

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 10 September 2009.

PRESENT:Councillor Dryden (Chair); Councillors Dunne, Junier, Lancaster and Purvis.

OFFICERS: J Bennington and J Ord.

****PRESENTBY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board

North East Ambulance Service NHS Trust:
Barry Dews, Customer Care Manager
Allan Grieff, Assistant Operations Manager
Gayle White, Customer Care Officer

Middlesbrough Primary Care Trust:
Linda Brown, Service Reform Manager.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Carter, Cole and P Rogers.

**** 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 10 August 2009 were taken as read and approved as a correct record.

MATTERS ARISING – REGIONAL HEALTH SCRUTINY

The Scrutiny Support Officer advised the Panel that further details would be provided on dates for meetings to progress the feasibility of setting up a Regional Health Scrutiny Forum.

NOTED

PATIENT TRANSPORT SERVICES UPDATE

Further to the meeting of the Panel held on 26 February 2009 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the North East Ambulance Service NHS Trust (NEAS) to provide an update on progress in the development of Patient Transport Services (PTS).

The Chair welcomed the representatives from NEAS who addressed the Panel and drew Members' attention to the salient points of a briefing paper as outlined in Appendix 1of the report submitted.

Since February 2009 NEAS and the Tees Primary Care Trusts (PCT) had been working together to develop a partnership approach to patient bookings. It was acknowledged that further work was still to be undertaken and it was hoped that a regular programme of meetings and actions could be developed to enable such work to be carried out.

It was noted that the Trust intended to repeat its PTS patient survey and subsequent compilation of comparative information and also focussed surveys on particular services such as renal dialysis transport and the Durham Urgent Care Transport service. In addition the Trust was developing comment cards to gain both quantitative and experiential patient views on a regular (monthly) basis. The Panel was advised that the recent National Kidney Care Audit-PTS report had shown the overall rating of hospital arranged transport (PTS) users to the James Cook University Hospital to be high (response rate of 80% of 1,000 patients). Further detailed analysis of the results was currently being undertaken and would inform future service development.

It was confirmed that NEAS was continuing to work with the community transport providers Future Regeneration of Grangetown (FROG) and Wheels for Freedom and met regularly to examine service improvements and potential expansion. Reference was also made to discussions with some local authority transport providers to examine if further integration of transport was possible. Although such discussions had not as yet been held within Teesside it was confirmed that the Trust was keen to undertake such deliberations as soon as possible.

In terms of community transport providers specific reference was made to developments to extend the times of the services offered to 7.00 a.m. to 7.00 p.m.

The Panel was advised that the use of taxis had significantly reduced to one company on an ad hoc basis. Members requested that further information be provided on the extent and the basis on which taxis were used.

It was confirmed that NEAS had completed its installation of a tracking and communication system to the entire fleet and all staff were currently completing their training to enable the system to be fully operational in September 2009. It was noted that the Trust was beginning to use electronic systems to undertake the planning of patient journeys which did not negate the need for planning staff that would oversee and refine the plan on a daily basis but should ensure that journeys were planned efficiently. It was acknowledged that the use of an electronic planning system placed more emphasis on having the correct information at the time of booking and therefore the ongoing improved partnership working with the Transport Information Service (TIS) was key. Members were advised of a programme of meetings held with TIS which focussed on aspects of patient mobility.

The introduction of a system of banding times for patients in Teesside had been put on hold pending further discussions with South Tees Hospitals Foundation Trust as it was considered important that this would be flexible to the requirements of patients, hospitals and NEAS. Activity modelling work was currently being undertaken by NEAS that would inform such discussions as well as allow the Trust to explore future models of service provision. The modelling was due for completion towards the end of September.

Reference was also made to other activity elsewhere including: -

- a) the Durham Urgent Care Transport service had been fully operational since 1 April 2009 and would be on a 24 hour basis from 1 October 2009 as the current transport service;
- b) NEAS was extending the booking service that it currently provided for residents of Northumberland to those who resided in Newcastle upon Tyne;
- c) the English ambulance services had formed a strategic PTS group for which the NEAS Assistant Director of Operations was a member which met on a monthly basis to share best practice and inform strategic direction both within the ambulance services and the wider NHS;
- d) the application for foundation trust status was progressing and the Trust was keen to encourage the public to become members and governors of the Trust;
- e) the PTS Transformation programme was considered to be a vital part of the work towards foundation trust status.

The transformation programme was due to be completed in March 2010 although it was anticipated that at this point a further programme of work would be agreed to ensure that PTS continued to improve and develop as part of a continuous improvement programme.

Members reiterated their support for a single contact number for patients or staff to book patient transport and were keen to ascertain if any progress had been achieved in this regard. Reference was made to the arrangements, which had been set up in Northumberland whereby all bookings were handled direct by NEAS. The Panel was advised that although there was one call centre in Teesside this was not across the service and whilst there was good partnership

working and some progress had been developed the level of achievement had been hindered by the long term sickness of a key person involved with such work. It was suggested that the Chair and Vice Chair of the Panel meet with appropriate representatives of the PCT to discuss operational requirements and process of development in this regard.

