

Health Overview and Scrutiny Committee

12th May 2008 – at a meeting of the Committee held at County Hall, Chichester.

Present: Mr Griffiths (Chairman), Mrs Ball, Mr Barrett-Miles, Mr Catchpole (left at 12.45 p.m.), Mr Chaplin (left at 12.15 p.m.), Mr Duncton (left at 1.00 p.m.), Mr Mullins, Mr Waight (left at 1.15 p.m.) Dr Walsh (left at 1.15 p.m.), Mr Wilkinson (WSCC); Cllr Weekes (Chichester District Council) (left at 1.30 p.m.), Cllr Arthur (Horsham District Council), Cllr Mrs Landriani (Mid Sussex District Council), Cllr Ms Bradley (Worthing Borough Council); Mr Kemp, Miss Smith (LINKs Steering Group); Mrs Barwell (South East Coast Ambulance Service NHS Trust) (left at 1.15 p.m.).

Apologies were received from Cllr Dr Bloom (Crawley Borough Council); Mrs Oliver (LINKs Steering Group), Mr Harris (West Sussex PCT); Mrs Pyper (Acute Trusts).

Membership Update

1. The Committee noted that Mr Waight (West Sussex County Council) had been appointed as a member of the Committee replacing Mr Whittington.
2. The Chairman advised that he had agreed to take two nominations from the District and Borough Councils as urgent items.
 - Mid Sussex District Council nominated Cllr Jacqui Landriani as its representative to replace Cllr Mrs Hersey.
 - Arun District Council nominated Cllr Mrs Jacqui Maconachie as a substitute.
3. Resolved – That the Committee approves the above nominations.

Declarations of Interest

4. In accordance with the Code of Conduct members declared the following personal interests:-
 - Mr Catchpole as a Non executive Director of NHS Direct and his wife is an employee of the West Sussex PCT.
 - Dr Walsh as a self-employed part-time GP in West Sussex, Commander for Sussex, St. John Ambulance and a member of the East Arun and Community Services Task Group.
 - Mr Wilkinson's wife is a receptionist in a GP practice and his daughter is a nurse practitioner employed by Harmoni (Out of Hours health services provider).
 - Cllr Mrs Landriani is an employee of Care UK.

Minutes

5. Resolved – That, subject to Cllr Dr Bloom's declared interest being amended to: '**Council** member and trustee of the Royal College of GPs', the minutes of the meeting held on 17th March 2008 be approved as a correct record and that they be signed by the Chairman.

Review of Services in the North East of the County

6. The Committee considered a report by Brian Hughes, Fit for the Future Programme Director, West Sussex PCT (copy attached to the signed minutes). The report outlined the terms of reference for the North East Review, including membership of the Panel, an outline work programme and draft timetable.

7. Mr Hughes introduced the report. He advised that the review had been implemented following the strongly expressed views of local people that the 'Fit for the Future' (FFF) process had focussed largely on the south and central areas of West Sussex and not enough consideration had been given to the health care services and access to them by the population in the north east of the county. He advised that there would be a three pronged approach with access to primary health care services as the principle focus, followed by community/intermediate services and then secondary/hospital services. A web page for the North East Review was due to be launched on the West Sussex PCT website that day.

8. County Councillors from the north east of the county, including relevant County Local Committee (CLC) Chairmen; Chairmen of the Surrey, East Sussex and Brighton and Hove HOSCs and Leaders of Horsham and Mid Sussex District Councils and Crawley Borough Council had been invited to attend for this item.

9. The Committee considered the report. Members: -

- Expressed concerns around the geographical area covered by the review, in particular why the Chanctonbury area had been excluded as there was strong evidence that people travelled towards the north east of the county for treatment. Also why south Mid Sussex had been excluded. *Mr Hughes advised that the Review Panel would be asked to agree the area to be covered at its first meeting. He confirmed that the PCT was talking to the district and borough councils about their views and there had been a proposal from Horsham District Council that Chanctonbury be excluded from the review.*

10. The Chairman invited Henry Smith, Leader of West Sussex County Council and portfolio holder for Health, to ask questions.

