Notice of Meeting

Health Scrutiny Committee

Date & time
Wednesday, 18 September 2013 at **10.00 am**

Please note there will be a private pre-meeting at 9.30am in Committee Room C

Place
Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN

Contact
Ross Pike or Victoria Lower
Room 122, County Hall
Tel 020 8541 7368 or 020 8213 2733

ross.pike@surreycc.gov.uk or victoria.lower@surreycc.gov.uk

Chief Executive
David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email ross.pike@surreycc.gov.uk or victoria.lower@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Victoria Lower on 020 8541 7368 or 020 8213 2733.

Members

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

Co-opted Members

Dr Nicky Lee, Rachel Turner, Karen Randolph

Substitute Members

Graham Ellwood, Pat Frost, Marsha Moseley, Chris Norman, Keith Taylor, Alan Young, Victoria Young, Ian Beardsmore, Stephen Cooksey, Will Forster, David Goodwin, Stella Lallement, John Orrick, Nick Harrison, Daniel Jenkins, George Johnson.

Ex Officio Members:

Mr David Munro (Chairman of the County Council) and Mrs Sally Ann B Marks (Vice Chairman of the County Council)

TERMS OF REFERENCE

The Health Scrutiny Committee may review and scrutinise health services commissioned or delivered in the authority's area within the framework set out below:

- arrangements made by NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of both private and NHS services to those inhabitants;
- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- the plans, strategies and decisions of the Health and Wellbeing Board;
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
- any matter referred to the Committee by Healthwatch under the Health and Social Act 2012;
- social care services and other related services delivered by the authority.

PART 1

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 4 JULY 2013 (Pages 1 - 10)

To agree the minutes as a true record of the meeting.

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

Notes:

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (12 September 2013).
2. The deadline for public questions is seven days before the meeting (11 September 2013).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CHAIRMAN'S ORAL REPORT

The Chairman will provide the Committee with an update on recent meetings he has attended and other matters affecting the Committee.

6 NHS 111 SERVICE (Pages 11 - 30)

Purpose of report: Scrutiny of Services

The Committee will scrutinise South East Coast Ambulance (SECAmb) and Care UK on the performance of the NHS 111 Service in Surrey.

7 PATIENT TRANSPORT SERVICE UPDATE (Pages 31 - 60)

Purpose of report: Scrutiny of Services

The Committee will scrutinise South East Coast Ambulance (SECAmb) and Surrey County Council on the delivery of the patient transport contract.

8 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 61 - 72)

Purpose of report: Scrutiny of Services/Policy Development

The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.

9 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10 am on 14 November 2013.

Following this meeting the Committee will have a private workshop to scrutinise NHS Finances.

David McNulty
Chief Executive
Published: Tuesday, 10 September 2013

MOBILE TECHNOLOGY – ACCEPTABLE USE

Use of mobile technology (mobiles, BlackBerries, etc.) in meetings can:

- Interfere with the PA and Induction Loop systems
- Distract other people
- Interrupt presentations and debates
- Mean that you miss a key part of the discussion

Please switch off your mobile phone/BlackBerry for the duration of the meeting. If you wish to keep your mobile or BlackBerry switched on during the meeting for genuine personal reasons, ensure that you receive permission from the Chairman prior to the start of the meeting and set the device to silent mode.

Thank you for your co-operation

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 4 July 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 Bob Gardner
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 Nicky Lee
Borough Councillor Hugh Meares
Borough Councillor Mrs Rachel Turner

22/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None were received.

23/13 MINUTES OF THE PREVIOUS MEETING: 14 MARCH 2013 [Item 2]

The minutes were agreed as an accurate record of the meeting.

24/13 DECLARATIONS OF INTEREST [Item 3]

None were received.

25/13 QUESTIONS AND PETITIONS [Item 4]

None were received.

26/13 CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman provided the following oral report:

Surrey Downs CCG Board Meeting
On 17 May, I, along with about 800 other people, attended the first Surrey Downs CCG Board meeting. At this meeting the Board discussed the BSBV proposals we will be looking at today. They had to take a decision whether or not to approve the business case to go out to consultation. The Board delegated this decision to three of its members, to be taken by the collection of all seven CCGs, now to be in the autumn.

BSBV Consultation
Related to this, the BSBV consultation team came along to County Hall on 9 June to discuss their consultation plans. I can confirm that they have a robust plan in place and will be looking to consult with as many and a wide variety of people as possible.

Meetings with NHS Providers and CCGs
The Scrutiny Officer and I have been making our annual visits to the acute hospitals, ambulance trust and mental health trust. These meetings are an excellent opportunity to get to know our providers and have an informal chat. I will also be meeting regularly with each of the new CCGs. I have already met with East Surrey and Surrey Downs.

Induction
Most of you attended our induction session held on 18 June. If you were unable to attend and wish to have a one-to-one session, this can still be arranged. Please contact either Leah or Vicky. Leah's last day is today, but she is happy to meet with members after moving to her new role in July if you need additional help.

27/13 BETTER SERVICES BETTER VALUE [Item 6]

Declarations of Interest:

None.

Witnesses:

Miles Freeman, Chief Officer, Surrey Downs CCG

Claire Fuller, Clinical Chair, Surrey Downs CCG

Charlotte Joll, Programme Director, BSBV

Key Points Raised During the Discussion:

1. The BSBV Programme Director provided the Committee with an overview of the BSBV programme and its progress to-date. NHS England were scrutinising the pre-consultation business case to ensure it was financially and clinically sound. Once NHS England had approved the business case the seven CCGs leading the BSBV reconfiguration would meet to decide whether to go out to public consultation. It was hoped the meeting of the CCGs would take place shortly after the summer break and consultation would begin soon after this meeting in the early autumn.

2. Members sought assurance that the reconfiguration was not being London-driven and focussed. The Clinical Chair of Surrey Downs CCG agreed that this was a valid concern as they only heard Epsom Hospital would be involved in the review in November 2012, and the CCG has received a lot of criticism. The CCG however, had made the decision that they should be involved and as such had a representative on all the Boards and Committees BSBV had formed to ensure a Surrey voice was heard during discussions.

3. The Committee raised concerns with the travel time data provided within the report and the effect the increased times would have on pregnant women in labour. The Programme Director assured the Committee that the driving force behind the review was improving patient safety and care, and as such it was felt that it was better to travel further to a better service which could provide expert care. BSBV felt confident that they could mitigate longer journey times with good clinical care, as currently in Epsom Hospital there was not 24 hour consultant obstetrics care in place whereas following reconfiguration the proposed acute hospitals would have 24 hour consultant delivered care. The CCG agreed there would need to be a change in approach in labour as there is currently the desire for expectant mothers to present as late as possible, however it would no longer be possible to ask those who arrived early to the hospital to return due to the longer journey times. There would be a requirement for comfortable waiting rooms to accommodate those in labour which would require investment.

4. Concerns were raised by Members regarding the accuracy of the travel time data due to Surrey having relatively poor public transport in comparison to London, and that some areas of Surrey would see their journey times increase to over an hour. In addition, Members had received data to show that the ambulance data may be inaccurate with some journey times to hospitals being recorded as taking 0 minutes. Witnesses agreed that there appeared to be some anomalies in the data and were working with SECAmb to carry out a more detailed anaylsis of the operational impact of the BSBV proposals.

5. Members questioned whether it was acceptable that between 8,000 - 10,000 Surrey residents would be seriously disadvantaged by the proposals as it was felt that this would cost lives. Ambulance availability was raised as a concern as it was felt by Members that there would be an increase in demand. The Chief Officer of Surrey Downs CCG stated there was the expectation that there would be investment to ensure that there were more ambulances and staff available to mitigate the increase in demand. The CCG were working with the ambulance provider, SECAmb, to work out the increase in numbers required and the locations most appropriate for ambulances to ensure travel times were as low as possible.

6. Members queried the care proposed for children as many Epsom residents drove their child to Epsom Hospital, whereas under the plans they would be required to call an ambulance. It was discussed that the time an ambulance took to arrive could cause the condition of the child to worsen. Witnesses stated that currently at Epsom Hospital there was not 24 hour consultant paediatric presence, and the proposals would ensure that in future specialists would be available to provide care during evening and at weekends which are times of peak demand. This would lead to a better level of care; however there would still be the option to take an ill child in the car to the Urgent Care Centre at Epsom Hospital for assessment. If they needed to be transferred for treatment at a major acute site they would be professionally cared for until an ambulance arrived.

7. The Programme Director stated that there would be investment in the hospitals as the preferred option would lead to a move from five acute hospitals to three, and there would be requirement to invest in capital works at these sites. There would also be additional investment for Surrey hospitals.

8. Urgent Care Centres were discussed by the Committee, and the Chief Officer stated that they would need to be clear which services would be available at Epsom Hospital so patients would be aware whether it was appropriate to present at the hospital. The model for the Urgent Care Centre was still to be decided, including the opening hours, as there was a limit to what could be decided upon until they were further through the review. The CCG would need to review current demand for urgent care at Epsom Hospital to formulate the final plan.

9. Members suggested that the document provided in the agenda was not appropriate for the public as there would need to be more details on the better care that would be available under the proposals and information on the investment planned for the hospitals. The witnesses confirmed that the consultation plan went beyond the statutory requirements as they wanted to hear from as many people as possible and there was the opportunity for Members to feed in their suggestions for where the events should take place. There was also a draft consultation document available which explained the case for change and the consultation options in a more user friendly fashion which could be circulated to Committee members for their views.

10. Members raised their concerns that primary care needed to be taken into consideration as the proposals would see an increase in demand. The CCG recognised that primary care was an area of focus for them and that they were currently reviewing the service.

11. The Committee queried the number of step down beds which would be commissioned by the CCG under the proposals. Surrey Downs CCG agreed that community care would need to be reviewed and that they had been in discussion with Central Surrey Health and believed they would need to double the number of step down beds available. They stated that currently the community hospitals in Surrey were running under capacity which they were reviewing as their aim was to ensure there were the right facilities available in the community for patients.

12. Members queried whether the capital money which had been guaranteed for the redevelopment of St Helier was still in place. The Programme Director explained that while the review was underway the redevelopments had been halted and that the proposed redevelopment of St Helier as a major acute hospital would only continue under the least preferred option.

13. The Committee questioned how the CCG would work with Central Surrey Health, if the preferred option was to progress, to commission children's services. Surrey Downs CCG confirmed they would continue to commission children's services as most care took place within schools and the community, as only two to three children a day were admitted to Epsom Hospital.

14. The CCG stated they were looking for stability for Epsom Hospital as it had been through many reviews over the last few years.

Recommendations:

1. That BSBV and Surrey Downs CCG are thanked for attending and providing information.

2. The Committee notes the reasons for the reorganisation but remains concerned about the effect on Surrey residents.

3. Therefore, the Committee welcomes the public consultation, giving Members and their residents an opportunity to have their say, and

4. The Committee would also request BSBV attend the HSC again post-consultation for another discussion once plans are further developed.

