

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 8 October 2009.

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

**OFFICERS:** J Bennington and J Ord.

**\*\*PRESENTBY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board  
South Tees Hospitals NHS Foundation Trust:  
Jill Moulton, Director of Planning  
Amanda Marksby, Communication Lead.

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Carter and Cole.

**\*\* 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 September 2009 were taken as read and approved as a correct record.

**CAR PARKING – JAMES COOK UNIVERSITY HOSPITAL – SOUTH TEES HOSPITALS NHS FOUNDATION TRUST RESPONSE**

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 the South Tees Hospitals NHS Foundation Trust to present their detailed response on the Panel's Final Report in respect of Car Parking at James Cook University Hospital.

The Panel's recommendations and the formal response were reported as follows.

- i) That a weekly parking ticket be introduced, guaranteeing a maximum amount that people can pay to park at the James Cook University Hospital site.

An indication was given of information gained by the Trust of weekly ticket schemes offered by other Trusts, which ranged from £15 to £25.

The Trust currently provided a monthly ticket priced at £8 which was open to any patient and visitor who needed to attend the site over an extended period which could include repeat visits over the course of a week. In order to increase awareness to such arrangements the Trust had taken the following steps: -

- publishing the existence of the discounted ticket on machines in all visitor car parks;
- ensuring posters were displayed in patient and visitor areas in all departments and requiring appropriate staff to carry out environmental checks to audit the information displayed and replenish information where necessary.

Under current arrangements a permit was obtained at the 'travel link' office. The feasibility of providing such a ticket using the existing car parking pay machines had been examined but they did not have the technology on site to provide an option to purchase a ticket valid for one week.

It was confirmed that the £8 monthly ticket had been widely taken up by patients and visitors and it was considered that it offered good value for money. As the onsite technology for payment was renewed it was indicated that a different approach may be offered and could be considered in consultation with car park users.

The Panel acknowledged the steps taken and welcomed the enhanced publicity arrangements and in particular supported the use of the terminology of discounted ticket rather than a monthly ticket in any information and publicity material.

ii) That the 15 minutes for free parking be extended to 30 minutes.

The Trust acknowledged that a 30-minute period for drop-off/collection would more accurately reflect the needs of patients and their families given the size of the hospital site.

The Panel was advised that whilst the data recorded by the current barrier system provided details of how many patients stayed for less than 30 minutes (on average 400 a day on a busy day) it did not indicate how many of such numbers stayed between 15 and 30 minutes and who would be exempt from charge if a 30 minute free period was introduced.

It had been estimated that the reduction in income could be £2,000 per week or around £100,000 per annum and therefore careful consideration would have to be given by the Trust Board and Endeavour as to how to manage such a change. It was confirmed that the implications of adopting a thirty-minute free period into the charging structure would be discussed when considering the charges structure to be adopted for 2011/2012.

The Panel welcomed the action to be taken by the Trust.

iii) That the Trust explores ways to make the parking charge setting process much less opaque and seeks the views of interested groups, in line with the Department of Health guidance. The Panel would be happy to assist in this.

It was confirmed that the hospital website had been updated to enable a direct feedback mechanism on the car parking page. Such a page would be monitored by the communications team and information forwarded to the planning team who had responsibility for car parking issues.

The Panel acknowledged the steps taken and confirmed their willingness to contribute to the overall consultation as part of the car parking charging process.

iv) That when subsequent parking pricing reviews are ongoing the Trust Board be involved in the discussions as a formal agenda item, prior to a decision being made.

Confirmation was given that the Board of Directors would discuss any future parking pricing reviews prior to a decision being made.

The Panel welcomed the process to be adopted.

v) That the Trust seeks to publicise the £8 monthly ticket much more assertively and clarifies the price of the monthly ticket. For example, the Trust could include information in relevant patient letters and on car parking ticket machines.