- Mr Smith welcomed the recognition by the PCT that there was a need for a further review in the north east of the county and sought clarification that the review would not exclude consideration of future acute services. *Mr Hughes confirmed that the review would include access to acute services, but at present, based on the evidence available, the PCT was not proposing to consider a new hospital, however, it would listen to new evidence if it became available.*

11. Members made further comments and asked questions, including: -

- Suggested that lay representation on the Panel was weak. *Mr Hughes advised that the Panel would be chaired by Sir Graeme Catto, President of the General Medical Council and that the PCT had tried to select people with no or little involvement in the north east area to ensure there was no bias and confirmed*

that the Panel would take a technical view. Mr Hughes confirmed that there were four lay representatives on the Stakeholder Forum in addition to three Councils for Voluntary Services.

- Sought clarification of the membership of the Stakeholder Forum. *Hannah Goss, Programme Manager for the North East Review, West Sussex PCT, confirmed that representation included local authorities, provider services, community and voluntary organisations, BME Groups and Local Strategic Partnerships. She advised that a draft list of the membership of the Stakeholder Forum would be published on the PCT website that day.*
- Expressed concern that the review was being considered in three strands, as all services were interconnected. Sought assurance that cross border populations would be taken into account particularly when considering secondary care services. *Mr Hughes said he recognised that services could not be isolated, but believed that it was possible to approach the review in this way, which provided the PCT with a format for the review of evidence. With regard to cross border catchment areas he confirmed that people in these areas would have an equal opportunity to comment and the PCT was working with the Surrey PCT and SASH NHS Trust to ensure this.*
- Asked about the impact of the FFF decisions on the review. *Mr Hughes advised that the service model had been decided by the PCT at its meeting on 7th May, but he confirmed that if the facts changed the PCT would look again at the evidence.*
- Sought assurance that if as a result of the review major changes in service were proposed the PCT would consult the HOSC. *Mr Hughes confirmed that if major changes were proposed the PCT would consult the HOSC about the need for formal public consultation.*
- In contrast to some other members views' considered that it was not constructive to raise the issue of a new hospital for the north of the county, when there was evidence to prove that it would destabilise the Princess Royal Hospital (PRH) in Haywards Heath.
- Questioned whether the review would include maternity services and suggested there would be concerns about the location of the Midwife Led Unit (MLU) in the north of the county. Reference was made to the Joint HOSC recommendation that it was not convinced, on the evidence provided, that the closure of the consultant led unit (CLU) at the PRH would meet the needs of the population in central and north West Sussex and the western part of East Sussex. *Mr Hughes confirmed that maternity services had not been specifically excluded or included in the review. He advised that the PCT Board had decided that up to two stand alone MLUs would be established, one to be located in the north of the county, and this would be addressed at the Board meeting on 4th June. With regard to the Joint HOSC recommendation he advised that the PCT had agreed to go back to the Brighton and Sussex University Hospitals NHS Trust for their opinion.*

- Stressed the importance of considering access to maternity services from the Horsham and Crawley areas.

12. The Chairman invited Cllr Mrs Tidy, Chairman of the East Sussex HOSC to address the Committee.

- Cllr Tidy reminded members that the East Sussex HOSC had referred the review of maternity services in East Sussex to the Secretary of State for Health and a full review by the Independent Reconfiguration Panel was expected to be announced later that day. She emphasised that the outcome of the East Sussex review was critical to the future of services at the PRH and the removal or downgrading of maternity services would impact upon women in the Wealden district, Uckfield and Lewes. She said it was imperative that the PCTs worked together on the outcome. She considered that cross border engagement was essential as part of the North East Review and hoped that representatives would be invited to join the Stakeholder Forum. *Mr Hughes said it was important to establish cross boundary flows to primary services and agreed that East Sussex e.g. Wealden District representatives should be invited to join the Forum. He suggested that the monthly bulletin could also be circulated to a wider audience.*

13. Members made further comments and asked questions, including: -

- Most members welcomed the review, whilst some expressed concerns that another review was happening close to FFF.
- Asked how the review interacted with other PCT programmes. *Sara Weech, Director of Strategy, West Sussex PCT, advised that it was a requirement that the PCT reviewed all services over a period of time. She confirmed that the review would feed into the Strategic Commissioning Plan which would ensure long term improvements in health outcomes and equity of services and access.*

14. The Chairman suggested that the Committee may wish to consider establishing a Task Force to scrutinise the North East Review and its outcomes.