Members were advised of the work of the Customer Care Officer with particular regard to building up a good working relationship with hospitals, PALS, the community and to develop a more streamlined complaint process. As part of the role of the Customer Care Officer there was much work being undertaken around the inappropriate use of 999 calls.

The Panel was encouraged by the steps being taken to secure further improvements with particular regard to the partnership working and the developments with the local voluntary and community sector. It was considered appropriate to advise the Overview and Scrutiny Board and the Executive accordingly.

Members reiterated a concern regarding the use of taxis and reaffirmed their support for a single contact number for patients and staff to book patient transport as established elsewhere in the North East.

AGREED as follows: -

1. That the NEAS representatives be thanked for the information provided and contribution to subsequent deliberations.
2. That representatives of NEAS and the PCT be invited to a subsequent meeting of the panel to advise on further developments.

STROKE SERVICES – EVIDENCE RECEIVED

Further to the meeting of the Panel held on 22 July 2009 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Primary Care Trust (PCT) to discuss the evidence received so far and discuss the development of Stroke Services from a commissioning perspective.

The Panel's attention was drawn to the report submitted which outlined the evidence received so far in respect of its review of Stroke Services in Middlesbrough.

The Chair welcomed Linda Brown, Service Reform Manager from Middlesbrough PCT and by way of introduction the Chair gave an indication of some of the main observations of the Panel.

In her opening remarks Linda Brown confirmed that in Middlesbrough there was a very good relationship with all parties involved with stroke services. Reference was made to the importance of the National Stroke Strategy and the National Service Framework in bringing together a number of parties including GPs and the voluntary sector in order to achieve further improvements and sharing regard to best practice.

It was confirmed that much work had been undertaken as part of the multi agency Rehabilitation Review with a view to improving rehabilitation facilities with specific reference to work with James Cook University Hospital in terms of extending services currently provided. The focus of attention would continue on the long-term pathways of care for patients and carers after discharge from hospital. Good progress had been made and additional discussion groups had been established. As part of the current consultation arrangements reference was made to the Positive Stroke Group. Engagement with service users was considered an important element of the consultation arrangements in order to gain a broad spectrum of patient/carers experiences to inform future developments.

The findings of the review, a copy of which would be provided to the Panel, confirmed the areas to be examined further and action taken in the appointment of additional staff and revisions made to staff rotas.

The importance of having a robust Community Team was endorsed. It was confirmed that there were currently 20 community hospital rehabilitation beds at Carter Bequest Hospital. It was considered important for patients to move out of the acute setting when appropriate and into a community and home setting in order to aid the rate of progress for the patient.

Taking into account the current economic climate steps were being taken to identify better ways of working and best practice but ensuring that a good service model was maintained. It was acknowledged that this was not necessarily about resources but examining possible reconfigurations of current service models.

The appointment of the lead Rehabilitation post would ensure the implementation of the recommendations of the review and pursue partnership working. In terms of current funding arrangements there was a requirement for it to be used for pump priming purposes rather than on a recurring basis but endeavours would continue to pursue the opportunities available. An indication was given of some of the current difficulties in terms of increasing demand, ageing population, tackling more complex needs and aspirations to achieve a greater quality service.

Reference was made to the scope of the Social Care Improvement Grant for support services and in particular the role of the Stroke Co-ordinator post, which would provide a valuable link with regard to such work.

Members commented on some of the Panel's findings with particular regard to the BME community which in overall terms had been found to be in a higher risk of having a stroke but were shown to have a lack of awareness of how to access appropriate services. The need for a range of measures to tackle the issues in raising awareness was confirmed. Specific reference was made to educational events involving GPs as part of the Practice Based Commissioning arrangements. Reference was also made to the effectiveness of the National FAST campaign and the intention to re-run such a campaign in February 2010. Other measures included work in schools, workplaces, colleges, and Healthy Heart clinics.

AGREED as follows: -

1. That Linda Brown be thanked for the information provided and participation in the subsequent deliberations the outcome of which would be incorporated into the overall review.
2. That the Chair and Vice-Chair consider the evidence received so far in relation to Strokes Services in Middlesbrough and that a further report be submitted to the Panel.

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 25 August 2009.

NOTED

ANY OTHER BUSINESS – VICE CHAIR – HEALTH SCRUTINY PANEL

The Committee was informed of the resignation of Councillor Dunne as Vice Chair of the Health Scrutiny Panel.

Nominations were sought for the appointment of Vice-Chair of the Panel.

AGREED that Councillor Junier be appointed Vice-Chair of the Health Scrutiny Panel for the remainder of the 2009/2010 Municipal Year.