



## Community & Regeneration Scrutiny Committee

### Briefing Paper

Report of: Councillor F M Oborski  
(District Representative on  
Worcestershire County Health  
Overview and Scrutiny Committee)  
Date: 7<sup>th</sup> January 2010  
Open

## Report on Health Overview and Scrutiny Committee Activities from September to December 2009

The Worcestershire Health Overview and Scrutiny Committee has met 3 times in the period in question:

September 24<sup>th</sup>, October 27<sup>th</sup> and December 16<sup>th</sup>.

The main items on each agenda are outlined below:

### The September 24<sup>th</sup> meeting had the following items on its agenda:

#### Health Services in Worcestershire – Winter 2009/10

- West Midlands Ambulance Service NHS Trust: Jonathan Brotherton, Acting A&E Operational Service Delivery South Director
- West Midlands Ambulance Service NHS Trust: Nick Henry, Divisional Commander, Worcestershire
- Worcestershire Acute Hospitals NHS Trust: Mel Rayson, Head of Capacity
- NHS Worcestershire: Simon Hairsnape, Director of Delivery
- NHS Worcestershire: Teresa French, Director of Provider Services
- NHS Worcestershire: Sandra Rote Director of Clinical Development and Executive Nurse
- Worcestershire County Council: Jonathan Monks, Hospitals Manager – Social Care

Format:

- Presentations
- Question / Answer session
- Updates were given on latest performance position August and September to-date
- Out of Hours services – ability to provide additional support. (NHS Worcestershire internal review + ongoing review of Take Care Now by Care Quality Commission) (PCT)
- GPs – ability to provide additional support. (PCT)
- Community Hospitals – additional bed capacity. (PCT)

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- Discharge of patients from acute - current performance? (PCT 16/09/09 Board paper – Target = 16 per week – 'Acute Trust delayed discharges are increasing in numbers due to beds being blocked') (County Council / Acute Trust)
- Community based services – home care, residential / nursing care , update on provision/integration of services (County Council)
- Ambulance emergency response times – what provisions in place (a) to ensure improvements for Worcestershire and (b) to ensure that performance, once improved, doesn't deteriorate with winter pressures and potentially added pressures from swine flu? (Ambulance Trust)
- Ambulance Trust's need to consistently hit Category A target across the region and/or in localities to succeed in its application for Foundation Trust status? (Ambulance Trust)
- PCT 16/09/09 Board paper: Ambulance Trust reporting a 14% increase in contacts since April 2009
- Ambulance Service Review by Lightfoot – task groups set up to act on findings ranging across finance, activity and quality issues. Is the funding of the Ambulance Trust adequate to provide the required levels of service in Worcestershire? (PCT / Ambulance Trust)
- West Midlands Ambulance Trust has been working with a private provider (Emergency Response Service) as the Trust does not have enough capacity to address the current or forecasted workload. To be used only in Birmingham and Black Country (source: Ambulance Trust Weekly Briefing 27/08/09 and 17/09/09). Does this mean additional staff / vehicles? At 19/01/09 HOSC, Members were advised that rather than Worcestershire's resources to be drawn towards the West Midlands' larger conurbations, Worcestershire had benefited from the opposite scenario – will the private provider therefore be operating in Worcestershire too? (Ambulance Trust)
- Ambulance turnaround times at local hospitals (target = 30 minutes). Average times

Month	Worcs Royal	Alexandra
December 08	29.23	33.21
January 09	26.51	29.53
February 09	24.48	27.12
March 09	24.28	28.15
April 09	24.59	25.56
May 09	24.35	26.03
June 09	25.33	27.07

(source Worcestershire Acute Trust Board Papers – 30 July 2009)

- Is turnaround performance sufficiently robust to cope with added pressures of winter? (Ambulance Trust / Acute Trust)
- New Computer Aided Dispatch (CAD) system introduced at Brierley Hill in May 2009 for Herefordshire/Shropshire/Worcestershire – at January 2009 HOSC, Derek Laird advised that he'd urged Trust to upgrade this locality first as the CAD at Brierley Hill was inferior to that previously used at Bransord. Has new CAD helped locality's performance? Will new CAD help region's performance? Timescales for complete CAD roll-out? (Ambulance Trust)

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- Public? Advice campaign re. where to seek medical help / not to use 999 for non-emergency calls – what proactive efforts are being made by the health economy to spread the message and how is this being done – E.g. – placing any adverts in free newspapers / posters in GP surgeries / posters (electronic) to offices of County's major employers? (All)