15. Resolved –

- (1) That the Committee notes the report.
- (2) That the Chairman writes to the PCT to formally request that it includes further lay representatives on the review Panel.
- (3) Establishes a Task Force to scrutinise the North East Review and its outcomes. Membership of the Task Force will include: Mrs Ball, Mr Mullins and Mr Chaplin (WSSC), Cllr Mrs Landriani (Mid Sussex District Council and Cllr Arthur (Horsham District Council). *N.B. Mr Wilkinson volunteered to join the Task Force, but has since confirmed that he wishes to step down due to other commitments.*

'A Breath of Fresh Air' – PCT Vision for Primary Care Services

16. The Committee considered a report by Nicky Cambrook, Director of Primary Care, West Sussex PCT, (copy attached to the signed minutes). The report advised on the PCT's development of a primary care strategy to complement the overarching strategic framework for Primary and Community Care Services 'A Breath of Fresh Air' covering extended GP hours, the new Health Centre service and development of Practice Based Commissioning (PBC).

17. Sara Weech, Director of Strategy, West Sussex PCT, introduced the report. She advised that the report focussed on GP services and that 90% of healthcare was delivered through primary care with the PCT spending approximately £250m each year. High quality services and high standards of care were delivered in West Sussex in generally very good premises, although the standard was in some cases 'patchy' across the county. She advised that the take up by GPs and staff of training and development was very good and nationally and locally patients were clear that they wanted more local care. She said the key was to ensure that the appropriate model was implemented for West Sussex.

18. She confirmed that 75 out of 95 West Sussex GPs had signed up to the enhanced service. With regard to the Health Centre Service, Crawley had been identified as the area that would most benefit. The contract was due to be awarded in September 2008 and the service would be open 8am to 8pm, seven days a week. The development of PBC in West Sussex was happening over time and was in line with progress nationally. The PCT had established a new Primary Care Directorate and Ms Weech suggested that the Committee may wish to invite Nicky Cambrook, Director of Primary Care to a future meeting to provide a progress report.

19. The Committee also had before it a submission by Dr Julius Parker, Chief Executive, Surrey and Sussex Local Medical Committees (LMCs) (copy attached to the signed minutes). Dr Parker was in attendance to represent the views of local GP members of the LMC.

20. The Chairman advised that the GP locality group Practice Based Commissioning leads had been invited to attend the HOSC meeting, but had declined due to work pressures, particularly with the timing of the meeting on a Monday morning.

21. Members noted the reports and made comments and asked questions, including: -

- Asked about tensions between the PCT and PBC localities. *Ms Weech suggested that tensions sometimes arose as the PCT was required to take a strategic view, whilst the localities were inevitably concerned with a local perspective. She suggested the tensions were a timing and pace issue and it was important to ensure that views were put forward and the needs of local populations met. Dr Parker commented that local developments were sometimes overlooked with the PCT seeking to provide equity across the whole population. Ms Weech replied that there was a role for local initiatives as long as they were part of the strategic framework.*

