BRIGHTON & HOVE CITY COUNCIL

JOINT COMMITTEE ON NHS CONSULTATION ON BEST CARE, BEST PLACE

2.00 PM – 12 FEBRUARY 2007

HOVE TOWN HALL

MINUTES

Present: Councillors Griffiths (WSCC)(Chairman), Barnett (BHCC), Bennett (BHCC), Chaplin (WSCC), Mr. Chapman (ESCC), de Mierre (WSCC), Howson (ESCC), and Rogers (ESCC).

Apologies for absence were received from Councillor Turton.

In attendance by invitation: Amanda Fadero (Programme Director), Dr. Mike Warburton (Director, Service Improvement) and Wendy Young (Assistant Director, Service Improvement) (Brighton & Hove City PCT); Amanda Philpott (Director of Planning & Performance (Brighton & Sussex University Hospitals NHS Trust (BSUH)); Sue Harris (Director of Operations & Performance) and David Wells (Acting Emergency Care Practitioner Team Leader)(South East Coast Ambulance Service NHS Trust); Dr. Elizabeth Green (Medical Director, South Downs NHS Trust); Dave Morgan (Head of Systems Reform & Programmes, South East Coast Strategy Health Authority); and Tony Reynolds, West Sussex PPI Forum, Mid Sussex Locality).

PART ONE

1. PROCEDURAL BUSINESS

1A. Declarations of Substitutes

1.1 Members noted that the substitutes provisions did not apply to the Joint Committee.

1B. Declarations of Interest

1.2 Councillors de Mierre and Griffiths declared personal interests as potential users of the Princess Royal Hospital (PRH), Haywards Heath.

1C. Exclusion of Press and Public

1.3 The Joint Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of

confidential or exempt information as defined in Section 100A(3) or 100 1 of the Local Government Act 1972.

1.4 **RESOLVED** - That the press and public be not excluded from the meeting during consideration of any of the items on the agenda.

2. MINUTES

2.1 **RESOLVED** – That the minutes of the meeting held on 28th September 2006 be approved and signed by the Chair.

3. BEST CARE, BEST PLACE PROJECT IMPLEMENTATION

3.1 The Joint Committee considered the additional information on the implementation of the Best Care, Best Place (BCBP) Project that had been requested at the last meeting (see minute book).

3A Accident and Emergency Services

3.2 Amanda Philpott reported significant improvement in meeting the national standard of seeing 98% of cases presented to A&E within four hours. BSUH was hoping to achieve an average of 97.5% by the end of 2007 and expected to meet the 98% target in 2008. There had been a number of challenges in meeting the target in recent months, including a significant increase in attendances. This was part of a national trend that may be linked to changes in out of hours GP arrangements. Very bad weather in January 2007 had also been a factor. Services had been redesigned around senior clinical opinion availability and services could now recover more quickly from busy periods and the improvement should be more sustainable. An analysis was being carried out to identify trends to inform modelling plans.

3.3 In response to a question about the four hour target, Ms. Philpott advised that this was counted from arrival at A&E. Journey time in an ambulance was not counted. If a patient taken to PRH was transferred to the Royal Sussex County Hospital (RSCH), the transfer would be arranged to go straight to an identified consultant, rather than waiting for admission there. There were no instances to date of ambulances queuing at either A&E in BSUH. Sue Harris advised that new information systems were in place at RSCH, which allowed ambulance staff to let A&E staff know in advance about what cases would be arriving.

3.4 Wendy Young reported that the Urgent Care Centre (UCC) had been established on the RSCH site to deal with minor injuries and would also provide out of hours GP services from April 2007. Ms. Philpott noted that UCC models of care were based on assumptions that nearly half of current cases going to A&E could be diverted to the Centre. Ms. Young advised that a mobile treatment unit had been piloted over Christmas in Brighton city centre. The effectiveness of this in reducing A&E attendance was being evaluated.

