HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 16 December 2014.

PRESENT: Councillor Dryden (Chair), Councillor Biswas (Vice Chair) and Councillor Hubbard.

OFFICERS: J Dixon and E Pout.

ALSO IN ATTENDANCE: In relation to Agenda Item 4) only:-

- M Headland, Managing Director, Integrated Medical Care Centre, South Tees Hospitals NHS Foundation Trust (Operational Winter Lead).
- Doctor M Milner, Urgent Care Lead, South Tees CCG.
- C Blair, Associate Director of Commissioning, Delivery and Operations, South Tees CCG.
- G Carton, Senior Commissioning Manager, North of England Commissioning Support (NECS)
- D McDougall, North East Ambulance Service (NEAS) Head of Emergency Care (South).
- R McKenna. Commissioning Manager, North of England Commissioning Support Unit
- D Ward, South Tees CCG

In relation to Agenda Item 5) only:-

- N Kumar, Regional Postgraduate Dean, Health Education North East.
- Doctor R Bellamy, Chief of Service for Academic Directorate/ Consultant in Infectious Diseases.
- K Sowerby, Deputy Medical Director.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Davison, Mrs H Pearson OBE and M Thompson.

** DECLARATIONS OF MEMBERS' INTERESTS

There were no Declarations of Interest made by Members at this point in the meeting.

** MINUTES

The Minutes of the Health Scrutiny Panel meeting held on 18 November 2014 were submitted and approved as a correct record.

WINTER PRESSURES UPDATE 2014/15

The Scrutiny Support Officer submitted a covering report introducing an item to update Members on winter pressures 2014/15.

It was highlighted that the Health Scrutiny Panel had undertaken a number of reviews in relation to winter pressures, the first being in March 2013 when pressures on health services became a high profile matter. The Panel then received an update in July 2013 to establish the extent to which the lessons learnt from 2012/13 were being used in the planning for 2013/14.

Paragraph 3 of the submitted report outlined the key challenges that had arisen as a result of winter pressures and had previously been discussed in detail by the Panel.

At the Panel's meeting in July 2013, Members were informed about a raft of measures implemented to mitigate the effect of winter pressures and these were detailed at paragraph 4 of the submitted report.

Health representatives had been invited to the meeting to provide a general update on the effect of the improvements made and also to discuss the preparations being made for the winter period. The representatives would also provide further information in relation to Government money that had been made available to deal with winter pressures.

A Briefing Paper prepared by the South Tees CCG was made available to Panel Members at the meeting and provided an overview of the action taken and pressures experienced during winter 2013/14 across the South Tees Health economy, specifically at James Cook University Hospital. It included the South Tees Winter Resilience and Surge Management report which provided further context in relation to the pressures experienced in South Tees and the impact this had on patient experience, quality of service and performance.

As a result of the national pressures experienced during the winter of 2012/13, NHS England published the A&E recovery plan in May 2013 and brought together A&E tripartite panels, representatives from NHS England, the NHS Trust Development Authority, Monitor and the Association of Directors of Adult Social Services. The plan called for the development of Urgent Care Working Groups (UCWG) to lead, monitor and deliver the operational resilience and management of winter 2013/14.

It was highlighted that CCGs had also received additional funding to support local providers in maintaining the delivery of the referral to treatment times below 18 weeks.

The UCWG had now been replaced by the System Resilience Group (SRG) which undertook the role of operational and capacity planning for winter 2014/15. The SRG was tasked with developing operational resilience and capacity plans with all stakeholders.

The NHS England Operational and Resilience and Capacity Planning Guidance required the SRG to undertake an analysis of winter 2013/14, identifying any gaps/significant pressures within the system. Particular pressures experienced at South Tees Foundation Trust were identified as follows:-

- Accident and Emergency Attendances increased during April 2011 to April 2014.
- Emergency Admissions to the Trust also increased over the same period.
- Ambulance hand-over delays reduced over the period.
- Delayed transfers of care (DTOC) reduced over the period.

A range of schemes were identified by the SRG to assist with improving the flow and management of patients throughout the urgent care system. NHS England funded multiple schemes submitted via the SRG in three phases. The table at paragraph 4) of the Briefing Paper summarised the supported schemes and associated providers. It was clarified that the funding referred to was an additional 'one-off' amount in order to manage 2014/15 winter pressures.