- Expressed concern about funding and timescale for primary care developments as expressed in Dr Parker's submission.
- Asked why the Health Centre planned for Crawley could not be amalgamated with the Urgent Care Centre (UCC) already established there and questioned why public consultation had not taken place on the need for a polyclinic in the county. *Ms Weech confirmed that the Health Centre was a Department of Health (DH) requirement. She replied that the PCT wanted to ensure the efficient use of resources, but it was not possible to amalgamate the two centres as the UCC provided for minor injuries as opposed to minor illnesses.*
- Asked to see the decision making process for the location of the Health Centre and asked whether the initiative would be rolled out across the county. *Ms Weech agreed to share the decision making process on location with the Committee on the proviso that it did not affect the tendering process. She advised that the PCT needed to look at the value of such a service in other areas of the county.*
- Asked about the development of the specification for the Health Centre tendering process and expressed concern that patients' records may not be available to GPs/staff at the Health Centre. *Ms Weech confirmed that the specification was being developed with the bidders and would be available.*
- Asked about the level and timing of resources for the various primary care initiatives. *Ms Weech confirmed that these details were covered in the 'A Breath of Fresh Air' Action Plan which was circulated to the Committee at the meeting (copy attached to the signed minutes).*
- Asked how patients would be involved in discussions about the future size of GP practices. *Ms Weech confirmed that some practices had established Patient Participation Groups but that this needed to be built upon. She said Stakeholder Groups had been identified, particularly around primary care services and confirmed that the National Patient Survey fed into local services. She said the PCT needed to establish links with hard to reach groups as access had a major impact in areas of higher deprivation.*
- Asked what proportion of the commissioning budget would be given to PBC and how it would be delegated. *Ms Weech advised that the PCT's commissioning budget included all secondary care and some mental health services. She advised that even when PBC was fully rolled out it was not the intention that PBCs would contract all services. The PCT would continue to contract services and the PBCs would indicate what services they wanted.*

22. Dr Parker raised concerns about the impact of some of the new primary care initiatives, particularly extended hours. He advised that only a small number of patients had been dissatisfied with the current opening hours and a specific proviso had been put in place that the initiative was not about flexible working. He said it was difficult for practices to determine when to offer extra hours and there was also the

issue of staff safety with evening opening. He added that GP practices were struggling to understand the rationale for extended opening hours when only relatively few people had expressed a need for this.

23. With regard to polyclinics and the new health centre planned for Crawley Dr Parker advised that this was a directive from the DH. He suggested there was a lack of evidence to support its development and value for money and commented that the LMC would have appreciated opportunity for discussion and wider public consultation. The LMC was concerned that funding may disappear in future and about the sharing of patients' medical notes.

24. On the subject of Practice Based Commissioning Dr Parker said it was a very difficult process nationally and hardly any practices said it had improved patient care.

25. Members asked questions about the advantages of PBC over GP fund holders and the potential increases in referrals and diagnostics. *Dr Parker advised that PBC was more inclusive and suggested that approximately 1 in 10 appointments led to referral and about 1 in 3 diagnostic testing. He suggested that there would not be a huge increase.*

26. Members expressed concerns over longer working hours for GPs. *Dr Parker advised that GPs were unhappy on a national level.*

27. Resolved –

(1) That the Committee notes the report.

(2) That the Chairman invites the GP locality group Practice Based Commissioning leads for West Sussex to a future meeting of the Business Planning Group to provide their views on the development of the initiative.

Out of Hours (OOH) Services

28. The Committee considered a report on the Out of Hours (OOH) Tender Process and Implementation by Sarah Creamer, Deputy Director of Strategy, West Sussex PCT (copy attached to the signed minutes).

29. The following background documents were also provided with the agenda papers (copies attached to the signed minutes): -

- Submission by the West Sussex Local Medical Committee to the Joint HOSC on Fit for the Future
- Royal College of GPs Factsheets - January and February 2008
- Practice Based Commissioning GP Practice Survey: Wave 3 Results (April 2008) - Department of Health
- Submission from On Call Care, previous OOH provider
- Submissions (previously considered by Joint HOSC on Fit for the Future)

- Practice Based Commissioning – Update by South East Coast Strategic Health Authority

30. Paul Bond, Acting Regional Director (South Coast), Harmoni (new Out of Hours services provider for West Sussex), gave a presentation to the Committee on an introduction to the services provided by Harmoni, its background and vision (copy attached to the signed minutes), including the following points: -

- Provider of unscheduled health care over three million patients.
- Largest co-op in England, serving 11 PCTs.
- Over 1,000 GPs either directly employed or providing 'sessions'.
- Over 60 nurses (phone and field based).
- Local face to face medical services at Urgent Care Centres.
- State of the art call centres (nurse and GP triage).
- Local call centre: Swandean Hospital, Worthing.
- Two operations went live on south coast in April 2008.
- Patient journey: choice to call GP/OOH number for appointment / NHS Direct for advice. Patient then offered advice, primary care centre visit or home visit.
- GPs fully integrated into call handling and triage services.
- Believe service reduces Accident and Emergency (A&E) admissions.
- New permanent Regional Director Anne Smith appointed from May 2008.
- Justin Cankalis, General Manager (West Sussex) worked for previous OOH provider WSDoc and has a wealth of knowledge of local area.