28/13 SURREY NHS PROVIDERS' RESPONSE TO THE FRANCIS REPORT [Item 7]

Witnesses:

Suzanne Rankin, Chief Nurse, Ashford & St Peter's Hospitals NHS Foundation Trust

Alison Szewczyk, Deputy Director of Nursing, Frimley Park Hospital NHS Foundation Trust

Matthew Hopkins, Chief Executive, Epsom & St Helier Hospitals University NHS Trust

Pippa Hart, Director of Nursing and Quality Assurance, Epsom & St Helier Hospitals University NHS Trust

Andrew Clough, Interim Chief Nurse, Surrey & Sussex Healthcare NHS Trust

Sally Brittain, Deputy Chief Nurse, Surrey & Sussex Healthcare NHS Trust

Jo Young, Director of Quality (Nurse Director), Surrey & Borders Partnership NHS Foundation Trust

The following were briefed to bring the view of their wider membership:

Cllr Mrs Jennie McCracken, Vice-Chairman, Health Overview & Scrutiny Panel, Bracknell Forest Council

Cllr Tony Virgo, Chairman, Health Overview & Scrutiny Panel, Bracknell Forest Council

Richard Beaumont, Head of Overview & Scrutiny, Bracknell Forest Council

Key Points Raised During the Discussion:

1. The Scrutiny Officer provided some context to the item explaining that in the mid 2000s there were catastrophic failings within Mid Staffordshire NHS Foundation Trust. Due to these failings a Public Inquiry was set up and chaired by Robert Francis QC, and from this Inquiry the Francis Report was published. Within the Report there are 290 recommendations and every commissioner and provider is supposed to provide a response to the Francis Report. The Surrey community health providers and CCGs would be invited to present their responses to the Health Scrutiny Committee at a later meeting.

2. Ashford & St Peter's Hospitals NHS Foundation Trust began by giving an overview of the work it had completed to-date. The hospital formulated two key aspects; process improvement and organisational culture, which they were concentrating on improving. Staff surveys had been completed and the results were not as promising as hoped, especially with colleagues who were not in the frontline services. It was felt by these members of staff that changes were being made without proper consultation. The Trust was concentrating on improving the complaints process, embedding a duty of candour among the staff, and ensuring that changes were being properly discussed with every nurse and midwife.

3. The Chief Executive of Epsom & St Helier Hospitals University NHS Trust confirmed that he was the person accountable within his organisation and it was important to properly consider the recommendations of the Francis Report. He also clarified a statement in the earlier item on the agenda which may have given the impression that there was not 24 hour consultant paediatric care at Epsom Hospital. He stated that 24 hour cover was provided seven days a week even if this included consultant on-call cover. Within Epsom & St Helier Hospitals the Medical and Nursing Directors had taken the lead in implementing the recommendations of the Francis Report.

4. The focus of Epsom & St Helier's approach had been on ensuring staff understood the implications of the Francis Report. There had been several briefings and listening exercises with staff where they were asked to consider 'If you can make an improvement what would it be?' The hospitals had found that when staff raised a concern with senior staff they did not always hear back which now was an area of focus. Four work streams had been formulated which were each led by an Executive Director. The Trust had a commitment to strengthening its governing processes from this Review.

5. Frimley Park Hospital NHS Foundation Trust explained their focus had been ensuring the consultation had been right and that the recommendations were understood by all staff. The Trust had looked at strengthening the clinical leadership with both medical and nursing staff working together which would enable them to listen to patients better. The hospital had commissioned an independent review of their complaints system, and had adopted a new programme of safeguarding. The aim was to stimulate debate at all levels within the Trust to improve their services.

6. Surrey & Borders Partnership NHS Foundation Trust stated they had been keen to reflect how the Francis Report affected them as a mental health trust and to consider how to ensure failings did not happen within the organisation. There was a focus on the leadership of the Board and the Governors to ensure there was the best accountability possible within the organisation. SABP had made the decision that they did not want a separate Francis work stream and wanted to have it embedded in the work of the organisation so to have a more meaningful long-term response. The organisation has conducted both staff and user surveys alongside deep dive reviews to review how well the organisation works.

7. The representatives from Surrey & Sussex Healthcare NHS Trust stated the Trust has gone through large scale turnaround in the last 18 months and the Francis Report was enabling the Trust to ensure the staff understood their role and the Trust's values. A Nursing and Midwifery strategy had been launched which had been developed with all the nursing and midwifery staff. Additionally a Ward Manager programme had been launched which empowered staff to own the ward and report upwards, whilst a restructuring of the Clinical Governance of the Trust was ongoing.

8. The Chairman queried whether the providers' plans are available to view alongside the progress made against these plans. Additionally he requested that complaints data be shared with the Committee and Healthwatch when appropriate. The provider representatives confirmed their full detailed reports were being shared with their Boards of Governors, but there would be issues in sharing the complaints data due to the personal identifiable information these contained and that there was not currently a consistent approach to the presentation and information Trusts made available. They would, however, look into how best to share this information with the Committee when required.

9. The Committee raised concerns that it was often hard for frontline staff to be compassionate due to the pressure they were under and that many do not get proper breaks during their shifts. Members suggested that ensuring nurses get breaks would enable them to properly consider the outcomes of the Francis Report. The providers stated that breaks are allocated at the start of shifts and they do make sure staff received their breaks. There was a problem for all organisations in recruiting staff and providers stated work needed to be done within education to ensure future positions can be filled.

10. Members raised concerns about the quality of agency nurses and whether they had the same level of accountability as substantive staff of the Trusts. The providers stated that agency staff were very committed and were monitored in the same way as Trust staff.

11. Members questioned whether there had been any problems with consultants and the Trusts' work to respond to the Francis Report. There had been issues with driving forward clinical ownership and leadership among consultants, it was claimed, as many had not received leadership training, however bespoke Clinical Leadership training was now available at Ashford & St Peter's.

12. The Committee queried whether the providers felt the Report had been fair and whether it had affected them. It was felt by the providers that no-one could be completely assured that none of the failings suffered by Mid Staffordshire were not happening at their organisations, and so it had been a shock when the Reports were published. The Reports had made all NHS providers reflect on their working practices to ensure it never occurred again.

13. Members were surprised to note that Epsom & St Helier hospitals had as many as 150 top level managers. The Chief Executive explained that this total included all nursing, medical and managerial leaders. The Trust had used evidence that effective teams gave the best results and as such were driving a change towards improved team working.

14. The Committee felt the changes to the Trusts whistle blowing policies were important however they felt that this should be only used as a last resort and there should be an environment of openness for staff in which they can raise their concerns. The providers agreed that whistle blowing should only be used by staff if they do not feel they are being listened to. They suggested staff raise their concerns with senior staff if they feel it is unresolved. Additionally an open-door policy was in place with Chief Executives holding several weekly staff meetings to discuss staff issues and concerns.

15. To ensure staff are cared for appropriately Members queried whether the Trusts employed Occupational Health specialists, which it was confirmed they do alongside staff programmes which assisted staff during times of stress.

16. Members suggested serious consideration needed to be given to staff retention levels and that it was important to discover why staff left.

Recommendations:

1. That the representatives be thanked for their reports and attendance at the Committee.

2. The Committee is pleased with the level of response across the providers, and to ensure continuing engagement.

3. Members are requested to ensure monitoring of these plans forms part of the Quality Account Member Reference Group discussions and,

4. Providers are encouraged to share information, including complaints data, with the Committee when appropriate.

5. The Committee invite commissioners and the community health providers to bring their responses to a meeting in the new year.

6. Providers encouraged Members to encourage their residents to engage with their local hospitals in helping them support their work in response to the Francis Report.

29/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Declarations of Interest:

None.

Witnesses:

Leah O'Donovan, Scrutiny Officer, Democratic Services

Key Points Raised During the Discussion:

1. The Scrutiny Officer indicated that the work programme for the next year was available for Members to review and comment on outside of the meeting.

2. Members requested that Recommendation SC019 continue to concentrate on Surrey provision and patients.

3. The Committee thanked the Scrutiny Officer for all her hard work in supporting the Committee, and wished her the best of luck in her new role within the County Council.

30/13 DATE OF NEXT MEETING [Item 9]

Noted that the next meeting of the Committee would be held on 18 September 2013 at 10 am.

Meeting ended at: 12.35 pm

Chairman

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SURREY COUNTY COUNCIL

Health Scrutiny Committee
18 September 2013

NHS 111 Service

Purpose of the report: Scrutiny of Services

The Committee will scrutinise South East Coast Ambulance (SECAmb) and Care UK on the performance of the NHS 111 Service in Surrey.

Summary:

1. An update report on the NHS 111 Service from South East Coast Ambulance Service can be found as **Annex 1**.

2. A report from the commissioners of SECAmb in Surrey, East Surrey CCG, can be found as **Annex 2**.

3. A report from Healthwatch Surrey offering a patient perspective can be found as **Annex 3**.

Recommendations:

4. The Committee is asked to scrutinise South East Coast Ambulance Service on the delivery of the NHS 111 Service in Surrey.

Report contact: Victoria Lower, Committee Assistant, Democratic Services

Contact details: 020 8213 2733; victoria.lower@surreycc.gov.uk

Sources/background papers: None

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South East Coast Ambulance Service NHS
NHS Foundation Trust

Surrey HSC
111 Update

Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

The presentation will cover:

- Key Statistics and Performance
- Patient Experience
- Impact on A&E in Surrey

Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

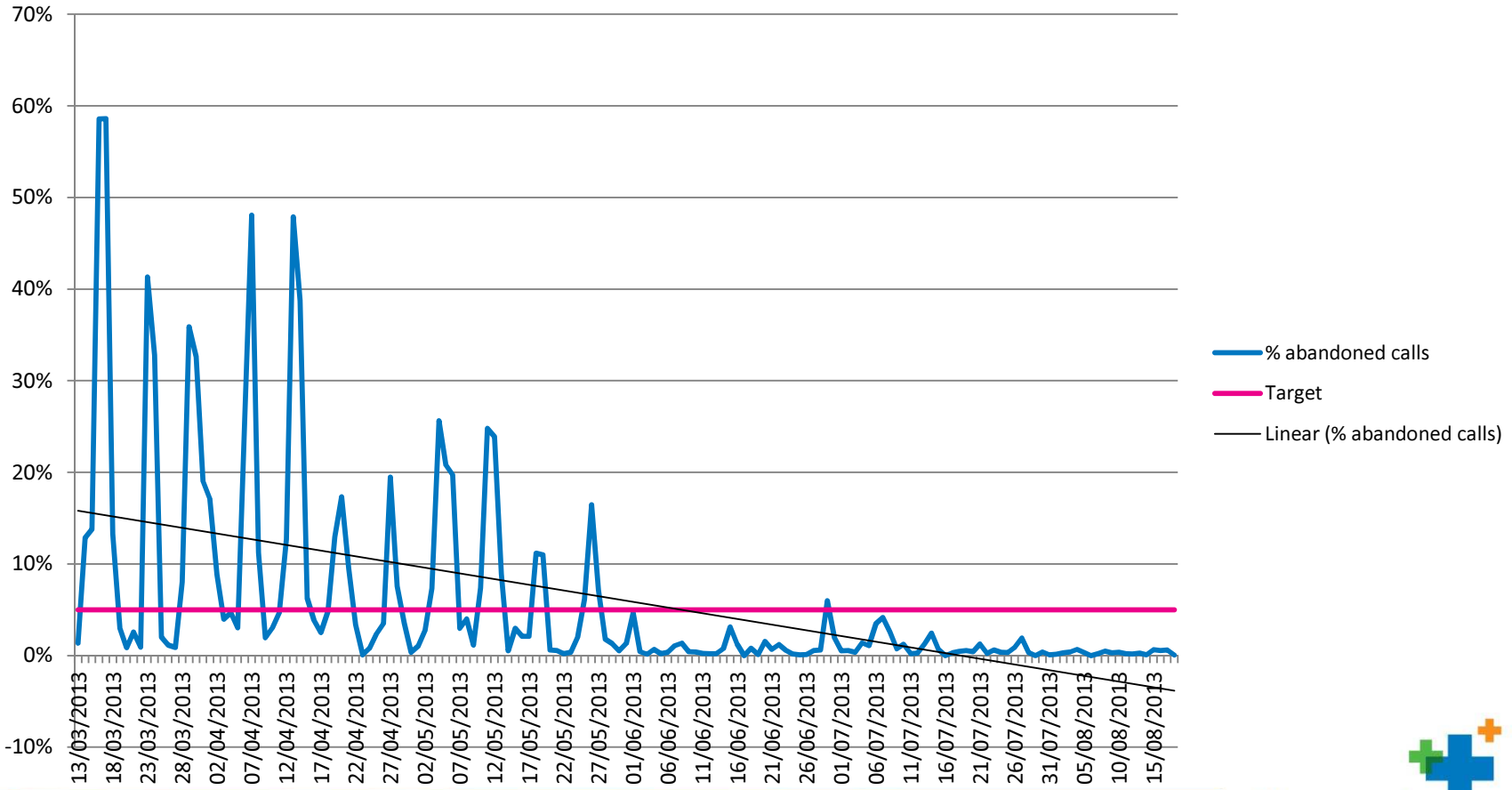
Key Statistics

- Outcomes of calls
  - 349,988 calls answered since 13th March 2013
  - 9% of calls resulted in an ambulance referral
  - 37% non-conveyance rate for ambulance referrals which is in line with rates seen in the 999 service
  - 5% of all calls resulted in a referral to A&E departments

Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

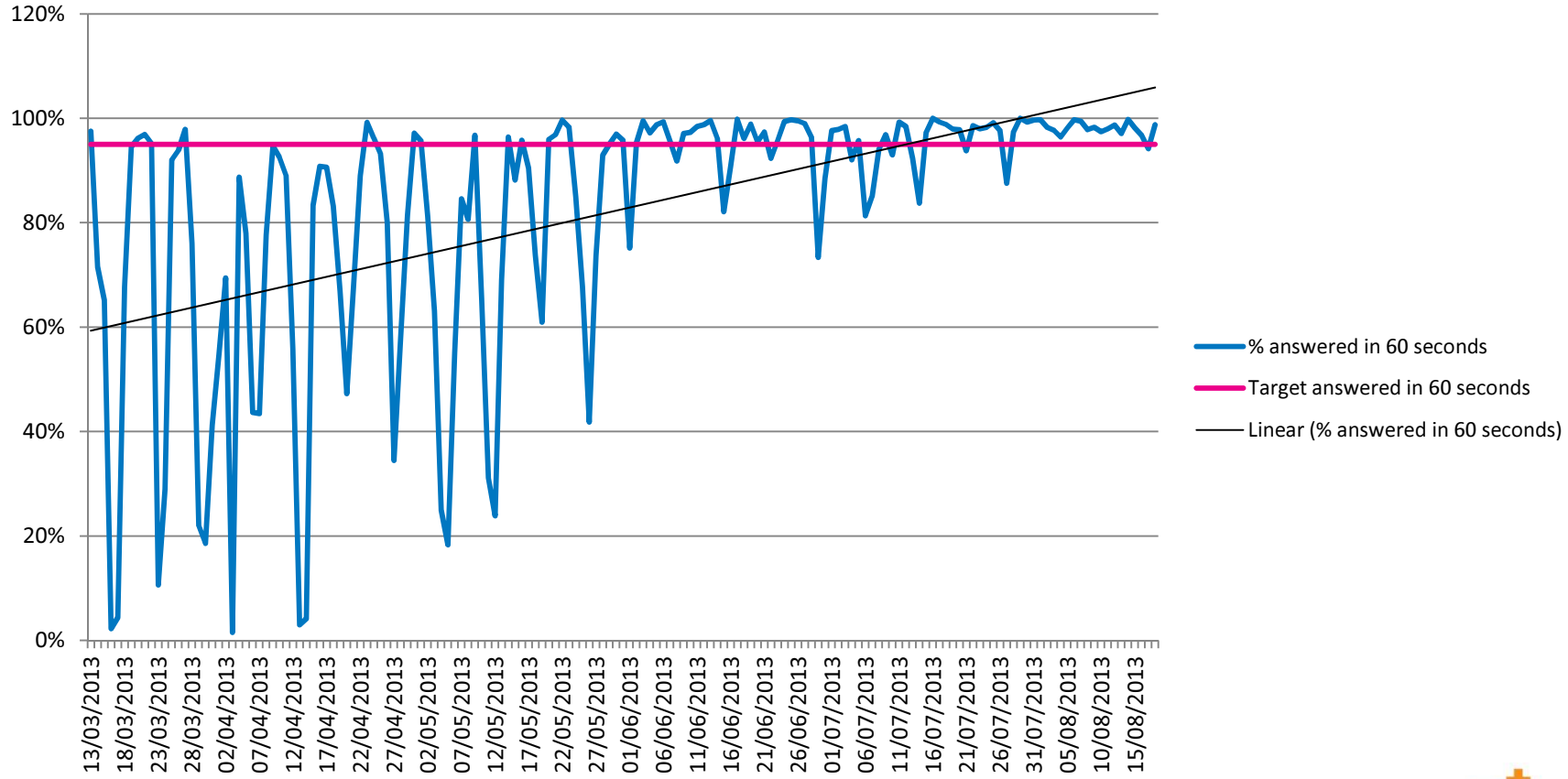
% Abandoned Calls (<5%)



Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

% Calls answered in 60 seconds (>95%)



Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

Key Statistics Related to Patient Experience

- Clinical Quality and Patient Experience
  - 188 complaints – 0.08% of calls
  - 821 (0.33% of calls) Healthcare Professional Feedback forms completed
  - 13 SIRIs
  - 27 compliments

South East Coast Ambulance Service NHS
NHS Foundation Trust

Impact on A&E in Surrey in August 2013

CCG Area	Total Cases where a A&E disposition was reached during August 2013	Total Number of triaged calls in Surrey during August 2013	%
East Surrey CCG	111	1537	7%
Guildford and Waverely CCG	188	2292	8%
North West Surrey CCG	238	3312	7%
Surrey Downs CCG	165	2588	6%
Surrey Heath CCG	72	994	7%
Total	774	10723	7%

NB: This is triaged calls only for Surrey and does not include calls where a triage is not required. Overall the service refers approximately 5% of total calls to A&E

Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

Questions

Your service, your call

NHS East Surrey Clinical Commissioning Group

Health Scrutiny Committee

18 September 2013

6

NHS 111 Service

Purpose of the report: scrutiny of NHS 111 service

The Committee will scrutinise the outcomes in the first six months of the service, to identify whether it is having an impact on A&E attendances and ambulance conveyance rates. The Committee will also explore the patient experience of the service.

1. Introduction

The NHS 111 service has replaced NHS Direct as the single number to call for urgent care advice in Kent, Medway, Sussex and Surrey (KMSS). Calls to the existing out-of-hours services in Surrey, Sussex and Kent have been diverted to the new 111 number and information about the number is now being promoted to the wider public.

The NHS 111 service has been introduced to provide a single point of access for people needing urgent NHS healthcare, when it is not an emergency. One of the aims of NHS 111 is to alleviate the inappropriate use of services such as 999 and local A&E departments, so they can focus on life-threatening emergencies.

NHS 111 is staffed by a team of fully trained advisers, supported by experienced clinicians, who ask callers questions to assess symptoms, give healthcare advice and direct to the right local service as quickly as possible. This can include a local GP, GP out-of-hours service, urgent care centre, community nurses, emergency dentist or late-opening pharmacy.

Call handlers undergo an extensive training and induction programme. This includes six weeks' training to use NHS pathways, plus additional training and coaching as part of their induction. On average, there is one clinician to every 4 call handlers in KMSS.

When someone calls NHS 111, they are assessed straight away. If it is an emergency, an ambulance is despatched immediately without the need for any further assessment. For any other health problems, the NHS 111 call advisers are able to direct callers to the service that is best able to meet their needs.

NHS 111 is staffed 24 hours, 365 days a year. Calls from landlines and mobile phones are free.

2. Commissioning responsibility

The KMSS NHS 111 service has been jointly commissioned by the constituent Clinical Commissioning Groups (CCGs) of KMSS, with East Surrey CCG as 'lead commissioner' for Surrey and Swale CCG as contract lead. The service is delivered by South East Coast Ambulance Service (SECAmb) and their subcontractors, Harmoni.

The Surrey & Sussex and Kent & Medway Commissioning Support Units support CCGs in the commissioning and performance management of NHS 111 services locally.

3. Service Launch

NHS 111 launched to the public in KMSS on Tuesday 13th August 2013 following a 'soft launch' period which allowed call volumes to build up gradually.

During the 'soft launch' period calls from the existing GP out-of-hours services (and later NHS Direct) were directed into the NHS 111 service. The NHS 111 number was not publicised during the soft launch period. However, GP answer machine messages were changed to reflect the use of NHS 111 rather than the GP out-of-hours telephone numbers.

6

The service was launched in line with the national and KMSS NHS 111 service specification and initially showed good performance. However, shortly after 'soft launch' it was clear the service was having some significant capacity and operational problems. As with any new service or system, there were initial problems which, despite thorough testing would not be fully identified until operational.

The challenges the NHS111 KMSS service has experienced can be summarised into four main groups:

- ***Incorrect activity profile / Numbers of staff*** - being insufficient for the volume of calls at weekend peaks, and knock-on impact on Professional Support Line (PSL) staffing

- ***Technical issues*** – initial and subsequent technical issues e.g. the power outages at both call centres

- ***Management*** – personnel and processes – in order to address the significant issues experienced there was insufficient senior leadership and programme resource (which has produced difficulties in the capacity to investigate and respond), and problems with the management information and reporting.

- ***Clinical concerns*** relating to three main areas:
    - Inability to access the service;
    - Delay in getting through to a clinician and/or the required service; and
    - Being transferred to an inappropriate (or perceived to be inappropriate) service – this can be related to staff error, NHS Pathways issues, Directory of Services (DoS) issues or the service itself not delivering what is commissioned for.