### **The October 27<sup>th</sup> meeting had the following items on its agenda:**

- Older Adult Mental Health Services including Day Care
- Worcs Mental Health Trust Annual Performance Rating
- Ambulance Services in Worcestershire

The usual format of presentations followed by question and answer sessions was used and the main issues covered were:

#### **Older Adult Mental Health and Day Care Services:**

- There was no reference within the appendix to any reduction in the number of inpatient beds, yet previous correspondence from Ros Keeton has indicated there would be a reduction to 72 across 4 sites (from 84 across 4 sites);
- Clinical outcomes of each piloted model? Clinical outcomes of pilot which informed the selection of the preferred model?
- Numbers of patients: audit of day hospital activity in 2006 = 270 patients. How many using day hospitals in 2009?
- Of the 2006/2009 patients using day hospitals, how many will see a reduced level of contact irrespective of whether health/social care practitioner, under the proposed model?
- It is proposed that core aim of modernising service is to broaden access, enabling wider range and higher number of service users to access services – what numbers of patients are anticipated beyond 2009? Spread of proposed services – how it fits the spread of the proposed patients?
- Under the proposed model, what services will exist that don't currently exist?
- Following the pilots (introduced from 2007), have services reverted back to pre-pilot status or pilots ongoing in anticipation of Trust Board agreement of preferred model? (Patient and public involvement – has this been solely through the Trust's own PPI structures? Worcestershire Local Involvement Network (LINK) advised Sandra 08/10/09 that the LINK has had no involvement in any work done on the model for Older Adult Mental Health Services; HOSC Members are very concerned about this as it is the whole purpose of the LINK.
- Staff / service users / carers views of the piloted models and in particular the preferred model?
- Proposed configuration of day care provision, charity / volunteer providers – how robust and sustainable are these given their (presumed) dependence on grants which may be affected by the economic downturn in future years?
- Admiral Nursing Service, through the charity 'For Dementia', available in Wychavon and, since August 2009, Redditch and Bromsgrove. Members were assured that this excellent service will be extended across the whole County Commissioner's views on the proposed model – its match with NHS

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Worcestershire's commissioning strategy / commissioning intentions / finances?

- What implications are there from the proposed re-model for social care services?
- What work has been undertaken with the County Council's Adult Care Services?
- Trust's Chief Executive has been contacted by the Local Medical Committee (LMC) regarding serious concerns expressed by GPs around the County about the Trust's services and have invited the Trust to attend an LMC meeting. Issues include, amongst others, emergency referral problems and planned reduction of staffing levels across the County. (LMC's September 2009 Newsletter). Uneasiness amongst GPs about the use of central hubs for referral to Mental Health Services and ongoing problems obtaining urgent mental health assessments during the daytime (source: LMC's October 2009 Newsletter)
- Members sought information on how the Day Hospital Review and reduction of inpatient beds will contribute to the Trust's Cost Improvement Programme?

### **Worcestershire Mental Health Partnership NHS Trust – Annual Performance Rating**

This item was on the Agenda because of a deterioration in performance. Questions to which members required answers were:

- The Trust's assessment of why Quality of Services rated Weak
- National priorities introduced for Mental Health Trusts 2008/09 (see pg 27) where Trust failed / under-achieved (Care Programme Approach (CPA) 7 day follow-up; delayed transfers of care; data quality on ethnic group; access to crisis resolution)
- Following discussion of the Trust's action plan, Members were content with proposed actions, that services are safe and moving in the right direction and that there is appropriate monitoring in-place but required the Trust to provide regular updates
- Commissioner's views on the current and anticipated mental health services for Worcestershire?
- How will Commissioners' strategies contribute to ensuring service improvements?
- How Commissioners will be working with the Trust and how Commissioners will be monitoring the Trust's services and outcomes

#### **1. Ambulance Services in Worcestershire**

- West Midlands Ambulance Service NHS Trust: Anthony Marsh, Chief Executive, West Midlands Ambulance Service NHS Trust
- West Midlands Ambulance Service NHS Trust: Nick Henry, Divisional Commander, Worcestershire
- West Midlands Ambulance Service NHS Trust: Christopher Harries, Executive Officer