31. The Committee noted the presentation and raised concerns and asked questions, including those that follow. Mr Cankalis, joined Mr Bond in answering members' questions.

- Asked about performance levels. *Ms Weech confirmed that in terms of disruption due to the transition from the three previous providers, it had been minimal, although there had been some IT difficulties for GPs logging onto the new IT system. She said it was too early to identify any trends, however the acute trusts had reported that as far as A&E attendances were concerned they had not noticed any variation following the transfer. Mr Cankalis confirmed that Harmoni had already handled 10,000 calls with 485 people admitted to hospital or A&E. Dr Parker confirmed that feedback from GPs had been relatively positive so far.*
- Expressed concerns around call handling and triage, especially around local knowledge of GPs as there was potential for doctors outside of West Sussex to be dealing with patients. *Mr Bond advised that Harmoni operated a single database which could be tailored to local needs and included information on location. He confirmed that load sharing did take place if demand was higher in one area than another, for example a GP in Southampton had recently triaged West Sussex calls. Mr Cankalis added that the concerns raised regarding out of areas calls had been from GPs responding to calls from another call centre. He confirmed that the service was run by local people who had transferred from the previous OOH service providers.*

- Asked about the process for contacting the service and how many telephone calls were involved for the user. *Mr Cankalis confirmed that only one telephone call was involved to an 0300 local call number. The call was initially answered by a lay person, but staff were trained and some had 15 years experience.*
- Asked whether protocols were in place for safety/clinical risks. *Mr Cankalis confirmed that Harmoni had adopted a prioritisation process, based on that used by WSDoc, one of the previous OOH service providers.*
- Asked how GPs were updated on consultations and treatment given to patients. *Mr Bond confirmed that all information about consultations and treatments was input onto the computer system and sent electronically to the GP system before 8am the following morning.*
- Asked about governance arrangements for the monitoring and evaluation of Harmoni. *Ms Weech advised that as a commissioner the PCT needed to ensure that Healthcare Commission standards were met. Harmoni were not monitored in the same way as NHS trusts, but treated as other providers of healthcare services.*
- Asked how the £1.5 m savings would be made by the PCT. *Ms Weech confirmed that the PCT was saving £500k per annum on the new contract compared to the previous three contracts and so the £1.5 million would be saved over the three year period.*

32. Resolved –

- (1) That the Committee notes the reports and presentation.
- (2) That the West Sussex PCT provides progress report, based on Harmoni's first six months of operation, to the Committee's meeting in October 2008.

Local Involvement Networks (LINKs) – Transitional Arrangements and Implications for HOSC Membership

33. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes). Helen Kenny, Health Scrutiny Officer, West Sussex County Council, introduced the report which advised on the transitional arrangements for the West Sussex Local Involvement Network (LINK) and implications for HOSC membership.

34. Robin Kemp, Chairman of the LINK Steering Group, outlined the role of the Steering Group confirming that it was constituted of 21 members, heavily weighted towards ex-members of the previous Patient and Public Involvement Forums (PPIFs). Interim terms of reference had been agreed and administrative support secured. Five members of the Steering Group had been appointed to assist with the selection of the host organisation which it was hoped would be in place by mid July. He advised that

guidance from the DH was limited and it was likely that it would be at least six months before the LINK was in proper operation.

35. Members agreed that the Business Planning Group would consider HOSC membership from the LINK and make a recommendation to the Committee as part of the review of its Constitution.

36. Mr Kemp confirmed that he would be happy to provide an update on progress to the Committee at its September meeting.

37. Resolved –

- (1) That the three former PPIF members of the West Sussex HOSC should continue as members of the Committee, in their capacity as members of the interim LINK Steering Group. These arrangements would be for the period up to the formal establishment of the LINK (which must be in place by 1st September 2008).
- (2) That the Committee's Business Planning Group considers any future LINK membership of the West Sussex HOSC and makes recommendations to the Committee as part of the review of the Committee's Constitution, and once the LINK is in place.
- (3) That Mr Kemp, Chairman of the LINK Steering Group, provides an update on the West Sussex LINK to the West Sussex HOSC at its meeting on 8th September 2008, providing an opportunity for members to consider how the LINK might interact with the Committee.

