

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 13 October 2015.

PRESENT: Councillors E Dryden (Chair), S Biswas, S Holyoake, T Lawton, N O'Brien, D Rooney, S Turner (substitute for W Davies), J A Walker and A Watts

ALSO IN ATTENDANCE: J Bailey, Partnership and Innovations Manager, NHS South Tees Clinical Commissioning Group
C Blair, Associate Director, Commissioning, NHS South Tees Clinical Commissioning Group
S Clayton, NHS North of England Commissioning Support
A Dewar, Commissioning Manager, NHS South Tees Clinical Commissioning Group
S Donoghue, Managing Director, Surgical Services Centre, South Tees Hospital NHS Foundation Trust
S Murphy, North of England Commissioning Support
C Parnell, Director of Communications and Engagement, South Tees Hospitals NHS Foundation Trust
A Robinson, NHS North of England Commissioning Support
J Stevens, Commissioning and Delivery Manager, NHS South Tees Clinical Commissioning Group
Doctor J Walker, Chair, NHS South Tees Clinical Commissioning Group

OFFICERS: P Duffy, A Pearson, E Pout

APOLOGIES FOR ABSENCE Councillor W Davies, Councillor R Goddard.

DECLARATIONS OF INTERESTS

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

15/8 **MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE - 16 JULY 2015**

The Minutes of the meeting of the South Tees Health Scrutiny Joint Committee held on 16 July 2015 were submitted and approved as a correct record.

15/9 **TEMPORARY CHANGES TO BREAST RADIOLOGY SERVICES AT THE JAMES COOK UNIVERSITY HOSPITAL**

The Scrutiny Support Officer presented a report which provided Members with the background to this issue and suggested areas that the Joint Committee might wish to focus on at today's meeting.

South Tees NHS Foundation Trust had recently announced temporary changes to the Breast Radiology Services at James Cook University Hospital. A copy of the letter, from the Trust's Chief Executive, outlining these changes, was appended to the report.

Representatives of the Trust updated the Joint Committee on the latest position.

- Nationally, there was a shortage of radiologists with skills in this discipline. The service in Sunderland had closed as a result of these shortages.
- About 95 women were referred each week by their GP to a one stop diagnostic service at James Cook University Hospital (JCUH), Middlesbrough and the Friarage Hospital in Northallerton.
- The Trust's diagnostic service was run by one consultant radiologist, one consultant radiographer one highly specialised radiographer and five advanced practitioner radiographers. Two of the Team - the consultant radiographer and highly specialised radiographer - had taken up posts elsewhere. This meant it was not safe to continue with the service at JCUH. An increase in the number of referrals had compounded the

- problem.
- A number of patients could continue to be seen at The Friarage Hospital.
- As a temporary solution, with effect from 1 October 2015, North Tees and Hartlepool NHS Foundation Trust had agreed to providing the service for the remaining patients from the Middlesbrough and Redcar and Cleveland area would Friarage Hospital in Northallerton or to North Tees University Hospital. This would help to continue to ensure that patients would receive tests quickly, safely and as close to home as possible.
- The solution was not as a result of any additional capacity; North Tees and Hartlepool NHS Foundation Trust was providing the additional sessions on a goodwill basis and surgeons were undertaking extra hours.
- This arrangement was scheduled for 6 weeks, but it was likely to be extended.
- The Trust was looking to develop a Teeswide Clinical Model.
- A Locum Radiologist would be commencing tomorrow (14 October) but the training they would require to secure breast competencies would take one year.
- Continuity for patients has not been disturbed; the same surgeon was still in post.

In response to questions from Members, representatives from the Trust and the Clinical Commissioning Group (CCG) stated that:-

- A person training to be a radiologist could undertake general radiology, but not work involving breast competencies
- The idea of a Teeswide Service was not new - it had been broached 20 years ago but had not been progressed. Discussions with North Tees about a Teeswide Clinical Model would be held next week.
- The Trust's Policy was to pay Trust (not Agency) rates.
- Discussions are held with patients to support them with their options and travel and to consider how they will get to North Tees.
- In terms of support from the CCG, they were working with both Trusts to ensure a long-term solution was found. This could include a Teesside Hub and Spoke Model.
- The absence currently of a mammogram at JCUH would not affect recruitment, as staff could work from a number of sites.
- Internal recruitment could identify a suitable individual which would lead to a sustainable service.
- Across all specialities, there is a pull of staff away from the North East. Everyone has a role in pointing out the many benefits of living and working in this area.
- The service was operating from 4 sites currently: Hartlepool Hospital, North Tees University Hospital, JCUH and the Friarage Hospital.
- There was a solid plan in place to ensure that the current numbers of patients were seen - there had been no drop off in numbers so far.

Having received the information from South Tees NHS Foundation Trust and South Tees CCG and heard their responses to questions from Members, the feeling of the Joint Committee was that, given the importance of this issue and the effect it has on people's lives, it required reassurance that a workable solution was in place, going forward, to ensure a quality service and the safety of patients.

It was also agreed that if services were reconfigured into a Teeswide Clinical Model that the Committee would need to discuss whether it should be treated as a substantial variation of service and therefore subject to the statutory consultation procedures.

Therefore, it was

RECOMMENDED that at the next meeting:-

a) Relevant front-line staff - including a consultant and senior radiologist - be invited, in order that the Joint Committee can hear first-hand how staff on the ground are finding the current temporary arrangement for breast radiology services, as detailed at today's meeting.

b) Information to confirm that people being referred are still being seen in a timely manner be provided.

- c) South Tees NHS Foundation Trust and South Tees CCG provide an update as to how long they envisage the current temporary changes being in place.
- d) South Tees NHS Foundation Trust and South Tees CCG update the Joint Committee on discussions directed towards establishing a longer-term solution.
- e) South Tees NHS Foundation Trust detail how the hubs will operate, in practice.

