between South Tees Hospitals Trust and North East Ambulance Service and a breakdown in terms of the number of vehicles, staff and patient journeys in respect of Middlesbrough;

iii) there was recognition of an issue of a lack of flexibility within current transport arrangements to cope with patients' needs which were often complex;

iv) further information was required on the contractual arrangements with local taxi firm;

v) a suggestion was made for more careful attention to be given to the appropriate timing of outpatient appointments should an ambulance be required for patients;

vi) it was acknowledged that the Choose & Book arrangements should assist the circumstances indicated in (v) above;

vii) further information was requested on alternative forms of transport such as the use of voluntary drivers as operated elsewhere;

viii) the Panel acknowledged the work that was being undertaken by the various organisations in order to improve the PTS.

AGREED as follows: -

1. That all representatives be thanked for the information provided.

2. That further information be provided as outlined.

3. That representatives of the North East Ambulance Service be invited to a subsequent meeting of the Panel to provide details of the patient transport service and contractual arrangements with South Tees Hospitals Trust.

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 15 January 2008.

NOTED

ANY OTHER BUSINESS – MOMENTUM – PATHWAYS TO HEALTHCARE

With the approval of the Chair the Scrutiny Support Officer submitted a report which appraised Members of the Momentum: Pathways to Healthcare and sought consideration of the impact of such proposals on the residents of Middlesbrough.

Reference was made to a meeting of the Tees Valley Health Scrutiny Joint Committee held on 6 February 2008 when a briefing by local NHS representatives had been provided on the Momentum: Pathways to Healthcare programme which had been established to implement the recommendations of the Independent Reconfiguration Panel on healthcare facilities across the Tees area.

The local NHS proposed that the statutory consultation be carried out between June to September 2008 in two parts as follows: -

Part 1:

a) the location of a new hospital, serving Hartlepool, Stockton, Easington and Sedgefield;

b) the functional content of a new hospital;

c) any relevant changes to services and facilities in a community setting as a result of (a) and (b);

Part 2:

d) specialised neonatal intensive care services serving Teesside as a whole;

e) other more specialised services or other services that might be relocated into the new hospital.

In terms of the issues to be covered in relation to Part 1 the Panel was asked to consider whether or not Middlesbrough residents would be materially affected by such proposals to such an extent as to warrant being part of the statutory joint health scrutiny committee.

As the nature of the proposals in relation to Part 2 materially affected all local authorities across the Tees area it was expected that representatives from Middlesbrough Council would form part of the statutory joint health scrutiny committee.

AGREED as follows: -

1. That it be recommended that Middlesbrough Council be not represented on the statutory joint health scrutiny committee in respect of Part 1 of the NHS Consultation Plan but that they be kept informed of the consultation and proposals.

2. That it be recommended that Middlesbrough Council be represented on the statutory joint health scrutiny committee in respect of Part 2 of the NHS consultation plan as outlined.

3. That the Health Scrutiny Panel and the Tees Valley Health Scrutiny Joint Committee be advised of progress on the overall consultation plan including Parts 1 and 2 accordingly.

ANY OTHER BUSINESS – NEXT MEETING – AUDIOLOGY SERVICES

The Chair gave an indication of the information gained so far in respect of audiology services in Middlesbrough the subject of further examination at the next meeting of the Panel to be held on 21 February 2008.

NOTED