Update on Work of Joint HOSC on Fit for the Future

38. The Committee considered a report by the Director of Policy and Performance and Head of Democratic Services (copy attached to the signed minutes). The Vice-Chairman introduced the report which provided an update on the Joint Committee's meetings held on 2nd and 16th April. The Chairman confirmed that the Committee agreed its final report and recommendations to the Brighton and Hove City Teaching PCT and West Sussex PCT at its meeting on 2nd May. He advised that the West Sussex PCT had selected the 'LGH+' model, which would see one major general hospital (MGH) and two local general hospitals (LGHs) in West Sussex, at its Board meeting on 7th May. He advised that the West Sussex PCT Board was due to meet on 4th June to decide on the preferred location of the MGH.

39. The Chairman confirmed that the Joint HOSC would meet on 25th June to consider the PCT's decisions and would respond with any comments and final recommendations. The PCT Board would then meet on 10th July to confirm or amend its decisions, taking into account the views of the Joint HOSC. The Joint HOSC would review the PCT Board's decision on 23rd July and if it was not persuaded by the PCT's final decisions, it retained the right to make a referral to the Secretary of State for Health. At that stage it would also be open for each individual HOSC to consider the issues and any action they might wish to take independently of the Joint HOSC.

40. Resolved – That the Committee notes the report and verbal updates.

Business Planning Group Report

41. The Committee considered a report by the Business Planning Group (copy attached to the signed minutes). The Chairman introduced the report which advised on the following issues considered at the Business Planning Group meeting on 28th April: -

- Update on Worthing and Southlands Hospitals NHS Trust 'Improving Hospital Services' (IHS) Programme.
- Proposed Closure of Henderson Hospital in Sutton.
- Engagement with the South East Coast Ambulance Service NHS Trust.
- HOSC Work Programme.

42. Resolved –

- (1) That an update on the Worthing and Southlands Hospitals Improving Hospital Services programme is provided by the Trust to the Committee's meeting on 8th September 2008.
- (2) That the South East Coast Ambulance Service NHS Trust be invited to attend the Committee's meeting in October 2008 to provide an update on current performance, complaints received and implementation of the Fit for the Future proposals.
- (3) That the Committee agrees it future work programme.

Information requested by the Committee at its meeting on 17th March

43. The following papers were provided by the West Sussex PCT in response to requests made by the Committee at its meeting on 17th March 2008: -

Community Services:

- (a) Paper on Category C Pilot at East Surrey Hospital in Redhill
- (b) Report on Community Hospitals Project
- (c) Summary of End of Life Baseline Review 2007, prepared by Member Services & Scrutiny Team

Public Health:

- (d) Information on training and awareness sessions for clinicians on Tuberculosis
- (e) Health improvement update on targeted work to address lifestyle issues among BME groups in Crawley (2008)

44. It was noted that the PCT draft Strategic Commissioning Plan and first year Operating Plan were still outstanding, along with the Community transport evaluation.

Ms Weech confirmed that the community transport evaluation would be available in September and agreed to provide copies of the draft Strategic Commissioning Plan and 1st Year Operating Plan to the Committee following the meeting.

45. Resolved –

- (1) That the Committee notes the information provided by the PCT.
- (2) That the West Sussex PCT provides copies of its draft Strategic Commissioning Plan and 1st Year Operating Plan to the Committee following the meeting, and provides the community transport evaluation to the Committee in September 2008.

Response from Henry Smith, Leader, West Sussex County Council, to Committee's Recommendation regarding the Public Service Board

46. The Committee considered a response from the Leader of West Sussex County Council, regarding the Committee's recommendation to the Public Service Board.

47. Resolved – That the Committee notes the response.

Date of Next Meeting

48. The Committee noted that its next meeting would be held at 10.00 a.m. on Monday 30th June 2008. The meeting will focus on mental health services provided by the Sussex Partnership NHS Trust.

The meeting finished at 1.42 p.m.

Chairman