4. Rectification Period

Concerns about the performance of the NHS 111 service were identified and raised with SECAmb. Commissioners served SECAmb with a performance notice and as a result a joint rectification plan was agreed.

The plan covered the following workstreams:

- **Clinical Governance** – monitoring of Health Care Professional (HCP) feedback, Complaints, PALS (The Patient Advise and Liaison Service), SIRIs (Serious Incidents Requiring Investigation).
  As part of this, the clinical standards and the safety of patient care by NHS 111 in KMSS are being monitored through a nationally accredited system of clinical governance. A regional GP clinical lead and a GP lead for each of the three counties have been meeting three times a week with the clinical teams from SECAmb and Harmoni to review performance.
- **Workforce** – Increasing number of Health Advisors, Clinical Advisors and GPs.
  As part of this, each week the provider shares workforce reports which are scrutinised by members of the Executive Oversight Group.
- **Operations** – reviewing operating procedures, performance management, management structures
- **Technology and Business Information** – reviewing IT infrastructure and improving access to Business Information

There has been a demonstrable improvement in performance over the past couple of months. Although performance continues to be monitored, we are confident the standards being attained are safe and in line with national standards.

5. Current Service Delivery

As a result of measures taken, SECAmb is delivering a clinically safe service and meeting the majority of Key Performance Indicators (KPIs) on a regular basis. Providers, commissioners and commissioning support units are continuing work to improve resilience, particularly at times of peak call volumes.

Regular reviews are maintained of performance measures. Situation Reports are reviewed internally by provider senior management on a daily basis and reviewed weekly with commissioners. On behalf of commissioners, the commissioning support units undertake weekly reviews of projected and actual calls, rostering patterns and individual performance metrics.

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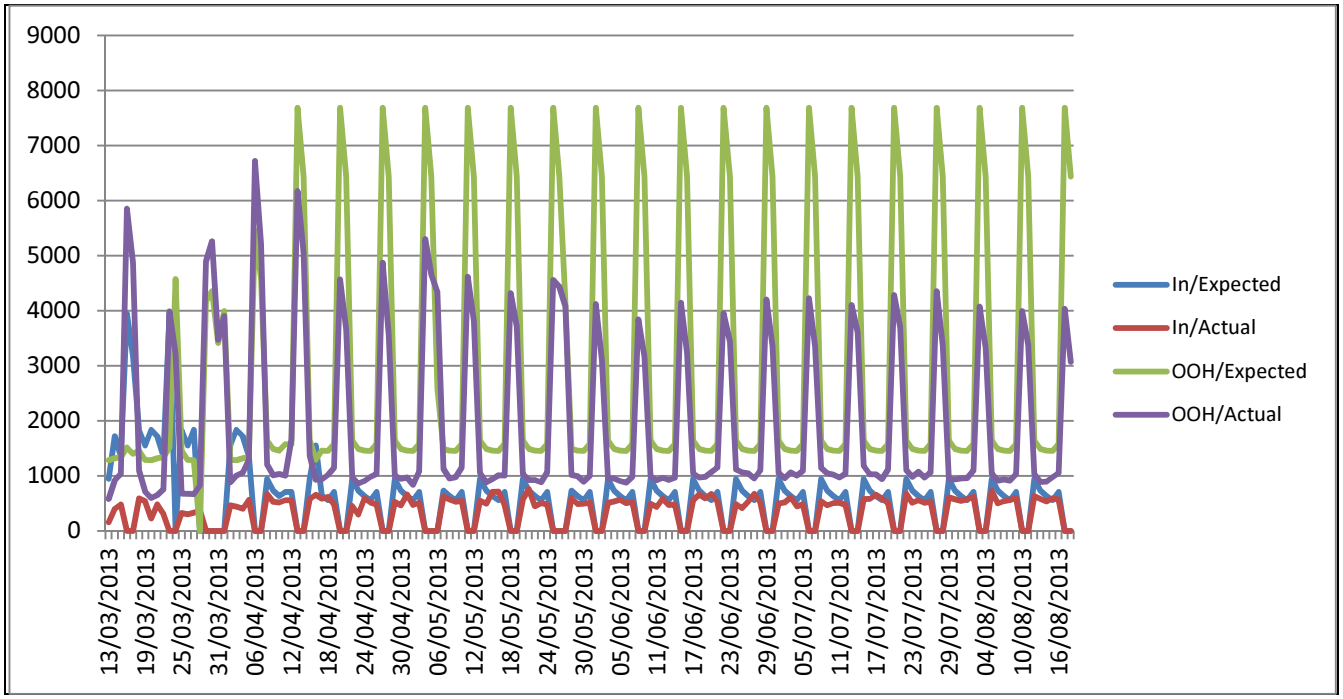
The NHS 111 service is handling around 1,500 calls per day during weekdays and around 4,000 per day at weekends. Calls are routinely answered within 60 seconds. The duration of calls is also reducing[1] and where patients need to speak to a clinician; this is being achieved more rapidly than ever before.

Currently, over 96% of calls are being answered within 60 seconds (target 95%) and call abandonment rate is around 0-1% (target <5%).

The chart below shows Call Volume (expected versus actual in hours/out-of-hours) since Go Live:



[1] Health Advisor calls last approx 7 ½ minutes. Clinical Advisor calls last approx 5 ½ minutes

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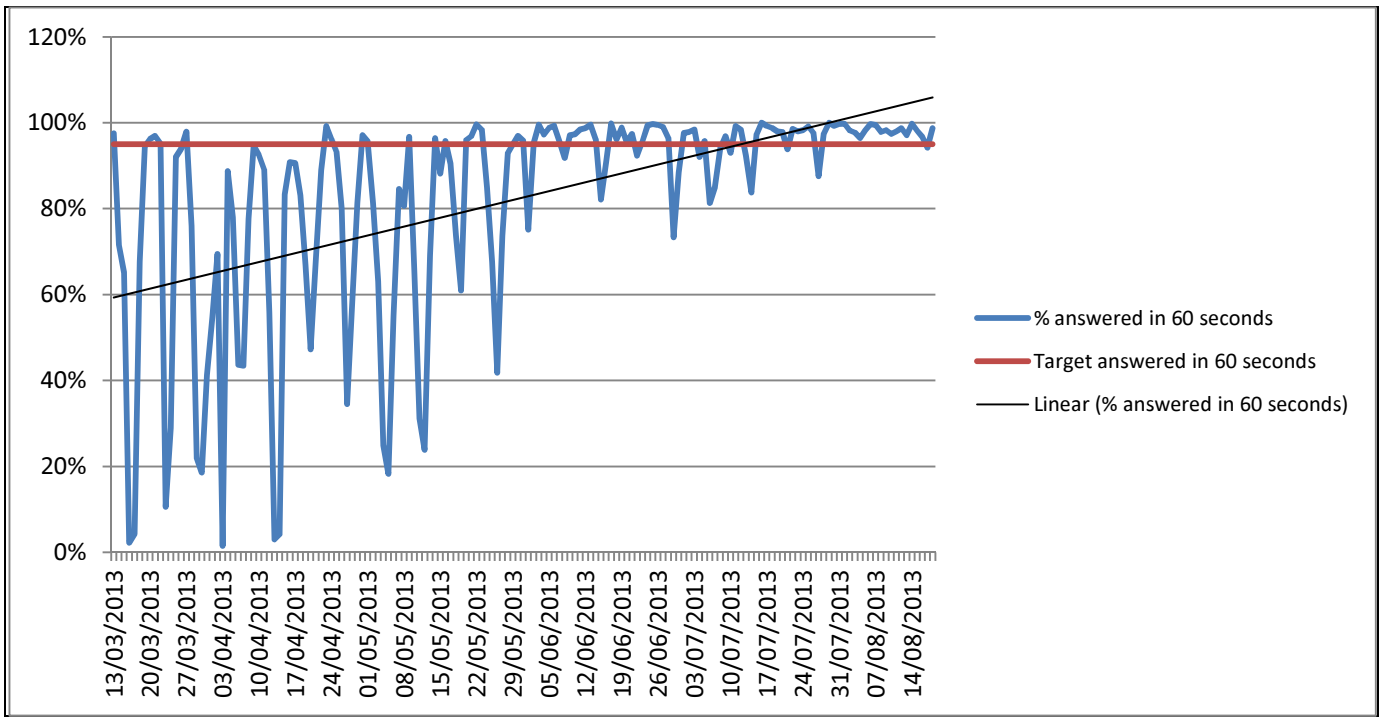
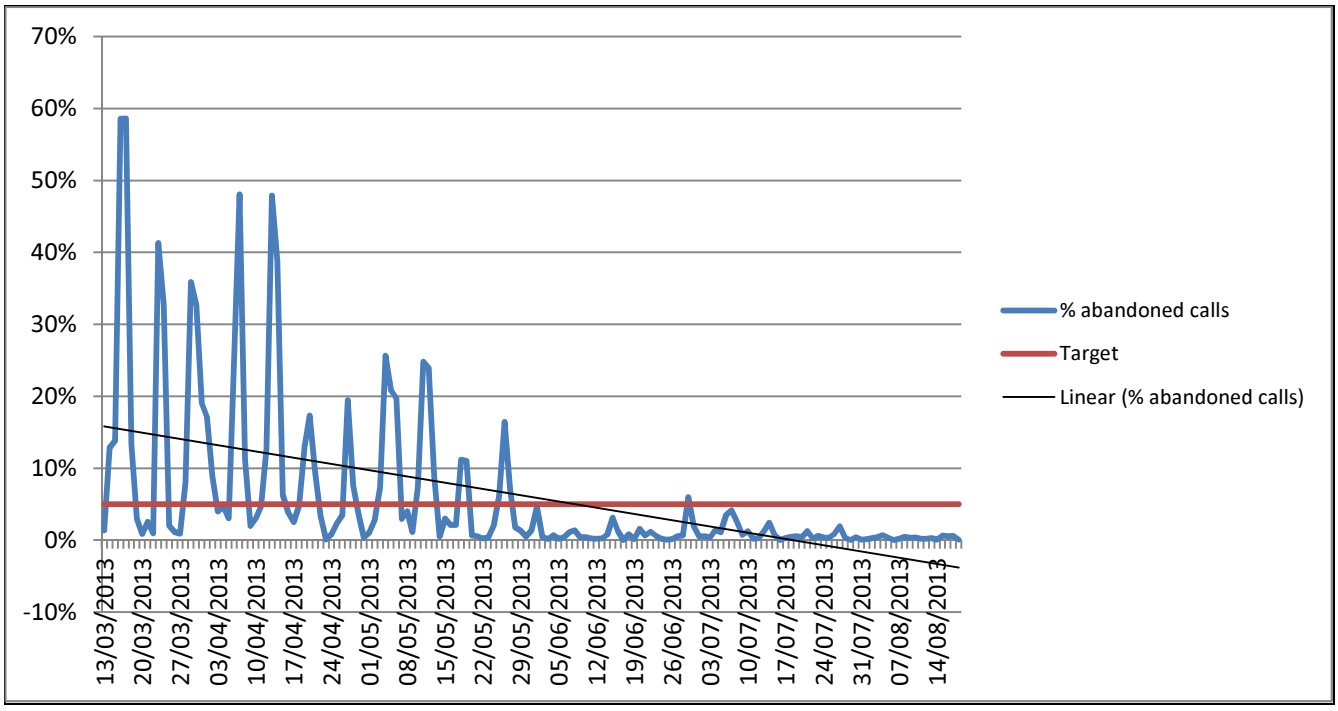
The chart below shows % Abandoned Calls (<5%) since Go Live:



The chart below shows % Calls Answered in 60 seconds (>95%) since Go Live:



6. Directory of Services

NHS 111 can send people to the appropriate health care provider in the KMSS healthcare system via a tool called the Directory of Services (DoS). The DoS is a directory of services available to patients in KMSS, and these services are profiled to show what types of conditions they can deal with. The clinical assessment performed by call handlers using NHS Pathways (the clinically approved telephone triage tool used), gathers information that indicates the specific clinical skills needed by the patient. This information is used to perform a search on the directory to find a service local to the patient, which has all the clinical skills required, ensuring they are directed to the right place, first time.