It was explained to the Panel that each funded scheme had an allocated lead, who was a member of the SRG. The schemes had baseline data and identified key performance indicators which would be monitored during the winter period and reviewed at the SRG meetings.

The Managing Director of Integrated Medical Care Centre, South Tees NHSFT, stated that it had been important for the Trust to be advised by its clinicians in terms of what worked well, what did not work so well and what needed to be developed. Details were provided in relation to the following schemes:-

- As of 22 December 2014, there would be additional hospital beds to deal with surge capacity.

- A discharge lounge facility comprising of 20 beds, with an additional 8 beds to open the following week, was due to open and this would support A&E. This would be a brand new facility that would support patients in the right environment.

- A gateway facility had been created for those patients who no longer needed medical input but required 24 hour care, including 12 'time to think' beds, and short stay provision in care homes supported by social care workers.

- Intermediate care beds would be available at St Peter's Court, Redcar, and this facility would be used to re-enable patients and provide OT physio support.

- Substantial investment had been made in A&E staff, this was primarily to address winter pressures, however, it would be continually monitored.

- At surge times, medical support was required in A&E and AAU and attempts were being made to secure that via junior doctors/locums.

- Consultants had changed their working patterns and on-call consultants could also be used during busy periods in A&E/AAU.

- GP front of house in A&E to support the flow of patients.

During the course of discussion, the following issues were raised:-

- It was queried whether the Trust was fined for every patient that was not seen within the four hour specified standard. The Panel was advised that for every patient breaching the four hour standard, there would be no financial penalty providing the Trust continued to meet overall standards. Areas of reinvestment of financial penalties were currently being explored.

- Further clarification was provided in relation to the new discharge facility. It was explained that a significant amount of work had been undertaken to look at the discharge process which had been managed at ward level, but not as affectively as it could be. The new discharge lounge would be co-located with surge beds and a core group of staff. This would assist with the flow of patients at the start of the day.

- A Panel Member made reference to the fact that many patients coming to A&E were doing so as they were not registered with a GP and it was queried how this problem might be eased. The Associate Director of Commissioning, Delivery and Operations (S Tees CCG) confirmed that they were currently working with all 49 GP practices across Middlesbrough to ensure that patients were attending the appropriate venue, by providing additional home visits and raising awareness and ensuring that practices contacted patients with long term health conditions. Self-care was a key message but it was acknowledged that this was a challenging issue.

- Doctor Milner advised that he was leading on the Urgent Care Review and considered that elderly patients with multiple pathologies were the main pressure on A&E, however, ambulant patients would be dealt with by primary care in the future. Work was being carried out with the ambulance service and Resolution walk in centre to look at which patients could be assessed by a GP without needing to attend A&E.

- In terms of GPs referring patients to A&E, the Panel was advised that work was being undertaken with Care Homes to ensure that they were fully serviced by GPs and that there was a system in place where paramedics could call out of hours GPs for advice. In addition, paramedic GPs were being trained and seven advanced practitioners had been recruited and would be ready to start work in April 2015.

- In response to a query, the Panel was advised that it was difficult to quantify how many patients had been diagnosed and treated without the need to be referred to A&E.

- In response to a query as to whether there was ever a difference of opinion between paramedics and GPs in relation to whether a patient needed to be taken to A&E, it was confirmed that everyone worked together and this situation had not arisen and out of hours GPs were happy with the system.

- The Panel was informed that one key element of change to ease pressure on A&E in terms of the Urgent Care Strategy, would be to co-locate 24/7 GP care with A&E.

- In response to a question regarding patient assessments, it was confirmed that the preference was for the most senior decision maker possible to provide a clear care plan, this included Registrars as well as consultant-led assessments. A medic and consultant led care had been placed front of house within AAU and A&E each with dedicated teams.

- In relation to end of life care at James Cook, it was stated that some changes had been made and that patients and their families were liaising with hospital staff on their preferred place to die. Every effort would be made to achieve the patients wishes where possible/appropriate. Work with Care Homes was also being undertaken on this issue.