15/10

URGENT CARE

NOTE: At this point in the meeting the Vice-Chair, Councillor J A Walker, took the Chair.

The Joint Committee considered a report by the Scrutiny Support Officer which reminded them of the background to this matter.

At the last meeting, representatives of South Tees CCG had informed Members about the commencement of the review of Urgent Care.

Representatives of South Tees CCG updated the Joint Committee on recent developments.

The presentation was split into two parts - development of an Urgent Care Strategy; and the engagement process.

Development of an Urgent Care Strategy

- For the purposes of the scope of the review, "urgent care" was defined, as it can mean different things to different people: Urgent care is the range of services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threatening.
- There were a number of drivers for change, including the fact that out of hours and walk-in centre contracts had come to an end and this provided an opportunity to make changes.
- Among previous feedback from the public was that there was general confusion with the system.
- Workforce issues included a lower number of GPs in South Tees, per population, compared to the England average.
- The system was complex and difficult to manage. There was duplication and a lack of synergy. For instance, seven out of ten people who used a walk-in-centre then saw their GP.
- Four-fifths of the population in the South Tees area self-care but, for those who required services, there were a plethora of entry points with a variety of opening times.
- Demand within JCUH was static, but the complexity of cases had increased. This made it difficult to hit the target of treating someone within 4 hours of their arrival.
- Accident and Emergency was undertaking some care that could be done by primary care.
- Education was important, as people did not have time to think what part of the system was the most appropriate for their needs at that moment. People tended to best take on board information at the time that they were seen.
- Demand for health services was increasing. Going forward, it would be crucial to ensure that services were commissioned which closely matched capacity with demand.
- The cost of urgent care provision was high due, in part, to changes in demographics, including a growing elderly population.
- Emerging national policies draft model guidance referred to a multi-disciplinary clinical assessment advice and treatment service in a physical or virtual hub and face to face treatment services.
- The 111 'phone service would be redefined. A Clinician would be part of the service. This cost would be split across the region and offset by having the right people to give the correct help and information.

- The service would have the facility to make an electronic referral into a service which best met a patients needs and the ability to directly book into GP Services.
- There would be an expanded Directory of Services to include contacts for social care support. Each Directory would be tailored to a particular area.
- The vision for this new service was that people would be able to say: If I have an urgent need, I can phone a single number (111) and they will, if necessary, arrange for me to see or speak to a GP or other appropriate health professional - any hour of the day and any day of the week.

A Member commented that other national telephone numbers had not worked as they had been driven by targets and a lack of understanding of local services. The key was around how staff interacted with callers and the "language" used.

A Member also queried how the proposed 7 day working for GPs by April 2017 sat with the shortage of GPs. Trust Representatives advised that GPs could work together in hubs to cover populations of at least 30,000.

The Engagement Process

- The process has been divided into two stages. In Phase One, 1013 people had been asked for their views on urgent care services across the South Tees area.
- There had been targeted engagement (covering specific stakeholder groups) and general engagement.
- The engagement had involved: Street Surveys; an On line Survey; Hard copy Surveys; Listening Events; Discussion groups
- The consultation had shown that people found the system confusing.
- Most people tried to care for themselves before accessing services but, when they did, most preferred to see a GP.
- Many were unaware of the existence of the 111 'phone service but, of those who had used it, most had had a positive experience.
- Most people had said that they had had a positive experience of using walk in centres.
- Phase Two would comprise further engagement with people who use urgent care services, focusing on community groups; people living in care homes, and large employers in the South Tees area.
- A Stakeholder Workshop would be held on 20th October 2015 at Eston Civic and Learning Centre at 5.30 p.m. and Members of the Joint Committee were welcome to attend.
- The aim was to have Models to share with the Joint Committee at its next meeting on 17 November 2015, with the potential to consult in January 2016.

In response to questions from Members, representatives said that:-

- They would check whether homeless people had been part of the consultation.
- Phase One had been a good start to the consultation process and Phase Two would build on this.
- There was no threat to existing GP Practices, although NHS England would ultimately make these decisions.

The Chair thanked the representatives for their update.

15/11

LIFESTORE UPDATE

NOTE: At this point, Councillor E Dryden resumed the Chair.

The Scrutiny Support Officer presented a report which reminded Members of the current position with the Life Store, whereby the contract with the current provider, Pioneering care Partnership, was due to expire in March 2016.

Representatives from NHS South Tees NHS Foundation Trust presented the results of the Life Store Review which had been carried out over July and August 2015.

In summary:-

- 701 people in the South Tees area had been consulted with via in-store surveys, general surveys and public engagement events.
- Amongst the feedback in-store, 79% felt that the Life Store had positively impacted upon their Health and Well Being.
- Part of the general feedback (from on-line and street surveys) was that 70% of respondents had never used the Life Store.
- The vast majority of respondents felt that the best way to receive health and well-being advice was face to face.
- Clients using the Life Store felt supported and had built relationships with staff, reporting a continuity that was not always possible with other services.

The evidence would be evaluated and work undertaken with partners to review/develop options. The CCG Governing Body would make a decision on those options.

In response to a question from a Member, representatives said that they envisaged the service being provided via hubs.

The Chair thanked the representatives for the update and added that what would now be of particular interest to Members were the proposals. He added that, whilst the Life Store had been a success, health was moving more towards a community development approach where, for instance, youth clubs and colleges could be used.

RECOMMENDED:

a) That the Committee would like further information, including a clear idea about what services are being provided and where they will be provided.

b) That representatives from NHS South Tees NHS Foundation Trust be invited back to a future meeting of the Committee.