As every search is captured, the reporting within the directory enables commissioners to identify the demand for particular skills. It also enables commissioners to see which services were available to deliver particular skills, and crucially, which services missed by one or two criterion. For example, if a particular service met all needs but was not open at the right time, this data can be collated to see how many additional referrals the service would get if it extended its opening hours. This allows commissioners to change local service provisions. Additionally, if patients are being sent an ambulance or to A&E for certain health issues that can be treated in the community, commissioners are able to analyse the data from the area and commission services to meet the demand.

Outcomes of calls to date

- 15% of calls were directed to a clinician
- 9% of calls resulted in an ambulance referral
- 37% non-conveyance rate for ambulance referrals which is in line with rates seen in the 999 service
- 5% of all calls resulted in a referral to A&E departments

A snapshot of 1 weeks referrals (65% of triaged calls resulted in a referral to another service)

DoS Team Type	Total
Community Based Services	2
Dental Services	208
District/Community Nurse Non-Prescriber	10
Emergency Department	723
GP in hours	882
GP OOH Provider	5460
Mental Health	4
MIU	20
Nurse-Led WIC	21
Pharmacist	50
Sexual Health	1
Social Care	1
Specialist Service	2
SPoA	3
UCC	4
WIC	73

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7. Impact on A&E and 999

There is no evidence NHS 111 is increasing demand on local accident and emergency or 999 services.

There is also no evidence nationally that the NHS 111 service has put pressure on local accident and emergency departments. The Health Select Committee report published 24th July 2013 on urgent and emergency services stated that the trends and causes in the level and nature of demand for urgent and emergency are not clear.

Dr Clare Gerada, Chair of the RCGP also questions whether there has been any real terms growth in emergency department attendances and activity over the last year. NHS England is clear that despite much analysis there is no single trend or factor to explain the pressures on urgent and emergency services and the issues vary both across the country and within the same areas where similar factors apply.

It was always anticipated that a proportion of calls would, correctly, be passed through the 111 system to 999 – as they did previously from out-of-hours providers and from NHS Direct. As the service has developed this proportion has reduced, supported by immediate real-time feedback from ambulance staff which has proved extremely useful. Nationally the KMSS region has been among those with the lowest referral rates to 999, reflecting the 999 experience brought by SECAmb.

8. Patient Experience

The NHS 111 service aims to both enable the best outcome for the patient as well as deliver an improved patient experience through assessing the specific needs of an individual and connecting them with the most appropriate source of care in the most appropriate timeframe.

Feedback from patients and healthcare professionals is encouraged since it is recognised that this insight is a great way to improve the standard of care offered to patients. Many of the improvements that have been made are the direct result of the comments SECAmb have received and which have informed the system improvements, staff training and IT changes which have been made.

SECAmb have recruited an additional 194 new Health Advisors, 16 Clinical Advisors, 24 GPs and increased management capacity. Recruitment of Clinical Advisor staff is continuing in order to ensure that numbers of

clinical staff are sufficient to cope with the projected rise in demand over the winter period and to better serve patients through rapid access to a clinician when necessary.

There have been 188 complaints to date, which represents 0.08% of calls (349,988 total calls answered). SECAmb are now receiving a steadily increasing number of compliment letters, focusing primarily on positive experiences of patients and relatives and highlighting professional and efficient service in accessing care in and out of hours. In addition to this, NHS 111 continues to receive a steady number of Health Care Professional feedback referrals, highlighting suggested areas of improvement and illustrating case studies to improve services. To date, SECAmb has received 821 such feedback submissions.

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Patient satisfaction surveys are under development and are in the process of being implemented into the NHS 111 quality review process. In addition to this, NHS 111 has engaged with a number of patient groups in developing a 'mystery shopping' process to help improve access to the system for those with specific special access needs such as sensory impairment and to improve the quality of education and training given to both clinical and non clinical staff.

Feedback is also being sought from staff within the NHS 111 service in the form of exit interviews when members of staff chose to leave the employment of the service and through the use of suggestion boxes and 1:1 meetings with line managers.

Patients can give their views via the NHS 111 Patient Advice and Liaison Service (PALS) on **01737 363866** or submit feedback online **secamb.nhs.uk/contact_us/patient_advice.aspx**

Healthcare Professionals can download a feedback form from **www.secamb.nhs.uk/contact_us.aspx** and sent it to **hcpfeedback.sec111@nhs.net.**

9. Conclusion

This report invites the Health Scrutiny Committee to consider the NHS 111 service.

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Short Report on the 111 Service to Health Scrutiny Committee

September 18 2013

Patient Experience

Public feedback information received by the helpline, via email or through the Citizens Advice Bureau network has been minimal so it is not possible to draw any evidential data on the 111 service. Comments from users of a poor experience of the service have reduced since the implementation of 111 and a recent request via Twitter for comments resulted in no replies. Where there are strong views held by the public about their experience, positive and negative, this would normally result many responses.

Some individuals using the service during the last month have reported a good experience. Those referred onto the OOH service located at their local acute trust have commented that on arrival the OOH service was not busy and they were seen straight away whilst the A&E department appeared extremely busy. Some people have told us that they were not aware that 111 was now the access point for the OOH GP service.

Acute hospital A&E departments are the “catch all” for the 111 triage service so the gap analysis data that SECAmb is collecting on those people who have called 111 and who are then transported to A&E in an ambulance will be good information/evidence of how the 111 interaction with the public is working. In future work needs to be done with the public so they become less confused about 111 and have more confidence to use it when they are stressed and anxious, rather than 999. For a good experience of care it will be important to continuously monitor and ensure that people dialling 111 receive the appropriate service when they need it.

Healthwatch Surrey

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Health Scrutiny Committee
18 September 2013

Patient Transport Services

Purpose of the report: Scrutiny of Services

The Committee will scrutinise South East Coast Ambulance (SECAmb) and Surrey County Council on the delivery of the patient transport contract.

Summary:

1. A copy of the minutes of the Health Scrutiny Committee's meeting on 14 March 2013, when they previously scrutinised the Patient Transport Service, can be found as **Annex 1**.

2. A report detailing the non – emergency centralised call booking service, provided by SCC on behalf of NHS Surrey, can be found as **Annex 2**.

3. An update report on the Patient Transport Service from South East Coast Ambulance Service can be found as **Annex 3**.

4. A report from the commissioners of SECAmb in Surrey, East Surrey CCG, can be found as **Annex 4**.

5. An update from the Rapid Improvement Event, detailing aims and objectives, can be found as **Annex 5**.

6. A report from Surrey Coalition for the Disabled offering a patient perspective can be found as **Annex 6**.

Recommendations:

7. The Committee is asked to scrutinise Surrey County Council and South East Coast Ambulance Service on the delivery of Patient Transport Services.

Report contact: Victoria Lower, Committee Assistant, Democratic Services

Contact details: 020 8213 2733; victoria.lower@surreycc.gov.uk

Sources/background papers: None

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Minutes of the Health Scrutiny Committee meeting held on 14 March 2013

16/13 PATIENT TRANSPORT SERVICES [Item 7]

Declarations of Interest:

None.

Witnesses:

John Furey, Cabinet Member for Environment & Transport
Geraint Davies, Director of Corporate Services, SECAmb
Rob Bell, Head of Commercial Services, SECAmb
Tracey Coventry, Transport Co-ordination Team Manager
Marion Heron, Associate Director supporting Transition, NHS Surrey
Carol Pearson, CEO, Surrey Coalition of Disabled People
Cliff Bush, Chair, LINk

Key Points Raised During the Discussion:

1. The Cabinet Member attended the meeting and gave an update on the contract. He recognised that there had been several issues with the delivery, since the contract had gone live in October 2012. One of these key issues was the transfer of G4S staff into SECAmb, assessing their skills and competence. Many had to be retrained to ensure that they were in line with PTS and SECAmb requirements. The second issue was the age of some of the vehicles. He advised that the new vehicles had not been delivered in time but that they had begun to be rolled out in mid-February 2013. The service is now delivering 18,000 transports a month within Surrey. It was reported that 85% of journeys were on time and that 91% of patients were on the vehicle for less than one hour. There is work currently being done to ensure that the eligibility criteria are clear for all groups and there are plans to roll out the booking solution.

2. The Committee was advised that the contract had still not been signed but that it should be done within the next week, before the end of the financial year. There had been concerns regarding the Director appointed by NHS Surrey but this has now been resolved. The Cabinet Member indicated that Surrey County Council was fortunate to have such a good working relationship with SECAmb that ensured the service was delivered effectively without a contract. He indicated that SECAmb had worked closely with the Transport Coordination Centre to ensure a smooth PTS transition. He continued by saying that it was due to good will on all sides that ensured patients had not suffered and it should be acknowledged and applauded that these groups had worked together well.

3. LINk, providing a patient perspective, stated that the patient experience had not been good; however the various groups have worked together to resolve and take forward a better service for the patient.

4. SECAmb's Head of Commercial Services informed the Committee that they were seeking feedback regarding the patient experience and this will be reported back in due course.

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5. Surrey's Transport Co-ordination Team Manager reported that there is a centralised booking service that had initial problems, but these have now been resolved. Patients will soon be able to access one telephone number, which will then have options for the centralised booking service or for SECAmb.

6. The Chief Executive of Surrey Coalition of Disabled People stated that the problems had arisen due to lack of clear direction and this had been disappointing. She indicated that the Cabinet Member and his team have tried to resolve the problems along the way. The Coalition is aware that there is still quite a lot to be sorted; however it looks forward to the future improvements.

7. The LINk Chair stated that it had been frustrating to all concerned. He had wished for it to be noted that some patients were missing their hospital appointments due to late arrival of transport. Obtaining these appointments is difficult and when they are missed, there is often a long wait for a new appointment.

8. NHS Surrey have recognised that there was a lot of learning for the lead individual and were hoping for improved commissioning of services in the future. She personally offered her apologies on behalf of NHS Surrey.