3.5 The Joint Committee requested an update on delayed transfers of care.

Ms. Philpott advised that there were currently around 40-60 cases per month. BSUH was trying to reduce this to single figures through working with partners, including Adult Services departments in local authorities and primary care, but it remains a significant problem for the Trust because it slows down patient flow through A&E and beds.

Ambulance Services

3.6 Sue Harris reported that ambulance performance was improving across the areas covered by the BCBP consultation, even though there had been big increases in call-outs. The target to respond to 75% of Category A calls within eight minutes was being met across Sussex as a whole. She tabled performance charts (see minute book). The Ambulance Trust was commissioned to reach the target throughout the PCT areas, rather than in each individual area. In rural areas where it was difficult to meet this target, alternative models of care for emergency responses were being developed. For example, community volunteer emergency responders were being recruited to reach people more quickly. There were over 500 responders in Sussex, who were proving very effective, particularly in dealing with cardiac arrests.

3.7 Ms. Harris advised that around 1.5 patients were transferred from PRH to RSCH each day. Resources to cover the changes to patient flows following BCBP had been worked out based in the previous year's call-out rates. The modelling had been amended to take into account the growing demand for services. When ambulance staff received possible surgical cases, they would take patients to the nearest trauma hospital, which was not always RSCH for Mid Sussex residents.

3.8 The Joint Committee expressed concern that the 75% target was not being met in all areas. Dr. Mike Warburton emphasised that PCTs were responsible for commissioning a certain level of ambulance service and that each PCT would be working to try and improve performance against the 75% target in their areas. Ms. Harris advised that a significant increase in resources would be necessary to deliver 75% across all rural areas. She was confident that a realistic service was being delivered and that development of alternatives such as community responders would continue. A further challenge from April 2008 would be that the 8 minutes would be counted from the start of the call rather than the time when the person and problem was identified, which was the current measure, cutting around 90 seconds off the response time for category A.

3.9 In response to a question about Emergency Care Practitioners, David Wells advised that there were 29 ECPs across Sussex. 6 of these were as a result of BCBP funding and were based in the Brighton and Mid Sussex localities. Depending upon the forthcoming Fit for the Future consultation, it was possible that up to 30 ECPs could be provided in West Sussex alone.

Outcomes

3.10 The Joint Committee asked whether there was evidence of improved

outcomes for patients following the BCBP changes. Amanda Philpott advised that it was a challenge to provide this information as outcomes were measured by speciality across BSUH, rather than at individual sites. Standards were closely monitored by clinical audit and clinical effectiveness audit and there had been no deterioration. Dr. Mike Warburton acknowledged that the NHS had previously focused on quantity outcomes, but this was now moving towards developing measurements for clinical outcomes.

3.11 In response to a question about whether intentions for PRH had changed since the BCBP consultation, Amanda Phillpott advised that BSUH remained committed to PRH, but this would be subject to whatever emerging patterns of healthcare came out of the forthcoming Fit for the Future consultation.

3.12 **RESOLVED** – (1) That the Joint Committee welcomes improving ambulance performance but expresses concern that the 75% target for responses to category A calls is not being met across all areas covered by BCBP.

(2) That further details on delayed transfers of care be submitted to the Joint Committee, to include information about the reason for delay and relevant local authority responsibility.

(3) That further details on alternative models of care e.g. community responders for emergency responses and their impact on response times (particularly in rural areas) be submitted to the Joint Committee.

3B Children's Services

3.13 In response to a question, Amanda Philpott reported that there were 52 beds currently in use at the old children's hospital and there would be about 55 inpatient beds in the new hospital. The previously suggested figure of 65 beds had been refined during planning, although there would be a total capacity of around 100 beds available in the new hospital if more capacity became necessary in the future. Staffing numbers would be around 136.5 full time equivalent, similar to existing levels.

3.14 Commenting on the difficulties experienced by some trainee nurses seeking employment, Ms. Fadero reported that children's nurses were specially trained, so could usually find employment. Ms. Philpott reported that BSUH was working to improve retention and use bank staff to cover vacancies wherever possible, to reduce spending on agency staff. Many trainee nurses may end up working in primary care and community services, reflecting the changing picture of healthcare.

