Leicester
City Council

MINUTES OF THE MEETING OF THE
LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Held: MONDAY, 9 FEBRUARY 2009 at 10.00am

P R E S E N T :

Councillor Allen – Chair
Mr D. W. Houseman CC – Vice Chair

Leicester City Council
Councillor Gill Councillor Hall

Leicestershire County Council
Mr A. D. Bailey CC Mrs R. Page CC

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33. APOLOGIES FOR ABSENCE

Apologies of absence were received from Councillor Dawood, Councillor Glover, Councillor Manish Sood (Leicester City Council), Mr. J. G. Coxon, Mr. W. Liquorish, Mrs. J. A. Dickinson, Ms. B. Newton (Leicestershire County Council) and Councillor P. Golden (Rutland County Council).

34. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business on the agenda and/or declare that Section 106 of the Local Government Finance Act 1992 applied to them.

Councillor Allen declared a personal and non-prejudicial interest, as his wife was in receipt of a care package provided in the City.

Mr. A. Bailey CC declared a personal and non-prejudicial interest, as his son and daughter in law were employees of the partnership trust.

Councillor Hall declared a personal and non-prejudicial interest as he was a member of University Hospitals Leicester (UHL) and Leicestershire Partnership NHS Trusts.

Councillor Gill declared a personal and non-prejudicial interest as he was a Member of the Confederation of Indian Organisations, which was involved in a healthcare project concerned with preventing stroke in South Asian Communities.

35. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 24 November 2008 be agreed as a correct record of the meeting.

36. NEXT STAGE REVIEW UPDATE - EXCELLENCE FOR ALL

Councillor Allen, with the support of the Committee, opened up the debate by allowing questions to be put to Officers on a number of issues in relation to the Next Stage Review Update – Excellence for All.

Councillor Allen questioned Officers in relation to the 'Cross Cutting' issues as detailed in the research evaluation paper provided, and in particular raised concerns about IT Support Systems and the need for better Communication and Information.

Malcolm Lowe-Lauri, Chief Executive Officer, University Hospitals of Leicester (UHL) NHS Trust acknowledged this by stating that there was a need for the better integration of Information Systems, that work was being undertaken with patients to develop clearer expectations about conditions and treatment, and that the UHL Trust was undertaking targeted work to raise the levels of communication with patients.

Jo Yeaman, Director lead for Consultation and Engagement expanded on Planned Care, stating that there was an emphasis in the proposals of the Next Stage Review on:

- Reducing waiting times
- Offering more specialist services in a single place
- Developing a shared electronic patient record
- More local community clinics to avoid unnecessary hospital visits
- Introducing more convenient telephone appointments
- Using day surgery where evidence suggests it be the better choice
- Early access to key services such as physiotherapy
- Shorter hospital stays and a reduced number of visits/stays
- Clear information and proper support provided to patients
- Immediate identification and provision of equipment

Jo explained further that the proposals had received very strong support, particularly in relation to better follow up care and more information for patients and families.

Malcolm added that too many people were attending the Leicester Royal Infirmary, Glenfield Hospital and the General Hospital for assessment, diagnosis and treatment. The UHL Local concept was being developed in partnership to address the greater provision of assessment, diagnosis and treatment on a more local basis.

A Member of the Committee queried what systems had been put in place, or were proposed, to address the issue of long waiting times and appointment lists. Further, concerns were also raised about the failings of the Choose and Book telephone appointments booking system.

A Member of the Committee queried whether, in relation to over the phone health assessments, patients would still be able to visit a health professional if they wished. Further, the total number of missed appointments was also requested, as was information about the timescales for achieving the single patient electronic record.

Jo explained the context of the research evaluation document (Appendix B) and the resulting feedback was to be used to develop a vision to be achieved. The second piece of work was to address the matters raised by the engagement programme.

Malcolm explained that the organisation of outpatient management and the matter of cancellations could be organised better. With the exception of Accident and Emergency and Orthopaedics the median waiting times were 8 weeks. Patients had also been sent to the Nuffield Hospital in an attempt to improve waiting times. On telephone appointments, patients were still able to choose to see a healthcare professional and improvements were being made to the Choose and Book telephone booking system. On missed appointments, approximately 8% of patients did not attend appointments. in comparison to the London average of 15%, this was a low figure. Finally, on the single electronic patient record, the key challenge would be the development of the interface between the different IT systems and that it was not possible to specify a time for when this would be in operation.