9. The Vice-Chairman queried assurances that there was reliable digital technology in place to ensure that all patients could access the service (i.e. deaf or hard of hearing and visually impaired patients). Witnesses responded that various media, such as SMS text, had been put in place but this can be inappropriate when attempting to answer eligibility criteria questions so other alternatives are being looked at.

10. Members queried the eligibility criteria being finalised. Witnesses responded that these were being looked at and claimed that the eligibility criteria had not changed but the questions being asked had. The service would also assist those that were ineligible by giving out details for alternative transport organisations. Many people wrongly believe they are entitled to patient transport, thinking it is an open service. It is only available to those who have a genuine medical need. The Chair of LINk indicated that there is an outstanding issue about the eligibility of an advocate or chaperone riding with the patient.

11. Members queried whether the databases were sharing information between organisations. Witnesses indicated that information is transferrable and can be easily accessed. They also said that the booking system has been

designed to ensure that any additional information on specific patient needs is in place to inform PTS staff for appropriate action.

12. Members queried when the Committee Chairman or Scrutiny Officer became aware of this issue, concerned about the ability of the Committee to recognise when problems are occurring and act appropriately. The Scrutiny Officer responded that she became aware in October and November 2012 of issues around the age of the vehicles and, with the support of the Chairman, had raised this informally with SECAmb. The Vice-Chairman also indicated that she was aware of issues with the SMS number in October 2012 and, with the help of the Scrutiny Officer, had raised this with the Transport Coordination Centre and SECAmb.

Recommendations:

1. Officers from Surrey County Council, SECAmb and the Surrey Coalition of the Disabled are thanked and commended on the joint working to improve the delivery of this contract;

2. The Committee was concerned that the new PTS contract has not offered the best patient experience to date but welcomes assurances that most problems have now been dealt with and looks forward to a report back in six months by SECAmb, Surrey County Council and the Surrey Coalition of Disabled People.

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Health Select Committee
18 September 2013

Non-Emergency Patient Transport – Centralised Call Booking Service

Purpose of the report: Scrutiny of Services

The Select Committee is examining the patient transport service, looking at its operation since contract start (1 October 2012). This report provides an update on the centralised call booking service element of the service, provided by Surrey County Council on behalf of East Surrey Clinical Commissioning Group.

Introduction and background

The former non-emergency patient transport contract ended 30 September 2012 and, prior to retendering, NHS Surrey reviewed the service and made the decision to split out the eligibility assessment and journey booking from the transport provision element. NHS Surrey then invited SCC to deliver a centralised call booking service on their behalf (and funded by them); and the service commenced 1 October 2012. The transport provider is South East Coast Ambulance (SECAmb).

The SCC centralised call booking service (CBS) is for Surrey residents registered with a Surrey GP requiring transport to and from home to attend outpatient appointments. The service operates Monday to Friday, providing a "one stop shop" for patients, dealing with:

- Their eligibility assessment
- The booking of patient transport, if eligible
- Signposting to alternative transport solutions, if not eligible

Whilst the service was originally commissioned by NHS Surrey, following changes in the NHS arising from the Health and Social Care Act 2012, responsibility for NHS services passed to Clinical Commissioning Groups (CCGs) on 1 April 2013; and East Surrey CCG was identified as the lead CCG for PTS.

Service Activity and Contract Monitoring

NHS Surrey appointed Surrey and Sussex Commissioning Support Unit (CSU) to contract manage the PTS contracts. The service specification and contract sign-off were treated as a priority by the new Contract Manager, and the contract was sealed by all parties on 12 June 2013.

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The CBS service was originally set up to book transport for first appointments only, and handled around 500-600 calls per week. To improve the service for residents, the joint decision was taken for the CBS to take all planned appointment bookings, and this has been done since March 2013. The number of calls handled per month has now risen to between 3500 and 4000 per month.

Monthly contract meetings are held with the Contracts Manager to review performance against the agreed Key Performance Indicators (KPIs). The KPIs and current performance are:

KPI	Performance (August 2013)
(1) 90% of calls to be answered within 60 seconds	60%
(2) 100% of calls to be answered within 120 seconds	100% (based on Average Speed of Answer of 93 seconds)
(3) 90% of identified patient group bookings rung back to confirm	Ring-backs currently not possible
(4) 100% of complaints to be responded to and action plans developed within 25 working days	None received

The telephone performance statistics system reports against the first KPI, which has not yet been met, but the percentage is increasing as the team becomes more familiar with processes and the booking system. However, the small team (of 4 staff) limits the ability to some extent to respond to peaks in demand, and further improvement in call answering response times will largely depend on booking system improvements that will speed up the process and consequently increase the team's capacity (see Service Development section below). In addition, failures of either the telephone contact centre system and/or the e-booking system can have a significant effect on the monthly performance statistics.

Performance against the second KPI is 100%, but based purely on the average speed of answer for all calls handled. A method for calculating this more accurately is currently being looked at.

The third KPI is not currently reported on as there is no system in place to identify the patients that should be rung back to confirm their booking details. SECAmb are currently working on a report to list these patients.

East Surrey CCG has now appointed NHS South London Commissioning Support Unit to undertake the contract management of PTS, commencing 1 October 2013. Details of any changes to the monitoring arrangements and the new Contract Manager are not yet known.

Issues

The good working relationship with SECAmb and NHS Surrey has continued. The concern about the NHS lack of project resource, detailed in the previous March report, was rectified with the appointment of a Contract Manager. It is hoped that an equally good relationship is maintained with the new Contract Manager.

There are some IT-related issues. The CBS accesses SECAmb's e-booking system (via the internet) to book patient journeys, but slow progress is being made by SECAmb's IT provider in providing access to reports (for patient ring-backs) and rectifying identified system differences between that used by SCC and by SECAmb's staff. This is having an impact on the CBS's ability to provide a fully effective service. In addition, when SCC's internet is down, there is no access to either SCC's contact centre system or SECAmb's booking system, though this is a relatively rare occurrence.

Service Developments

Developments already in place
As mentioned above, the CBS now books transport for all outpatient appointments, which does make the process simpler for eligible patients.

The CBS signposts those patients who are not eligible for patient transport to alternative means of transport, such as community transport, voluntary car schemes and public transport routes. A significant piece of work has been undertaken within the Transport Projects Team to update and add to the voluntary and community transport data available. This means we now have the most comprehensive information on alternative transport options across Surrey, aiming to help, as best as possible, those patients not entitled to PTS.

Further Development
When the ring-back element of the service commences, this should further enhance the service for both patients and SECAmb, by acting as a reminder to patients and helping reduce the number of aborted journeys.

The eligibility assessment is being jointly reviewed by key stakeholders to simplify and streamline the process. In addition, further IT development is underway for SECAmb to provide a new front-end to the booking system to allow the capture of the outcomes of the eligibility assessments, including the streamlined assessment process once agreed. This should speed up the amount of time it takes to complete the eligibility assessment and therefore should increase the CBS's capacity to answer calls.

A major service enhancement is the jointly planned single point of access for patients. Currently, there are 2 different 0300 numbers in use, depending on whether the enquiry is regarding future journeys (CBS) or is an on the day enquiry (SECAmb). The proposal is for one single number, with calls directed to either the CBS or SECAmb, depending on the option chosen by the caller. This single number is to be tested through September/October to assess the

accuracy of call forwarding and of cost reporting. Dependent on the outcome of the testing period, the new single point of access should go live before the end of the year.

Financial and value for money implications

None

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Equalities Implications

A key aim of the CBS is to deliver a service that is fair and personalised, providing equitable access to the patient transport service for eligible patients.

Risk Management Implications

None

Implications for the Council's Priorities or Community Strategy

This project helps deliver the Council's commitment to strategic partnership working.

Recommendations:

This report is for information only.

Report contact: Tracey Coventry, Transport Co-ordination Centre Team Manager, Travel and Transport Group, Environment and Infrastructure

Contact details: 020 8541 9592 / tracey.coventry@surreycc.gov.uk

Sources/background papers: not applicable

South East Coast Ambulance Service NHS
NHS Foundation Trust

Surrey HSC
PTS Update

Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

The presentation will cover:

- Key Statistics and Performance
- Patient Experience

Your service, your call

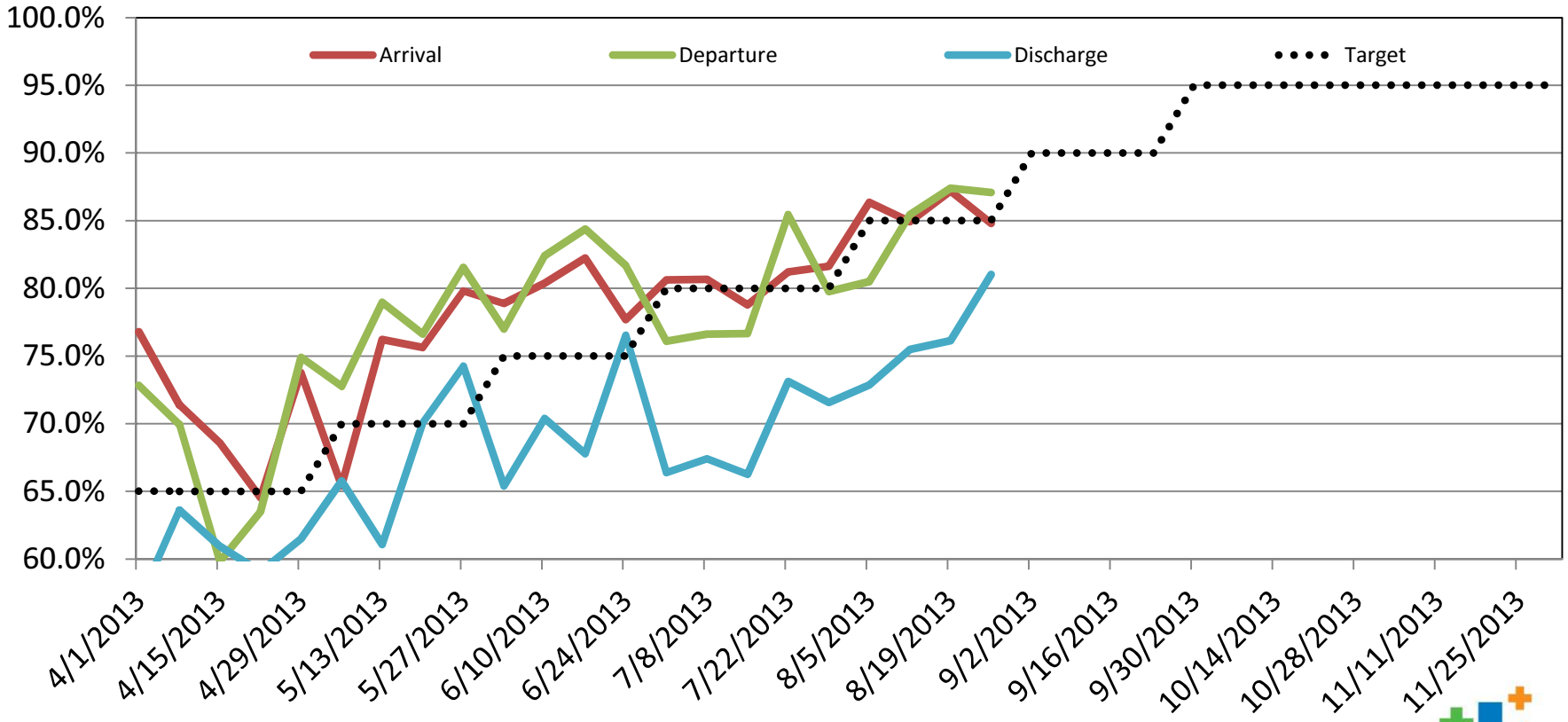
Key Statistics

- 69,251 Journeys (April 2013 – August 2013)
  - 65 to 85% of all discharges are short notice On the Day requests
  - 14% of all journeys are aborted
  - 20% of all journeys have an escort