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- Chairman summarized the reason why Trust were invited to attend again following 24 September HOSC (historic emergency response performance + impact of winter/swine flu pressures; cross-border services; Trust's use of satellite navigation systems; annual performance rating from Care Quality Commission; Lightfoot report findings and recommendations)
- A statement from NHS Worcestershire regarding the County's ambulance services was circulated, (Paul Bates / Simon Hairsnape unable to attend. An observer attending from NHSW only to feed back to Paul / Simon).
- Members questions were based around:
- Could the Trust offer reassurance to HOSC of how future services will improve?
- Timescales for that improvement? Immediate in order to meet winter/swine flu pressures – arguably when a high-performing service is needed?
- Sustainability of any improvement?
- Latest performance position re. emergency response targets?
- Does Ambulance Trust need to consistently hit Category A target across the region and/or in localities to succeed in its application for Foundation Trust status?
- West Midlands Ambulance Trust has been working with a private provider (Emergency Response Service) as the Trust does not have enough capacity to address the current or forecasted workload. To be used only in Birmingham and Black Country (source: Ambulance Trust Weekly Briefing 27/08/09 and 17/09/09). Does this mean additional staff / vehicles? At 19/01/09 and 24/09/09 HOSCs, Members were advised that rather than Worcestershire's resources to be drawn towards the West Midlands' larger conurbations, Worcestershire had benefited from the opposite scenario – therefore, isn't it possible that the private provider will be operating in Worcestershire too?
- Cross-border activity: internal Worcestershire / Birmingham / Herefordshire / Warwickshire borders? External Worcestershire / Gloucestershire borders?
- Ambulance turnaround times at local hospitals (target = 30 minutes). Average times

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(source Worcestershire Acute Trust Board Papers – 30 July 2009)

Is turnaround performance sufficiently robust to cope with added pressures of winter?

- Ambulance Service Review by Lightfoot – see Agenda pg 35 re. principal findings – how they relate to Worcestershire?
- Ambulance Trust view on how commissioning will contribute to ensuring good ambulance services for Worcestershire?

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- Given the Trust's poor performance in Worcestershire, will NHS Worcestershire be required to a) contribute to the additional £10m and b) spend more money in the longer-term to get a level of service that meets or exceeds performance targets, including emergency response times?
- 24/09/09 HOSC concern expressed (Cllr Hingley) that at induction tour of Brierley Hill, felt that services operated on knife's edge
- 24/09/09 HOSC concern expressed (Cllr Oborski) about extent of ambulance crews in Worcestershire being reliant on sat-navs. Members advised that ongoing piece of work on this re. Patient Transport Services
- 04/09/07 HOSC (when considering reconfiguration of Ambulance Trust's control rooms) Members were advised that the 'gold standard' the Trust wished to achieve was not a specific performance target, but rather was to perform over and above national targets
- 04/09/07 HOSC – concern was expressed that at the time of the proposed merger of Trusts to form the West Midlands Ambulance Service NHS Trust (merged July 2006) assurances had been given that there would be no resultant local substantial operational changes. The Trust considered that the proposed changes did not negate this assurance as there would not be any substantial operational changes – paramedics would remain locally based, the 999 service would remain and would be as quick but there would be an additional resilience to the service
- 04/09/07 HOSC – the Trust confirmed that the majority of staff based at Bransford but not part of the EOC would be relocated to Worcester Ambulance Station, thus retaining a local delivery unit for the area
- 04/09/07 HOSC – following concern that residents in south Worcestershire, close to the Gloucestershire border and Cheltenham Hospital, would see no improvement in cross-border working with Great Western Ambulance Service NHS Trust, with patients continuing to be taken to Worcestershire hospitals rather than their closest, Members were advised that 999 patients were taken to their nearest emergency hospital irrespective of regional boundaries and the Trust's Chief Executive undertook to look into this issue further. It was acknowledged that links between regions were not perfect but the Trust is only in a position to improve services for the West Midlands. Naturally, in times of crises Trusts would respond to requests for assistance irrespective of regional borders. It was also confirmed that the Trust's proposals did take account of future growth
- 04/09/07 HOSC – Liz Kabani of Bransford EOC confirmed that at the time of the regional mergers of ambulance services assurances had been given about the future retention of Bransford's EOC and that this subsequent proposal should raise questions about other promises made, for example the future of ambulance stations. It was confirmed that assurances given about the retention of all ambulance stations in Worcestershire remained. Divisional dispatching would continue to be provided.