A Member of the Committee queried whether it was possible to improve the appointments booking system, and specifically whether multiple or block bookings could be avoided, with more specific appointment times provided. Malcolm agreed to provide a written response on the matter.

The Chair questioned whether any services were required to be provided externally in order to take service delivery further. Malcolm responded by indicating that capacity was purchased from other healthcare organisations, at the same time as working on initiatives to drive up performance in internal teams. Malcolm also explained that, in terms of financial management, the organisation would have been better placed for any economic downturn if the fixed cost base was not grown significantly.

A Member of the Committee queried whether we had enough Healthcare practitioners. Malcolm commented that recruitment in Leicester was generally not a problem and Leicester hospitals were regarded as an attractive opportunity.

Jo explained to the meeting the matters around End of Life Care. The following points were explained further:

- Discussions on the preferred care package and location for patients nearing end of life
- Setting up community support teams concerned with looking after people who wanted to die at home, in care or in a hospice instead of a hospital
- The coordination of all aspects of end of life care, including supporting families and providing bereavement services
- Providing out of hours support for people at the end of life
- Developing end of life care based on patient needs, carers and providing real choices about care provided

Jo stated that the proposals received overwhelming support, particularly in relation to supporting greater choice, and the need for more information and support for patients and families of patients nearing end of life.

A Member of the Committee raised concerns in relation to access to services and the matter of transport. Jo responded by explaining that more information on the access and transport challenges throughout Leicester was required. In the meantime, the Choose Well campaign was being launched to inform patients about accessing services.

Rachelle Cox, Community Hospital Review Programme Manager, explained that results of public consultation had indicated transport and access to hospitals as a problem. From this, the Leicester Access and Transport Board, as part of a six-month pilot scheme, had been asked to look at the significant concerns generated by the possible relocation of services. These concerns would be used to inform a wider transport plan for Community Hospital service provision. No reconfiguration of services would occur until a full review of access and transport had been undertaken.

Tim Rideout, Chief Executive Officer, Leicester City Primary Care Trust (PCT) explained that, in relation to service delivery, extended GP opening hours had been implemented and that GPs had also been contractually incentivised to deliver an extended service with a greater choice of services available.

Members of the Committee raised concerns about the overuse of the Accident and Emergency facility and questioned whether any information was available about the cultural or demographic overuse of facilities.

Tim responded by indicating that confusion existed amongst service users about the best course of action for achieving healthcare, and that more improved information was needed to enable choice. On capacity, in the City

there was an undersupply of Community Primary Care Services, whilst services available in the County were not made best use of. Finally, on the cultural or demographic aspect of overuse, there was a perception amongst some groups that the hospitals were the first place to visit when in need of healthcare, and that work with the different groups was required to design and communicate better services.

The Chair concluded by thanking the Officers for their work and input on the Next Stage Review.

RESOLVED:

that the verbal report and presentation be noted.

37. UNIVERSITY HOSPITALS LEICESTER NHS TRUST - GETTING INTO SHAPE AND NEXT STAGE REVIEW

Tim Rideout, briefly explained the next steps in relation to the Next Stage Review. This included the following:

- A report would be published in Spring 2009 highlighting the results of Phase 1
- The Next Stage Review was concerned with the detail behind changes to services and about identifying exactly what the integrated programme would include

It was also stated that healthcare services were approaching a period of political and financial uncertainty, therefore it was essential that any proposals be resilient and robust.

Malcolm Lowe-Lauri also reported on the progress towards Getting Into Shape. Specifically, consistently low infection rates, improvements to financial governance, the implementation of a new senior staffing structure, and new Committee based governance arrangements were outlined. The results of the Auditors Local Evaluation were also referred to, including the key areas of criticism and how these would be addressed. The organisational priorities for 2009/2010 were also mentioned, where it was stated that there was to be an emphasis on patient experience and valuing and supporting staff.