- In terms of whether South Tees could cope with a bad winter, Members were informed that despite pressures on the service, James Cook was better placed than most hospitals to cope with patients in the system and all stakeholders worked closely together. Additional pressures would be placed on services if there was a surge in viral illness and the NHS would be stretched.

- It was considered that support to the ambulance service was also key to ensure that paramedics were available to respond to the most urgent calls.

The Chair thanked the representatives for their attendance and the information provided.

AGREED that:-

1. The information received be noted and further updates to be provided to the panel as and when appropriate.

HEALTH EDUCATION NORTH EAST

The Scrutiny Support Officer submitted a covering report to introduce an item in relation to Health Education North East.

In August 2014, representatives from the South Tees Hospitals NHS Foundation Trust attended a meeting to provide an update on its current financial position.

During discussion, it was highlighted by the Trust, that one of its main areas of concern was the problem of recruiting doctors and consultants. The Trust's experience was that a higher number of senior staff and trainees went to Newcastle rather than Middlesbrough. The Panel agreed that it would explore this issue further and subsequently involved representatives of Health Education North East and the Trust to the meeting to discuss the issue.

R Bellamy, responsible for training and research at South Tees and member of the Health Education North East Board, K Sowerby, Deputy Medical Director (STNHSFT) and N Kumar, Consultant Postgraduate Dean for Education North East, were in attendance at the meeting.

Health Education England was the national leadership organisation responsible for ensuring that education, training and workforce development drives the highest quality public health and patient outcomes. Health Education North East supported Health Education England in delivering its objectives by ensuring local workforce requirements were met and ensuring the supply of a competent compassionate and caring workforce to provide excellent quality health and patient care.

N Kumar, Regional postgraduate Dean, Health Education North East outlined the process used for the distribution of trainee doctors around the region. It was reported that there was a shortage of doctors nationally and that there was a reduction in entry to medical school and reduction in training into medical posts. There was particular difficulties in recruiting GPs all along the East coast of

England. Some areas were choosing to employ less in order to reduce budgets and there were also changes to immigration laws and working time regulations which impacted on recruitment.

It was reported that 39% of doctors were junior doctors and that the training scheme for trainee doctors was currently not meeting the 50% target of all medical students becoming GPs. Health Education North East submitted how many graduates would be needed as part of workforce planning for the training scheme and it was noted that the curriculum could be delivered in most units, although there were certain aspects that could only be delivered in Newcastle. It was reported that around half of those that graduated remained in the north east. There had been 160 jobs last year, however, this was still 50 fewer than required.

Doctor R Bellamy, Consultant in Infectious Diseases, was in attendance at the meeting on behalf of the Trust. He considered that there was an excess of trainees in Newcastle compared to other parts of the region. Whilst James Cook would like to have more trainees, it was in second best position compared to other trusts around the region. Trainees involved increased work for consultants but Doctor Bellamy believed that the Trust did not have a recruitment issue as such but acknowledged there were recruitment issues across the region as a whole, with many preferring to work in the south east.

It was acknowledged that some specialisms were more difficult to recruit to than others and this could be for a variety of reasons, including personal preference, availability of Consultants to provide training, lack of flexibility/freedom of movement within the system, etc.

Ms Kumar considered that the north east needed to provide more medical school places with easier movement for trainees and more flexibility in the system, as the recruitment process was currently quite rigid.

The Chair thanked the representatives for their attendance and the information provided.

AGREED as follows:-

1. That the information provided be noted.

2. That positive promotion of the North East be encouraged as part of the recruitment programme.

3. That the Panel write to the Vice Chancellor of Durham University in order to explore the suggestion of whether or not a medical school could be established by the University for the benefit of people in Teesside and the North East.

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair requested that the Panel note the contents of the submitted report which provided an update on business conducted at the Overview and Scrutiny Board meeting held on 11 November 2014, namely:-

- Attendance of Executive member for Supporting Communities.
- Report of the Community Safety and leisure Scrutiny Panel – Alternative Delivery Model for Sport and Leisure Services.
- Strategic Priorities and Direction of Travel.
- Scrutiny Processes – Update Report.
- Scrutiny Panel Progress Reports.
- Local Government Association – National Procurement Strategy.

DATE AND TIME OF NEXT MEETING

The next meeting of the Health Scrutiny Panel was scheduled for Tuesday, 13 January 2015 at 4.00pm.