The Panel was advised of a number of forums used to publicise its discounted ticket to patients and visitors including: -

- publishing the existence of the discounted ticket on machines in all visitor car parks;
- ensuring posters were displayed in patient and visitor areas in all departments and requiring appropriate staff to carry out environmental checks to audit the information displayed and replenish the information accordingly;
- existence of a dedicated page on car parking,(including copies of the discounted ticket form to download) under the 'information for patients and visitors' section in the Trust internet site;
- copies of maps sent out with patient letters and reference made to the discounted ticket;
- welcome booklets were available at each bedside on the wards, which had a dedicated section on car parking and included information about the discounted ticket scheme.

Such measures would be kept under review and feedback on their effectiveness would be considered.

The Panel acknowledged the steps taken.

- vi) That the Trust clarifies the process for applying for a monthly ticket and highlights the process that people can expect to go through. The Panel would also like to see the Trust confirm criteria for such tickets and the identify of the ultimate decision-maker.

It was reiterated that the patient or visitor needed to speak to a member of staff on the ward they were visiting or the Travel Link Department and they would be given an application form. Such a form would then be signed by a member of staff on the ward/department and a permit would then be issued from the Travel Link Department. The only criteria was that the applicant was a patient or visitor, as members of staff were not allowed to apply for such permits. It had been the deliberate intention to make the criteria very open to ensure that people were not deterred from applying.

In reviewing the process, the Trust had identified a weakness in the accessibility of the Travel Link Office. Although extending the opening hours of the office had resource implications the Trust intended to continue to explore how this could be achieved.

The Panel noted the current situation and supported the ongoing process with a view to examining how to extend the opening hours of the Travel Link Office.

- vii) The Panel recommends that James Cook University Hospital investigates whether it has enough disabled parking spaces to meet demand. The Panel would like to hear the outcome of this work.

Under the Disability Discrimination Act (DDA) rules, the Trust was required to designate 6% of its visitor spaces for disabled visitors. It was confirmed that currently 12% (90 visitor spaces) were designated for disabled visitors. It was explained that although auditing demand for spaces was difficult because in order to access the free parking offered, disabled patients and visitors took their badges with them when obtaining their parking permit the situation would continue to be monitored.

Although there was an awareness of certain misuse of the disabled spaces Members were advised that the complaints records did not reflect any trend in this regard. It was noted however the number of disabled visitor spaces would be increased by a further 20 to ensure continued good access whilst some reorganisation took place during building works in respect of the new Oncology Centre.

The Panel supported the action taken.

- vii) The Panel would recommend that the Trust investigates the viability of providing car parking spaces for those people who are temporarily immobile due to their condition, or a medical intervention, but who would not qualify for a disabled space. The Panel would like to see evidence of this being done.

It was indicated that the possibility of extending the availability of dedicated car parking to groups of patients and visitors other than those who meet the criteria for disabled parking had been considered. Members were advised that it would be impossible to establish clear guidelines as to who did not qualify and it was also potentially very inequitable. Discussion had centred on providing specified parking for cancer patients. Whilst some cancer patients were very ill, others may be physically quite well and mobile during their visits to the hospital and non-cancer patients may be more physically impaired.

It was felt that the Panel's concerns would, to some extent, be addressed by some of the other actions to be undertaken such as if the drop-off period of time was made easier for instance as, presumably patients who were 'temporarily immobile' would be driven to the hospital rather than driving themselves.

Confirmation was given however that the Trust had examined other sites as outlined in the report submitted. It was noted that there was a range of options adopted. Taking into account such information the Trust believed that the discounted ticket offered compared favourably and demonstrated the endeavours to ensure that all categories of visitor were eligible for heavily discounted tickets if their condition or that of a family member required regular or frequent attendance rather than offering free parking to certain groups with all the issues of equity and consistency of application which it raised.

Specific reference was made to the Panel's subsequent additional recommendation: That the South Tees Hospitals NHS Foundation Trust allows the family and carers of patients receiving end of life care at JUCH, free parking for the duration of that end of life care.