Members of the Committee raised concerns in relation to the reduction in research monies provided by Government and questioned what action had been taken to account for this reduction in funding. It was explained that the Department of Health were responsible for the allocation of research based funding, that the funding previously provided for research was being phased out under the Best Research Best Health Strategy, that a strategy was in place for replacing lost funding by way of improving the research and development profile of University Hospitals Leicester, and that the funding gap stood at £2m.

Malcolm expanded further on the Nest Stage Review, and in particular on the next steps. It was stated the ‘Darzi’ principle of local where possible, central where necessary was applied when considering any proposed changes to

service provision, and that it was important to balance choice and critical mass. Members were also informed of the UHL Central and UHL Local models of service provision. In relation to UHL Local, the intention to develop non-specialist care more locally was outlined. In relation to UHL Central, in some cases UHL were not equipped to provide all aspects of care, particularly in relation to Spinal or Head injuries, and therefore a more strategic outlook was required which involved working in partnership with neighbouring providers in the short term and also developing a plan for longer term provision at UHL sites.

Members of the Committee raised questions in relation to patient transport and in particular transport to other hospitals outside of Leicestershire and the possible risk to life. Members were informed that the aim of the patient transfer service was to stabilise patients during the journey, but that the demise of the patient during the journey could not be eliminated, although reducing journey time as much as possible reduced the risk to patients.

A Member of the Committee also raised concerns about an instance where a patient had to be transferred to a Nottingham hospital to receive cancer treatment. It was stated that this presented accessibility issues, and questions were raised about what steps had been taken since to address this. In response, it was stated that in order for cancer services to be delivered competently the national guidance suggested that cancer treatment services needed to treat at least 80 cases per year. It was confirmed that Leicester hospitals treated approximately 30 cases per year, and Nottingham hospitals treated approximately 60 cases per year, which presented a risk to both hospital trusts that the licence to offer children's cancer services would be lost. Consideration was being given to bringing the institutions together as a virtual organisation to meet guideline requirements but in the short term some complex cases would be referred for treatment in Nottingham. All patients referred for treatment were consulted with in advance.

A Member of the Committee raised the issue of mixed sex wards and the position of the provision in Leicester. In response it was confirmed that in 2008/2009 the trust would not have met the required target in two thirds of wards, which was resolved in most non-acute areas. The trust was required to extend this to acute areas, which presented additional challenges.

A Member of the Committee raised the issue of outsourcing services within University Hospitals Leicester. In response it was confirmed that consideration was being given to outsourcing sterile services as internal services failed to meet minimum European standards. The Department of Health had provided guidance on the National Procurement Process for outsourcing to external organisations, which included comparing private bidders against a public sector comparator, that is making sure that the external provider could provide the service to a better standard than that achieved through internal provision.

A Member of the Committee raised the issue of Consultants working patterns, and specifically questioned whether the working patterns included weekends. The matter of medical negligence and litigation costs was also raised. In

response it was confirmed that Consultants work also included weekends, that it was not clear that medical negligence litigation costs were increasing, and that insurance premiums to cover such claims were rising.

RESOLVED:

that the presentation be noted.

38. EAST MIDLANDS AMBULANCE SERVICE PATIENT TRANSPORT SERVICE

Michael Byrne, East Midland Ambulance Patient Transport Service, provided information to Members of the Committee on the following:

- The patient journey and the different possible types of journey
- The mobility assessment and how this impacted on the types of vehicles used
- The resources, staffing and vehicles available
- The Patient Transport Service Control and how the system was managed
- Patient transport looking forward, including;
    - The business improvement programme
    - Arranging commerciality and managing projects
    - More joined up working on strategic improvements and planning
    - Improved performance, patient experience, relationships with customers and achieving foundation trust status

A Member questioned whether there was any joined up thinking with the voluntary sector. In response it was confirmed that attempts were being undertaken to strengthen links with the voluntary sector but it is important to remember that the safety of all patients and that the required safety standards of the vehicles be maintained. There was a small car pool of voluntary sector drivers. It was also confirmed that the achievement of Foundation Status was on track.

RESOLVED:

that the report be noted.

39. CLOSE OF MEETING

The meeting closed 1.06pm.