**The meeting of December 16<sup>th</sup> was entirely devoted to the Acute Trust's plans for the Future of the Kidderminster Hospital site**

- Phil Milligan, Chief Operating Officer, Worcestershire Acute Hospitals NHS Trust

Also attending:

- Mick O'Donnell, Head of Strategic Planning and Partnerships, NHS Worcestershire
- Richard Haynes, Head of Communications, Worcestershire Acute Hospitals NHS Trust
- Simon Trickett, Head of Communications, NHS Worcestershire

Format:

- Presentation from Phil Milligan
- Question / Answer session – see Agenda Report 5 ± para 7 ± Presentation for follow-up plus additional background data / suggested questions below:
  - Appendix 1 page 5: – 'our presentation and briefing reflects our wish to engage with HOSC and wider community in a discussion about our plans for the future of the Kidderminster site' – NHSW will also be doing this as part of their review of the commissioning/provision of Wyre Forest – how will Acute Trust and NHSW ensure this work is co-ordinated and not confusing / conflicting.
  - GP premises development – what is the outlook for the new GP health centre given NHS Worcestershire's need to review all proposed GP premises developments (as explained by Paul Bates at 26/11 HOSC)?
  - In determining its direction for the Kidderminster site, what were the outcomes from the Trust's health needs assessment (assuming they have done one to inform their strategy). (NHSW will be doing so as part of its forthcoming review of Wyre Forest commissioning/provision – could/should they all use the same needs assessment?)
  - What prompts the Trust's need to state in Appendix 1 that 'Kidderminster Hospital is NOT for sale'?
  - How the Trust / NHS Worcestershire will manage any potential conflicts between commissioners and clinicians in considering future services at Kidderminster
  - Trust's position that there is scope for arrangements that would result in the MIU and GP out of hours services working more closely if not actually merging – could this be achievable under NHSW's current contract with Take Care Now?
  - What are the implications for non-Wyre Forest residents of the Trust's proposals to increasingly use Kidderminster with the freed-up theatre and clinic capacity? For example, might services currently provided in Worcester or Redditch move to Kidderminster – potentially requiring patients to travel further?

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- Upon by West Midlands Quality Review Service's 2010 review of the region's urgent care – Worcestershire Acute to be visited February and June 2010 – future of urgent care static until after review, i.e. after October 2010?
- Q to PCT – progress in the provision of a new Independent Sector Treatment Centre in Worcestershire (further to the ISTC's departure from Kidderminster)? Q to PCT – no longer funding the Urgent Care Service – why? Does this indicate that unlikely to re-fund the service following the Wyre Forest Review?
- What is the anticipated duration for Worcestershire Acute Hospitals NHS Trust's funding of the Urgent Care Service?
- Given the Lightfoot Report's recognition of the importance of urgent care services in reducing pressure on emergency ambulance provision, what is the long-term expectation for the Kidderminster Urgent Care Service

In addition HOSC Members have expressed considerable concern about the proposed changes to Speech and Language Therapy but this is being looked at by the Children and Young People's Scrutiny Panel.

Fran Oborski 03-01-2010

It was reassuring to be told that, when the Independent Sector Treatment Centre ceases to use Kidderminster for hip and knee replacements at the end of January 2010 the Acute Trust has every intention of making the same level of operations available on the site through the NHS (roughly 150 operations per month). So as long as patients request that their operations are carried out at Kidderminster that will happen.

The Acute Trust is also exploring the possibility of bringing even more elective surgery to Kidderminster as it is the one hospital where beds are guaranteed and, because it has no A & E facility, there is no danger of routine operations being cancelled because of emergencies taking priority. It is also possible that, while the most complex orthopaedic operations will still have to go to The Woodlands/QE, other orthopaedic surgery may also come to Kidderminster in the future. 80% of Wyre Forest residents requiring surgery already have their operations at Kidderminster and 85% of Wyre Forest residents have their outpatient appointments in Kidderminster.

Kidderminster Hospital has an outstanding record for the smallest number of hospital acquired infections of any of the trust's Hospitals.

In 2010 a Fracture Clinic will open at Kidderminster so that, apart from an initial visit to A & E all but the most complex fractures will be able to receive all follow up treatment at Kidderminster. (2 years ago a simple wrist fracture involved me in 3 visits in one week to the Worcestershire Royal!).

Investigations are being carried out into linking Out of Hours/Primary Care/Minor Injuries and the Urgent Care Doctor Scheme. Currently the Acute Trust pays for the Urgent Care Doctor but receives NO FUNDING for the scheme.

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The current plan is to relocate the Northumberland House and Aylmer Lodge Surgeries onto the present Hume St. Hospital Car Park, with work hopefully starting before the end of 2010. Staff Car Parking will be replaced by demolishing the empty tower block.

The new MRI Scanner will be more up to date than those at Worcester or The Alex. It is primarily designed to cope with local demand but because of its advanced technology, patients may be referred to it from across Worcestershire. Finally it must be reiterated that, despite whatever petitions the local Labour Party may be collecting; there are NO plans to re-open the Wyre Forest Birthing Centre and, in the present economic climate, this situation is NOT expected to change.