The Panel was advised that as in the case of recommendations about 'temporary immobility' it was difficult to be consistent in the identification of patients who would qualify for free parking.

It was explained that the Trust had 'end of life' pathways but they included patients in very different circumstances for example patients with diagnosis of cancer who may return to hospital and receive treatment over a period of two years, to patients who may be in hospital for 24 hours. Members were advised that regrettably the practical application of the Panel's recommendation would pose significant difficulties.

Whilst the very difficult circumstances of families and patients receiving end of life care, were recognised, free car parking to certain groups of patients inevitably excluded others who may also face very difficult times. It was considered that the current system tried to ensure that patients or visitors who were reliant on repeated hospital visits were not burdened by high car parking charges.

During the subsequent discussion Members highlighted a number of cases and very difficult circumstances which they considered warranted a different approach. It was confirmed that staff had a level of discretion to take appropriate action on compassionate grounds regarding car parking in certain circumstances.

The Panel noted the overall situation but suggested that the Trust be more explicit regarding the level of discretion available to staff to take appropriate action in terms of car parking in special circumstances.

The Panel was advised that since initial discussions in June 2009, the Trust had agreed to provide funding for the introduction of a resident car parking scheme in Beechwood and to develop a long-term strategy for car parking on the JCUH site in conjunction with Middlesbrough Council including a revised Travel Plan addressing all methods of access to the site for patients, visitors and staff.

**AGREED** as follows: -

1. That the representatives of the South Tees Hospitals NHS Foundation Trust be thanked for the information provided and participation in subsequent deliberations.
2. That the ongoing work and action taken by the South Tees NHS Foundation Trust as outlined in relation to car parking charges at James Cook University Hospital be supported.
3. That the Executive be advised of the progress achieved and of the Panel's comments as outlined.

## **STROKE SERVICES DRAFT FINAL REPORT**

The Scrutiny Support Officer submitted a report regarding the draft final report relating to Stroke Services which was currently being finalised.

It was confirmed that representatives from the Positive Strokes Support Group would be attending the meeting of the Panel to be held on 22 October 2009 in addition to the Stroke Lead from NHS Middlesbrough. It was intended at that meeting for such representatives to discuss the

Panel's draft Final Report and to 'test out' the merit and feasibility of the Panel's emerging recommendations.

The Panel considered the emerging themes for conclusions and recommendations to be incorporated into the Final Report, which included the following: -

Conclusions: -

- acknowledgement of the developments achieved and future direction of services and of the national recognition in terms of the acute sector and access to thrombolysis treatment;
- apparent problems of BME about awareness and attendance at hospitals;
- a possible lack of consistency of approach by GPs in terms of awareness;
- recognition of recent developments around healthy heart/CVD Screening Programmes which may assist in identifying those people with a higher risk of having a stroke;
- if there is a need to increase the capacity of Community Teams;
- the need for further developments in relation to rehabilitation such as advice to carers, psychological support;
- if there were sufficient family support workers;
- reference to debates as to whether or not there was a need for a specialised stroke unit and on site rehabilitation.

Recommendations: -

Develop Awareness Campaigns covering:

- symptoms of strokes – support for the proposals to re-run the FAST campaign;
- provision of services
- carers support
- GPs
- BME community
- CVD Screening Programmes assisting in identifying a number of people at risk of having strokes
- role of Community Councils and other networks in terms of publicity in raising awareness
- need for multi-agency approach;

Rehabilitation

- mental health impacts particularly longer term support of more than six months
- extent of the advice and information provided to carers following discharge of patients from an acute setting
- psychological support
- support back into work schemes
- impact/support for family
- empowering stroke support groups to work with families
- role of Practice Based Commissioning – involvement of third sector in assisting with support and self-referral.

**AGREED** that the issues outlined above form the basis of a series of conclusions and recommendations to be incorporated into the Panel's Final Report on Stroke Services to be considered further at the next meeting of the Panel to be held on 22 October 2009.

## 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 22 September 2009.

NOTED