South East Coast Ambulance Service NHS
NHS Foundation Trust

Key Statistics

SURREY PATIENT TRANSPORT SERVICE



Your service, your call

Key Statistics Related to Patient Experience

- Clinical Quality and Patient Experience
  - 32 complaints – 0.05% of Journeys
  - Patient survey results
    - Of the 527 respondents, 92.9% were either very satisfied or satisfied with the service they received from SECAmb
    - 98.3% of the respondents perceived SECAmb staff to be both “Friendly” and “Helpful”
    - 75.5% of respondents perceived their transport had arrived within expected times

South East Coast Ambulance Service NHS
NHS Foundation Trust

Questions

Your service, your call

NHS
East Surrey
Clinical Commissioning Group

Health Scrutiny Committee

18 September 2013

Patient Transport Service

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Purpose of the report: scrutiny of the Patient Transport Service

1. Introduction

The Surrey PTS Contract went out to tender in 2012 and was awarded to South East Coast Ambulance NHS Foundation Trust as the transport provider. In summary this service is for all Surrey GP registered patients traveling in or out of Surrey (for any NHS treatment site) up to 55 miles (one way). Surrey County Council was appointed as the Central Booking Service (CBS) for patients to call and book their transport. The new service (contract) went live 1st October 2012 and is a 4 year contract.

From the go live date there was a lack of contract management from the Surrey PCT. It was not until February 2013 that this was rectified where monthly contract review meetings were organised and the contract agreed and signed in June 2013.

2. Service Delivery

The delivery of this contract for the first 6 months was very poor which was recognised both by SECAmb and the Contract Manager.

Since this time the performance KPI's have been agreed (April 2013). They are:-

1. Inward journey, patient is to arrive 45 minutes before or up to 15 minutes after, 95% of patients.
2. Return journey, patient is to be picked up within 60 minutes of the appointment time – 95%
3. Up to a radius of 15 miles, patients to be on the vehicle no longer than 60 minutes – 95%
4. Any discharges have to be picked up within 2 hours – 95%

Whilst there was a delay in getting the contract documentation signed SECAmb were are asked to produce a performance improvement plan with an agreed stepped performance improvement.

The main areas identified in the performance improvement plan were

1. Late transport after treatment
2. Discharges – delays and failures
3. Capacity/Resilience of resources
4. Complaint investigation/response times

Agreed stepped improvement against performance KPS's

June	July	August	September	October
75%	80%	85%	90%	95%

This was done as an overall overage each month and by October for them all to be hitting 95%

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Each month the actual performance against the agreed improvement has been monitored and is summarised in the next table.

Actual performance against KPI's

SURREY PATIENT TRANSPORT SERVICE

SURREY	Arrival					Departure			Discharge			PERFORMANCE	
	JNYS	LATE	EARLY	NT EARL	NT LATE	JNYS	LATE	PERF	JNYS	LATE	PERF	AVGE	TRAJ
Apr-13	3481	1028	232	93.3%	70.5%	2472	827	66.5%	1346	534	60.3%	73%	65%
May-13	3526	929	273	92.3%	73.7%	3031	704	76.8%	1568	532	66.1%	77%	70%
Jun-13	3583	722	250	93.0%	79.8%	2820	521	81.5%	1811	527	70.9%	81%	75%
Jul-13	4048	779	391	90.3%	80.8%	3480	750	78.4%	2122	674	68.2%	79%	80%

Findings

Since April 2013 there has been a 10% improvement on patients arriving, 12% improvement on patient's departure and 8% on patient discharges so this continues to be in line with the performance improvement plan.

Overall KPI's are performing as agreed improvement by Trust is varied. All Acute PTS activity is over 80% for July apart from Royal Surrey and Ashford & St Peters Hospitals which remains to be a concern.

The other issue remaining is patients attending outpatient appointments who are waiting for unacceptable periods of time (over 2 hours from the requested pick up time) to be picked up.

Recommendations

- This contract should continue to be managed within the agreed contract.
- Partnership working with Acute Trusts to manage the flow of discharges trying to reduce the same day demand at short notice in the afternoon

Acute Hospital Discharge
Rapid Improvement Event (RIE)

Sonya Sellar
Adult Social Care

Health Scrutiny Committee - September 2013

Background

- Growing demand on the health and social care system means acute hospitals continue to be concerned about discharge
- Causes of delayed discharges are often multi-agency and complex
- Delays are not good for people's health and wellbeing, cost the acute hospitals unnecessary resources and block vital beds

RIE - aim and objectives

‘Improve the patient experience and discharge process by working together as partners to ensure that as soon as patients no longer need acute hospital care they are discharged safely’

- Establish a shared understanding of, and identify joint solutions to, the issues/obstacles associated with the hospital discharge pathway across Surrey
- Define consistent discharge pathways, wherever possible
- Agree common standards across Surrey hospitals to underpin the discharge pathway and arrangements
- Agree performance indicators which will track and assess collective performance in hospital discharge across Surrey

RIE held recently and work is at an early stage

RIE - areas of improvement identified

- Proactive multi disciplinary teams
- Standard operating framework
- Patient information and expectations
- Read only access to systems
- Continuing health care
- **Transport home**
- Community providers ‘pull’ people out
- Create capacity in the community
- Performance measures

RIE - transport home

Continue to work with SECAmb to improve services

- Work to secure best value from existing contract
- Support existing Patient Transport Service Improvement Programme
- Ensure staff understand SECAmb eligibility criteria and are equipped to have brave conversations
- ‘Going Home Discharge Plan’ is started from admission (wherever possible) and will include transport home arrangements

RIE - transport home

Make more transport home options available

- Explore possibility of growing volunteer transport home services
- Make better use of all transport options by working with providers, the voluntary sector, the public etc

Surrey Coalition of Disabled People

Evidence submitted to Health Scrutiny Committee on NHS Patient Transport Services

18th September 2013

1. INTRODUCTION

Surrey Coalition of Disabled People have represented the interests of patients with long term conditions on NHS Surrey's Patient Transport User Group for many years. Patient representatives monitored the performance of the Patient Transport Service (PTS) previously provided by G4S, and were involved in developing the specification for the new service which was re-tendered last year. We were also involved in the procurement process which resulted in the PTS Contract being awarded to South East Coast Ambulance Service (SECAmb) from 1st October 2012.

The PTS User Group has continued to meet regularly since then with NHS Commissioners, SECAmb and Surrey County Council (who provide the Central Booking Service) to monitor implementation of the new Patient Transport Service.

We provided a report for the Health Scrutiny Committee in March this year, which expressed our deep disappointment that the new service was not meeting the high hopes we had of a much improved PTS, due, at that stage to failures by both commissioners and providers. The PTS User Group has met frequently since then to continue to press for improvements. Sadly, we have now to advise the Health Scrutiny Committee that significant problems still remain with the delivery of the Patient Transport Service in Surrey.

2. THE PROBLEMS PERCEIVED BY PATIENTS

The following are the main issues which we believe have yet to be overcome by SECAmb and all parts of the PTS delivery process;

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2.1. Eligibility assessment

We were involved in developing a protocol/flow chart to assess patient's eligibility for PTS. However we remain concerned that the questions asked have yet to be standardised through the IT system for booking patients which is used by the Central Booking Service (CBS) run by the County Council and the hospitals. We remain concerned therefore that the eligibility assessment process is not transparent, fair or consistently applied.

2.2. Central Booking Service (CBS)

The CBS provided by the County Council appears from our perspective to have improved and we have received no further complaints about call answering times or the booking process. However we remain concerned that the long promised single telephone number for both bookings and queries has yet to be introduced and publicised, so that patients remain confused about when to call the CBS and when to call SECAmb for queries.

2.3. Timeliness of patient transport

We have continued to receive numerous complaints from patients of significant delays in the arrival of their booked transport, and this therefore remains the biggest problem. We have also been concerned that SECAmb only appear to respond to formal complaints and will not accept 'soft intelligence' about the scale of the problems encountered by many patients. From our perspective the issues are :-

- Patients are often picked up late from home and consequently arrive late for their appointments.

- As a result they spend longer than necessary at hospital because they have ‘missed their slot’.

- Patients are caused great anxiety not knowing when the transport will arrive (or if at all), and although SECAmb said their crew should call patients to let them know that they are delayed or on their way, we have little evidence of this happening in practice.

- Currently the KPI (Key Performance Indicator) which SECAmb has to achieve is to ensure patients reach their appointment within 15 minutes before and 15 minutes after it. This must mean that the majority of patients arrive ‘late’ for their appointment. We have asked the NHS Commissioners to address this problem, so that the KPI requires SECAmb to get the patient to their appointment “on time”.

- The KPI’s are monitored at monthly contract meetings between the NHS Contract Manager and SECAmb, attended by one of our representatives, Nick Marwick. He has been extremely frustrated by the lack of improvement by SECAmb in meeting the KPI’s, particularly on timeliners.

2.4. Vehicles and crew

We understood the issues faced initially by SECAmb in having to retrain drivers and crew transferred from the previous provider to the standards required for SECAmb’s vehicles and to their own professional standards of conduct and behaviour. However we have yet to see these high standards being met consistently by all crew.

We are particularly frustrated that SECAmb have yet to address the problem we have raised about the clamping mechanism for wheelchairs on their new fleet of vehicles. One of our patient representatives is a wheelchair user of the PTS and had offered to test the new vehicles at prototype stage nine months ago. This offer was not taken up and he has repeatedly reported since that the clamping mechanism is extremely difficult for the crew to operate, causing further delays to the patient's journey. We know from our meeting with Paul Sutton, SECAmb's Chief Executive, called to express our concerns about many aspects of the overall service, that SECAmb now accept that there is a design fault, but we have yet to hear how they plan to address the problem.

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2.5. Patient Information

Patients and the public still have no information leaflet to tell them about eligibility for the PTS and how to access it. This continues to cause confusion for everyone and leads to misunderstandings and complaints. We have been told that a leaflet cannot be issued until a single access phone number has been agreed and implemented, so we would urge that this is done soon and that a leaflet is produced and issued widely. We have already provided a sample leaflet, designed with input from patients.