3.15 Amanda Fadero advised that it was hoped that the new children's hospital would provide enhanced tertiary services, meaning that some children currently treated in London hospitals would be able to receive treatment more locally. Discussions were underway on five specialist areas, including paediatric surgery, gastroenterology and neurology services. Enhanced community services were also being developed to support children in Sussex and keep

them out of hospital where possible.

3.16 **RESOLVED** – That the Joint Committee welcomes the reprovision of children's services in BSUH.

3C Maternity Services

3.17 Amanda Fadero reported that the obstetric-led service at PRH through advanced neonatal nurse practitioners (ANNPs) support to the special care baby unit was currently working successfully with the support of staff grade doctors and was considered to be sustainable. *2?* new ANNPs were now being trained at the University of Southampton.

3.18 **RESOLVED** – That the Joint Committee welcomes BSUH's commitment to the current maternity services at PRH.

3D Neurosciences

3.19 Amanda Fadero introduced the draft business case for the reprovision of the Hurstwood Park Neuroscience Unit, which had included consideration of reproviding the unit at PRH. The outcome of the business case was that the preferred option was to reprovide the unit at RSCH as part of the major trauma service. The reprovision would not be progressed further until the Fit for the Future consultation had been issued, to ensure that it was integrated with the new model of service provision. The Timescale was likely to be after 2010.

3.20 **RESOLVED –** That the Joint Committee is satisfied that the draft business case adequately considered the option of reproviding neuroscience services on the PRH site.

3E Brighton General Hospital

3.21 The Joint Committee requested an assurance that all inpatient beds would be removed from BGH as soon as possible. Dr. Mike Warburton gave assurances that all acute and non-acute inpatient beds would be removed by 31st March 2007 except for one rehabilitation ward, which would be removed soon after this date. Around 26 rehabilitation beds would be relocated to Southlands Hospital at Shoreham or to Newhaven Downs until more appropriate permanent provision was established in Brighton. The Commission for Social Care Inspectorate (CSCI) was responsible to measuring the quality of care received for beds reprovided in the independent sector.

3.22 Many inpatients had not needed to be in hospital, so more appropriate, alternative models of care had been found. This included transitional beds and community care. Dr. Elizabeth Green reported that better alternative provision was being planned for patients suffering with dementia.

3.23 Dr. Warburton confirmed that some other health services would continue to be provided from the site and that planning was underway for other uses for the site, including possible key worker accommodation. If any of the site was

declared surplus to requirements, it would be sold. Most of the proceeds from this would be reinvested in the local health economy.

3.24 **RESOLVED** – (1) That the Joint Committee welcomes both the commitment that inpatient beds at BGH will be closed as soon as possible and plans for alternative models of care.

(2) The Joint Committee requests a list of nursing homes used for patients previously cared for in BGH.

3F Transport

3.25 Amanda Fadero reported that the 40X bus route that provided a direct link between RSCH and PRH had proved to be very successful. The vehicle used was wheelchair accessible and it was being used by staff, patients and the general public, about 80 passengers per day. A Bluebird bus had also been launched to provide community transport for older and frail passengers who could not access ordinary bus services, but this was not currently being well used. Other PCTs and local authorities were being contacted to see whether the use of the bus could be extended for other journeys to make it more sustainable. It was emphasised that those eligible for patient passenger transport did receive it.

3.26 The Joint Committee expressed concern about the lack of parking capacity at RSCH and the stress that this caused to both patients and visitors. The Joint Committee asked whether there were any plans to offer concessions for any user groups, such as the parents of children staying at the new children's hospital. Ms. Fadero reported that a new underground car park was planned for RSCH and would be included in any new bid for capital funding. Drop-off points would be provided by the new children's hospital and park and ride provision was being reconsidered by the Transport Steering Group. Amanda Philpott confirmed that money raised in hospital car parks was reinvested in the local health economy, including funding for the 40X bus. The BSUH healthy transport plan aimed to reduce car use where possible. There were no plans to offer concessions for parking charges, but she agreed to forward this idea to the BSUH Trust Board for consideration.

