

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 18 September 2013 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Tim Hall
Mr Peter Hickman
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mr Richard Walsh
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner

Apologies:

Mr Bob Gardner
Borough Councillor Nicky Lee

31/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner and Nicky Lee.

32/13 MINUTES OF THE PREVIOUS MEETING: 4 JULY 2013 [Item 2]

These were agreed as an accurate record of the meeting.

33/13 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interests.

34/13 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions to report.

35/13 CHAIRMAN'S ORAL REPORT [Item 5]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Chairman provided the following oral report:

"I am delighted to welcome Ross Pike as our new Scrutiny Officer. Ross joined us in early August, having previously served in Children's Social Care Commissioning. I would also like to formally welcome Karen Randolph to the Committee as a new co-opted Borough Councillor.

With Leah or Ross I have now completed a first pass of familiarisation meetings with the relevant organisations. These include the 5 Acute Hospitals, the 6 Clinical Commissioning Groups, the 3 Community Care providers, SECamb the Ambulance Service provider, the Surrey and Borders Mental Health care provider, Healthwatch Surrey, NHS South East England and Public Health South East England. I have also attended a public meeting of the Surrey Health and Wellbeing Board.

The work-up of the Better Service, Better Value proposal which would impact Epsom Hospital has been suspended over the Summer. Ross will be attending a meeting of Officers soon as work resumes.

Another significant change to the health service experience for Surrey residents would be the possible take-over by Frimley Park Hospital of Heatherwood and Wexham Park Hospitals. This possibility is still under evaluation by Frimley Park Management.

Finally, Peter Hickman and I are meeting with the directors of Epsom & St. Helier NHS Trust to discuss their plans for Sutton Hospital this afternoon. Members are welcome to attend if they are interested."

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

36/13 NHS 111 SERVICE [Item 6]

Declarations of interest: None.

Witnesses:

Cliff Bush, Surrey Coalition of Disabled People
Mark Bounds, Chief Officer, East Surrey Clinical Commissioning Group (CCG)
Sam Stanbridge, Director of Commissioning and Engagement, East Surrey CCG
Jenny Cooke, Senior System Improvement Lead, NHS Surrey and Sussex Commissioning Support Unit
Anouska Adamson-Parks, 111 Project Director, South East Coast Ambulance Service
Jane Shipp, Surrey Healthwatch

Key points raised during the discussion:

1. The Committee was informed that a number of difficulties had been encountered in the first months following the NHS 111 Service “soft launch” in April 2013. The forecast activity profile had proven incorrect, with a lack of preparedness for the types of calls the service received. It was also highlighted that the staffing structure had not been reflective of demand, and that a number of management and staff retention issues impacted on service delivery. The Committee was informed that a number of rectification plans had been put in place, and that a marked improvement had been made in the two Key Performance Indicators (KPI).
2. Officers from East Surrey CCG commented that they had seen a definitive improvement in the performance of the NHS 111 service, and recognised that South East Coast Ambulance Service (SECamb) had responded to the commissioner’s concerns.
3. The Committee was informed that NHS England had directed a national launch in April 2013, and that this had presented a number of challenges. Amongst these there was the fact that the NHS 111 service was replacing a number of services, that the geographical areas it was required to cover were not the same of those services it was replacing and that there had been a number of contracts previously. It was highlighted that officers did not believe that anyone had been placed at risk by this transition, but that it had created a series of difficulties in the launch of the new service.

4. The Committee questioned how the quality of advice offered was measured. It was explained that a GP Lead regularly reviews the service. In addition there was a clear complaints process which was monitored by clinical leads. The Committee was informed that GPs and other healthcare professionals were being encouraged to try the service for themselves as 'mystery patients' and that there had been positive feedback.
5. The Committee asked what pressures had been taken off acute services as a result of implementing the NHS 111 service. Officers commented that a complex series of factors contributed to increasing pressures on acute services. The Committee was informed that there was a need to build confidence in the 111 service and ensure that the appropriate care pathways were being signposted. It was highlighted that work was underway to consider how services were brought together on one site in order to improve patient flow between pathways. Officers also commented that the NHS 111 service was an effective way of highlighting where commissioning gaps may exist within Surrey.
6. The Committee discussed ways of improving public confidence in the NHS 111 service. The "soft launch" had seen a number of leaflets and posters produced. However, officers commented that a national launch to promote the service was still pending, and would be directed by NHS England.
7. Members questioned what extra resource had been put in place for the winter and potential staff sickness. It was clarified that SECamb had an occupational health plan, and that it had been felt that no additional resource would be required for NHS 111 over the winter. Officers highlighted a number of other measures in place to cope with additional demand for healthcare services during the winter months.
8. The Committee questioned what provision had been made for expanding capacity in the future. Officers confirmed that the 2 year contract had an option to increase resource by an approximate additional £1 million. However, it was stated that an over-capacity number of phone calls was not a key concern.
9. The Committee raised a series of questions in relation to calls which were abandoned or where there had been a referral to out of hours GP care and no follow up call had been made. Officers commented that the NHS 111 service would always investigate where particular issues in relation to this had occurred, and that it was a closely monitored area.
10. The Committee heard a number of concerns from witnesses regarding the NHS 111 service and the barriers experienced by young carers, those for whom English is a second language, and those receiving ongoing palliative care. The Committee was informed that the NHS 111 service made use of special patient notes, and is looking to improve access to clinical notes to improve how different care pathways worked together.

