

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 4 September 2013.

PRESENT: Councillors Dryden (Chair), Junier, Mrs H Pearson and P Purvis

PRESENT BY INVITATION: Councillor Brunton, Chair of Overview and Scrutiny Board

ALSO IN ATTENDANCE: Northern Doctors Urgent Care:
J Harrison, Chief Executive
Dr E Summers, Local Clinical Director

South Tees Clinical Commissioning Group:
A Hume, Chief Officer
Dr M Milner, Urgent Care Lead
J Dobson, Head of Customer Programme
H Muscroft, Contract Manager

OFFICERS: J Bennington, D Donaldson and E Pout.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Davison, S Khan and McPartland.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

13/18 MINUTES - HEALTH SCRUTINY PANEL 14 AUGUST 2013

The minutes of the Health Scrutiny Panel held on 14 August 2013 were submitted and approved as a correct record.

13/19 OUT OF HOURS SERVICE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce a number of senior representatives of local public bodies to provide an update on the Out of Hours service.

The Panel had previously undertaken a scrutiny review in respect of the service in 2006 following its introduction in 2004. As part of the Panel's investigation Members had sought evidence regarding the effectiveness of the service, how it was managed and how lessons learnt were implemented. The Panel had agreed a number of recommendations that included ensuring that Patients Forum and associated groups were asked for their input in the contract renewal and that a survey on levels of satisfaction be undertaken prior to the contract being renewed.

The Board's attention was drawn to the more recent Winter Pressures Final Report during which anecdotal evidence suggested that the current Out of Hours provider often called ambulances and sought people's hospitalisation as a first reaction. The Panel had been advised of a view expressed by the South Tees Clinical Commissioning Group (CCG) that the Out of Hours provider invested insufficient resources into ensuring that there were ample visits by Out of Hours GPs. It was considered that the situation was made more difficult given the lack of access to a patient's medical records and awareness of their particular circumstances. The evidence presented to the Panel suggested that there had been significant underestimates in the commissioning process for Out of Hours services and as a result was not delivering as it should.

It was confirmed that the Out of Hours service was now provided by Northern Doctors Urgent Care and as indicated at the meeting held in July they were together with the CCG Clinical Lead, Dr Milner, collaborating with the NDUC Medical Director to review pathways and ensure

robust criterion for those patients requiring admission to hospital.

In order to assist deliberations a number of potential questions for the Panel to explore were outlined in the report submitted.

The Chair welcomed all representatives to the meeting and following introductions Mr Harrison, Chief Executive, NDUC gave a powerpoint presentation on the current position and ongoing future developments. NDUC in the Tees area was based in Crutes House, Fudan Way, Thornaby and as part of current arrangements worked very closely with the North East Ambulance Service and the North East NHS 111 Service.

The organisation was GP led by experienced GPs including 24 hour Clinical on Call which provided valuable support in being able to call in resources if required, in cases where GPs encountered patients with specific often complex clinical problems. A key element was working as a team to provide an Integrated Group Clinical Review.

The Panel's attention was drawn to a number of external audits including Care Quality Commission a copy of which had been circulated to Members which demonstrated the standards met.

Included within the data were the last set of figures regarding NQR performance and also an audit of A & E and 999 calls for OOH which showed for the week between 10 and 17 June 2013 there had been 2857 A & E cases and 922 NDUC cases. Of the NDUC cases there had been 25 referrals to A & E /999 calls which represented 2.71% of NDUC cases (0.88% of A & E attendances). The Panel was advised of the circumstances of the 25 cases referred to A & E.

An indication was given of a number of areas of ongoing development which included paramedic support. Specific reference was made to the Paramedic Support Line which assisted paramedics in gaining advice quickly from GPs when required. It was noted that there was an increasing number of elderly patients with complex and multiple conditions.

The Panel was advised that work was ongoing regarding the development of an agreed process for appropriate access to GP's patient medical records including the Special Patient Notes system. The Special Patient Notes system involved patient care plans which assisted in determining if there were alternatives to hospital admission if thought appropriate to the benefit of the patient.

From the evidence available it was noted that there were very few inappropriate referrals to A & E from OOH with the exception of one case, the circumstances of which were outlined involving an elderly patient with dementia and complex needs.

In terms of NICE guidelines the emphasis was working with such guidance but always in the best interests of a patient. It was explained how the use of the Special Patient Notes system and easier access to patients' medical records enhanced current arrangements.

In discussing the role of paramedics it was acknowledged that the level of competency had vastly increased over recent years given the availability and development of appropriate and extensive training.

A discussion ensued on anecdotal evidence around winter pressures and the difficulties in dealing with the public's perceptions and what was regarded as the 'new normal'. It was recognised that peaks also occurred during the summer months. The local representatives concurred that it was important to test available data and for each organisation to share appropriate information to ensure more meaningful plans for winter pressures.

Specific reference was made to the Urgent Care Lead workstream involving the Acute Trust, NEAS and Social Care focussing on flow of patients and making best use of available resources to the benefit of the patient.

The main thrust of developments was working in a more integrated way and avoiding

inappropriate hospital admissions. An important part of the monitoring arrangements was the evaluation of feedback from GP's, patients and other representatives.

In response to Members' comments regarding their own experiences and from that of others of self referrals to A & E and of incidences of difficulties in gaining an appointment to see a GP an assurance was given that current procedures should ensure that patients have access to a GP. It was acknowledged that a broader range of service was being provided which included a telephone service where considered appropriate. It was emphasised that the correct approach should be adopted and that using the telephone service would not be appropriate in many cases.

In terms of the future it was confirmed that the OOH contract would be renewed in accordance with standard procurement requirements with the negotiations and public consultation for the OOH contract commencing in early 2016.

AGREED as follows:-

1. That the representatives be thanked for the information provided.
2. That the current position be noted and that the Panel reviews the topic further with particular regard to the public consultation for the new Out of Hours contract in 2016.

13/20

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 20 August 2013.

NOTED