3.27 Ms. Fadero advised that helicopter access to the RSCH was being planned as part of a new development.

3.28 **RESOLVED** – (1) That the Joint Committee expresses concern about the lack of available parking at RSCH and requests an update on plans to alleviate this.

(2) That a copy of the BSUH healthy transport strategy be circulated to Joint Committee members.

(3) That updates on the review of the bluebird bus service and drop-off points be sent the Joint Committee members in due course.

3G Community Services

3.29 Dr. Mike Warburton reported that 12 specialist community nurses were now in place, treating patients with a range of chronic conditions such as multiple sclerosis and rhumatological conditions. A further 13 staff were in place to treat around 200 patients with respiratory problems in the community. These services were already reducing hospital admissions.

3.30 For intermediate care, a rapid response team was now in place to help older people with multiple care needs. 9 community matrons were in post, with 250 patients across central Sussex with multiple conditions.

3.31 The Joint Committee emphasised the importance of good community services and highlighted that information about them was vital for future health consultations about moving resources from hospitals into the community.

3.32 In response to a request for an update on breast care services, Dr. Warburton advised that there were plans for symptomatic and screening services to be provided in a new facility in Brighton. Further details would be available later in 2007.

3.33 **RESOLVED –** (1) That the Joint Committee welcomes the expansion of community services.

(2) That the number of patients receiving new community provision be provided to members of the Joint Committee.

3H Routine Surgery

3.34 Amanda Philpott advised that routine surgery cases were generally on target for waiting times. Some breaches in orthopaedic waiting times had occurred, but not since December.

3.35 Dave Morgan advised that there was a target for 90% of all elective procedures to be carried out within 18 weeks by March 2008, rising to 100% by December 2008. He advised that current waiting times for audiology services of up to 2 years would be tackled through increased capacity in local NHS providers, and new independent sector capacity, which should be available from autumn 2007. Dr. Mike Warburton advised that audiology services were being redesigned to enable many cases to be dealt with in the community rather than in hospital.

3.36 **RESOLVED** – That an update on audiology waiting lists be provided to Joint Committee members.

4. Patient and Public Involvement

4.1 The Joint Committee considered a report from the West Sussex PPI Forum's Mid Sussex Locality Group prepared by Mr. Tony Reynolds (see minute book).

4.2 The report was introduced by Mr. Reynolds, who emphasised that the

Forum aimed to represent patients' points of view. A number of concerns were being raised, including those that follow. There was poor access to public transport into Haywards Heath from many parts of Mid Sussex. The 40X bus service was very good, but only hourly, so did not always fit well with appointment times. The bluebird bus was also welcomed, but was quite expensive for many people. Parking remained a big problem at RSCH. The Forum had interviewed some ambulance staff, who had suggested that there was a lack of ambulance capacity in Mid Sussex. There were some long waits for hospital transfers at times. Mr. Reynolds was concerned that the PPI Forum had not been involved in many of the BCBP implementation workstreams.

4.3 Amanda Fadero advised that the local NHS was learning lessons to improve patient and public involvement. The PPI Forums were a valuable source of feedback. Amanda Philpott emphasised that with half a million patients a year, some mistakes were hard to avoid, but BSUH was keen to learn from individual cases highlighted by the PPI Forum. She did not feel that there was any evidence of outcomes deteriorating following BCBP.

4.4 **RESOLVED** – That the Joint Committee emphasises the importance of the NHS working with and learning from PPI Forums and their successor organisations.

5. DATE OF NEXT MEETING

5.1 The Joint Committee concluded that there were important lessons to be learned from BCBP for the forthcoming Fit for the Future consultation. It was vital that the good intentions were communicated effectively to the public. Information on the difference to patient outcomes was important, together with clear plans for implementation and investment in new services.

5.2 **RESOLVED** – That the further information requested by submitted to Joint Committee members within one month where possible, after which a meeting will be arranged if considered necessary by members.

The meeting concluded at 4.35pm

Signed Chair

Dated this day of 2007