Recommendations:

- a) That it be noted that the Committee recognise the difficulty of the launch period of the NHS 111 service and the subsequent improvements made.
- b) That the NHS 111 service is encouraged to publicise its services in the future in order to improve public confidence. The Committee also look forward to the national launch of the service.
- c) That the NHS 111 service addresses concerns about access for minority groups.
- d) That the NHS 111 service work to improve the service for young carers and those in long-term palliative care.

Actions/further information to be provided:

Update to be provided to the Committee in six months time.

Committee Next Steps:

None.

37/13 PATIENT TRANSPORT SERVICE UPDATE [Item 7]

Declarations of interest: None.

Witnesses:

Mark Bounds, Chief Officer, East Surrey Clinical Commissioning Group (CCG)
 Sam Stanbridge, Director of Commissioning and Engagement
 East Surrey Clinical Commissioning Group
 Anouska Adamson-Parks, 111 Project Director, South East Coast Ambulance Service
 Cliff Bush, Surrey Coalition of Disabled People
 Nick Markwick, Surrey Coalition of Disabled People
 Sonya Seller, Adult Social Care, Surrey County Council
 Tracey Coventry, Environment and Infrastructure, Surrey County Council
 Jane Shipp, Surrey Healthwatch

Key points raised during the discussion:

1. The Committee heard from witnesses that there were a number of concerns relating to the Patient Transport Service (PTS). It was highlighted that there were issues with the clamping mechanism used in the vehicles and their appropriateness for wheelchair users. Representatives from South East Coast Ambulance (SECAmb) confirmed that a new wheelchair clamping mechanism was currently being tested and it was anticipated that this would be in use by October 2013. The Committee expressed serious concerns that the issue had not been resolved in the six month period leading up to the contract's start on 1 April 2013. Officers commented that there was currently limited provision for recording detailed notes on the requirements for individual patients.

2. The Committee was informed that there were concerns about the punctuality of PTS, in particular relating to out-patient appointments. The view was expressed by witnesses that the Key Performance Indicator (KPI) of 45 minutes before or 15 minutes after the scheduled appointment meant that many patients were not arriving at hospital in a timely fashion. Further to this, many patients returned having missed their homecare due to lateness. The Committee commented that this was not acceptable, and that greater efforts should be made by PTS to identify where people were likely to miss their home care arrangements. It was also highlighted that drivers were not contacting patients when they were running late. Representatives from SECamb commented that they were encouraging drivers to do so. However, the Committee expressed the view that phoning should be mandatory.
3. The Committee was informed that the complaints process for PTS required a number of details to be provided before SECamb would investigate. This could sometimes prove difficult for patients to recall. Representatives from SECamb confirmed that the name and date would be the only thing required in order for them to investigate.
4. The Committee was informed that SECamb was working with the acute Trusts to improve the provision of transport for late hospital discharges. It was recognised that often a number of these bookings were last minute. Officers from Surrey County Council highlighted the work of the recent Rapid Improvement Event (RIE) around acute hospital discharge and that there were significant changes being made to the discharge process. It was confirmed that multi-disciplinary teams would now be in place on hospital wards to support discharge pathways. The Committee was informed that services were encouraging patients to discuss and consider what transport options were available to them in order to reduce the number of staff automatically using the PTS. It was also highlighted that officers were working with the Red Cross and other local services to ensure that suitable home care would be provided to patients returning from hospital. It was confirmed by officers that the timeline for delivering these changes was by winter 2013.
5. The Committee asked when it was expected that SECamb would demonstrate an improvement against their Performance Improvement Plan. Officers from East Surrey CCG commented that it was expected that an improvement would be seen by the end of October 2013.
6. The Committee thanked the witnesses for their attendance and contributions to the item.

Recommendations:

- a) That it be noted that the Committee is deeply appalled by the lack of suitability of the Patient Transport Service in transporting disabled people. It is urged that all partners work together to ensure that issues in wheelchair transportation are resolved as a matter of urgency.
- b) That SECamb ensure that drivers give fair warning of lateness as mandatory practice.

- c) That SECAMB ensure that they respond to and investigate complaints
- d) That SECAMB and other partners work to ensure a consistent quality of service across the county
- e) That it be noted that the Committee welcome the work undertaken as part of the Rapid Improvement Event, especially as it will support disabled people with discharge from acute hospital services

Actions/further information to be provided:

The Chairman of the Health Scrutiny Committee to meet with SECAMB to monitor the progress of the issues highlighted.

The Committee to scrutinise progress in three months time.

Committee Next Steps:

None.

38/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee noted its recommendations tracker and forward work programme. There were no further comments.

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

39/13 DATE OF NEXT MEETING [Item 9]

The Committee noted that its next meeting would be 14 November 2013 at 10am.

Meeting ended at: 12.10 pm

Chairman