3. CONCLUSION

Most of the concerns described above were highlighted to the Health Scrutiny Committee in March this year, and we believed then that solutions had been identified and were to have been implemented shortly. It is therefore extremely disappointing to now have to report that these problems remain unresolved.

We have been told that SECAmb were issued with an Improvement Notice three months ago and that an

Improvement Plan is being implemented. We hope, for the sake of the patients who are still receiving a poor service, that significant improvements will soon be seen.

4. RECOMMENDATION

We ask that members of the Health Scrutiny Committee note the concerns outlined in our report which has been prepared on behalf of patients needing NHS patient transport in Surrey, and require urgent resolution of the problems.

Cliff Bush OBE
Chair
Surrey Coalition of Disabled People 29th August 2013

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SURREY COUNTY COUNCIL

Health Scrutiny Committee
18 September 2013

Recommendations Tracker and Forward Work Programme

Purpose of the report: Scrutiny of Services and Budgets/Policy Development and Review

The Committee will review its Recommendation Tracker and draft Work Programme.

Summary:

1. A recommendations tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Committee is asked to review progress on the items listed.

2. The Work Programme for 2013/14 is attached at **Annex 2.** The Committee is asked to note its contents and make any relevant comments.

Recommendations:

3. The Committee is asked to monitor progress on the implementation of recommendations from previous meetings and to review the Work Programme.

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Sources/background papers: None

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 26 MARCH 2013

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Select Committee. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

Select Committee Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC027	Better Services Better Value [Item 6]	The Committee is concerned by the effect of the review on Surrey residents but welcomes the public consultation, giving Member and their residents an opportunity to have their say. The Committee will therefore invite BSBV to attend a Committee meeting post-consultation.	Better Services Better Value / Scrutiny Officer	BSBV has not yet announced when consultation will begin.	*TBC*
COMPLETED ITEMS					
SC029	Surrey NHS Providers' Response to the Francis Report [Item 7]	Providers are encouraged to share information, including complaints data, with the Committee when appropriate.	NHS Providers	Work is ongoing. Members have been requested to monitor progress of Francis Report plans as part of Member Reference Groups.	*COMPLETED*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC028	Surrey NHS Providers' Response to the Francis Report [Item 7]	Members are requested to ensure monitoring the Francis Report plans form part of the Quality Account Member Reference Group discussions.	Members of the Committee / Scrutiny Officer	Work is ongoing.	*COMPLETED*
SC030	Surrey NHS Providers' Response to the Francis Report [Item 7]	The Committee to invite Commissioners and community health providers to bring their responses to the Francis Report.	Scrutiny Officer	This has been put on the work programme.	*COMPLETED*

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
Workshop to be scheduled				
TBC	GP Out of hours service	Scrutiny of Services – Public confidence in local GP out of hours schemes is very low. This can lead to more A&E attendances as people struggle to access healthcare at nights and weekends. The Committee will scrutinise current plans for out-of-hours care across the county.	CCG representatives	
November 2013				
14 Nov	Development of Services for the Frail and Elderly	Scrutiny of Services/Policy Development – The Frail/Elderly pathway has been identified as a key priority County-wide. Issues include the unnecessary admission of care home residents into hospital. Hospitals and CCGs have been developing key workstreams around improving the pathway. It is important for the Committee to scrutinise current services and contribute to the development and commissioning of new services and pathways.	SASH East Surrey CCG & other CCGs Sarah Mitchell, Strategic Director for Adult Social Care	To be joint with ASC Select
14 Nov	Virtual Wards	Scrutiny of Services – The Committee will scrutinise outcomes from this project, one year from implementation.	North West Surrey CCG East Surrey CCG Jean Boddy, Adult Social	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Care	
14 Nov	Health & Wellbeing Board Update	Scrutiny of Services – The Health & Wellbeing Board will be invited to present a report identifying progress since April and any potential changes in service provision or commissioning for the next year.	Chair(s) Health & Wellbeing Board Justin Newman, Performance and Change Lead Manager	
14 Nov	Report of Quality Account Member Reference Groups	Scrutiny of Services – The Committee will receive mid-year update reports from each of the NHS Trust Quality Account Member Reference Groups (QA MRGs).	MRG Chairmen	
		January 2014		
9 Jan	Sexual Health Services for Children and Young People	Scrutiny of Services – The Committee will scrutinise prevention work with children and young people in schools, colleges and the youth service.	Helen Atkinson, Acting Director of Public Health Caroline Budden, Children, Schools & Families	To be joint with C&E Select
9 Jan	Childhood Obesity	Scrutiny of Services – There is a growing national problem of obesity in children and young people. The JSNA identifies that Surrey does not have an agreed weight management care pathway and services vary across the County, not meeting the needs of those at high risk. The Committee will scrutinise efforts of Public Health and the CCGs in addressing this	Helen Atkinson, Acting Director of Public Health Guildford &	To be joint with C&E Select

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		issue.	Waverley CCG Children, Schools & Families representative	
9 Jan	Post-stroke Rehabilitation Update	Scrutiny of Services/Policy Development – In 2012, the Committee commissioned Healthwatch's predecessor, LINk, to undertake a project on the accessibility and quality of post-stroke rehabilitative care in the county. They made their report in March 2013 and developed an action plan that passed to Healthwatch for their continued work. The Committee will scrutinise progress so far in implementing the improvements suggested in the action plan.	Healthwatch representative Jane Shipp	
9 Jan	Surrey & Sussex Local Area Team	Scrutiny of Services – The Surrey & Sussex Local Area Team of the National Commissioning Board will be invited to report on their commission intentions for primary care and prisoner and offender health for the next year.	Amanda Fadero, Surrey & Sussex LAT	
9 Jan	NHS Finances	Scrutiny of Services – The Committee will scrutinise current CCG budget information.	CCG finance representatives	
March 2014				
19 Mar	Mental Health Crisis Line Review	Scrutiny of Services – The Committee will scrutinise further work to improve the mental health crisis line provided by Surrey & Borders Partnership NHS Foundation Trust. The report will include outcomes of the carers meetings once they are complete; a review of the acute care pathway; and any further user surveys.	Mandy Stevens/ Rachel Hennessy, SABP NE Hants &	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Farnham CCG	
19 Mar	End of Life Care	Scrutiny of Services – People approaching the end of their lives may have complex care needs. Their family also needs to be supported to cope with the relative's eventual death. The Committee will scrutinise current service provision in responding to a person's choices in end of life care.	CCGs Acute hospital representative Social care representative	
19 Mar	Commissioner Response to Francis	Scrutiny of Services – Following on from last July's session with providers giving their response and plans on the Francis Report, all CCGs are invited to present how they are responding to Francis.	CCGs	
19 Mar	Review of Quality Account Priorities	Policy Development – The Committee will receive progress reports from the QA MRGs for each NHS Trust and review the MRG's comments on priorities for the next year's QA for those Trusts that have submitted draft priorities.	MRG Chairmen/Leah O'Donovan, Scrutiny Officer	
May 2014				
22 May	Diabetes management	Scrutiny of Services – The prevention and management of diabetes was identified as a priority for the County in the Joint Health and Wellbeing Strategy. The Joint Strategic Needs Assessment has identified that not everyone who needs weight management and exercise programmes is accessing them. The Committee will scrutinise current service provision and identify any gaps.	CCGs Primary Care representative Community Health representative	
22 May	Better Services Better Value	Scrutiny of Services – The BSBV programme should have completed consultation by this point. The Committee will scrutinise any final plans for	BSBV	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		the reorganisation of health services in south west London and north Surrey.		
22 May	Review of Quality Account Priorities	Policy Development – The Committee will review the MRG's comments on priorities for the next year's QA for those Trusts submitting priorities since the last meeting.	MRG Chairmen/Leah O'Donovan, Scrutiny Officer	
22 May	NHS Finances	Scrutiny of Services – The Committee will scrutinise current CCG budget information.	CCG finance representatives	
July 2014				
3 July	Prisoner and Offender Health	Scrutiny of Services – There are five prisons in Surrey with approximately 2,700 prisoners. Prisoners have high health needs, often coupled with backgrounds characterised by inequalities. The Surrey Joint Strategic Needs Assessment (JSNA) sets out a number of gaps and areas of unmet need for the prisoner population in Surrey and it is therefore important that the Committee investigates options for addressing this issue.	Surrey & Sussex LAT Surrey & Borders Partnership NHS Foundation Trust	
3 July	Meeting rural area emergencies	Scrutiny of Services – The Community First Responder Scheme (CFRS) and the location of public-use de-fibrillators in rural areas is part of the way in which these residents receive medical emergency services as there is not always the ability to get an ambulance within the eight-minute target window. The Committee has expressed a desire to learn more about this area and to identify ways of expanding the CFRS scheme in order to reach more people in rural areas.	SECAmb SCC representative	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
To be scheduled				
	Renal Services	Scrutiny of Services/Policy Development – St Helier Hospital, which is based in the London Borough of Sutton, provides renal services to most Surrey residents. Following the outcome of the Better Services Better Value review that X should become a planned care centre, there is a need to review access to these services for residents of Surrey. The Committee will scrutinise current availability of renal services and the potential to move services back into Surrey.	Epsom & St Helier Hospitals CCG lead (TBC)	
	Cancer Services	Scrutiny of Services – The Committee will scrutinise current provision of cancer screening and treatment services across the County.	Acute hospital representatives Community health representatives	
	Community Health Services	Scrutiny of Services – The Committee will scrutinise current community health provision across the County from the three community providers.	Virgin Care Central Surrey Health First Community Health & Care ASC representation	
	Continuing Health Care (CHC)	Scrutiny of Services – Historically there was a backlog of CHC decisions to be made. The Committee will scrutinise the new lead CCG on arrangements for handling the backlog and moving forward.	Surrey Downs CCG	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Andy Butler, SCC ASC	
	Partnership working arrangements with Surrey & Borders Partnership NHS Foundation Trust (SABP)	Scrutiny of Services/Policy Development – The Mental Health Services Public Value Review of 2012 reviewed the partnership working arrangements of Surrey County Council and Surrey & Borders Partnership NHS Foundation Trust. The Committee will scrutinise the outcomes of this review.	Donal Hegarty/Jane Bremner, ASC	To be joint with ASC Select

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Unplanned Care	TBC	There is a national and regional issue whereby people attend A&E for non-emergency care. The various reasons include inability to secure an appointment with a local GP or general lack of knowledge about other more appropriate services. CCGs will attempt to reduce the number of A&E attendances and the aim of this Group will be to work with the CCGs to communicate the message of A&E alternatives to the general public.	TBC
Prevention for 50-plus	TBC – To be joint with Adult Social	Preventing the need for social care	March 2014

Health Scrutiny Committee Work Programme 2013-2014

	Care Select Committee	or health care in the future is paramount to reducing costs across the health and social care landscape as well as contributing to a healthier Surrey population. The Group will investigate the availability and provision of preventative services across the County for both physical and mental wellbeing for those over 50.	