HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 14 February 2013

Present:

Councillor Judi Ellis (Chairman)

Councillors Reg Adams, Ruth Bennett, Roger Charsley, Peter Fookes, David Jefferys, Mrs Anne Manning, Catherine Rideout and Charles Rideout

Brebner Anderson, Angela Clayton-Turner, Leslie Marks and Lynne Powrie

Also Present:

Peter Moore

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

An apology was received from Councillor John Getgood; Councillor Peter Fookes attended as his alternate.

Apologies were also received from Brian James and Colin Streete; Peter Moore attended as his alternate.

2 DECLARATIONS OF INTEREST

Councillor David Jefferys declared a personal interest as Vice President of a major pharmaceutical company.

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Three written questions were received from Mrs Sue Sulis.

Mr Mott asked a verbal question.

The questions and answers are appended to these minutes.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 11th JULY 2012

The minutes of the meeting were agreed subject to two amendments:

Brian James was present.

Peter Moore attended as an alternate for Colin Streete.

RESOLVED that the minutes of the meeting held on 11th July 2012 are agreed.

5 MATTERS ARISING FROM PREVIOUS MEETINGS

In relation to figures on the rate of deaths at the Princess Royal University Hospital it was agreed that these were not clear and Dr Bhan agreed to provide a table presenting the figures in a clearer format and showing the geographical areas of deaths. This would be presented by specialty.

6 Presentation - from the Office of the TSA - Next Steps

Professor Sir George Alberti, Chairman of the Trust and Jacob West, Director of Strategy addressed the committee.

They outlined the proposals and the acquisition process. This was the first time an administrator had been appointed for a hospital trust. The Secretary of State had announced that Kings Healthcare Trust should acquire the Princess Royal University Hospital PRUH. The process had not yet concluded as there were a number of stages to go through.

They recognised that there was a lot of discussion about the financial aspects of the acquisition but the view of Kings was that they would be able to deliver a quality service. It was hoped that the transition would be complete by July.

Discussions were taking place withy stakeholders and GP's. The move would see the trust dealing with both emergency and planned work as well as integrated care for the over 65's by working with GP's and the PRUH.

Other considerations were that angioplasty may be undertaken at the PRUH as there was a capacity restraint at Kings. The trust would like to develop better outpatient facilities and improve patient flow between the two hospitals.

The intention was for the PRUH and Kings to be one hospital across two sites, with a drive to improve quality of care and provide strong relationships with partner agencies. It was hoped that standards and procedures would be put in place at Kings that would mean the hospitals would get acquire a good reputation for performance management systems founded on a values based organisation.

Consideration would need to be given to transport to minimise inefficiencies. There would be both clinical and managerial exchanges and early identification of areas for quality monitoring. The trust would also strive to become a paperless organisation.

Professor went on to explain that the trust wanted to have good academic goals and envisaged the PRUH being a major teaching base with students provoking senior staff into action. Discussions had already taken place with a view to appointing a Dean at the Kings site. The site would not only be a teaching base for doctors but also nurses.

The trust would have board meetings at PRUH and Professor Alberti was intending to spend one in every ten days at the PRUH.

Members asked what the ophthalmic provision would be given that Bromley had a high proportion of elderly this was an important service. In response they ere told that it was hoped to run an integrated service between the two sites to drive up quality.

Professor Alberti acknowledged that the PRUH was lacking in it's response to the treatment of elderly patients and said that he was looking towards alocal solution with a big emphasis on nursing care. Kings had a multi disciplinary elderly assessment service. The goal of the service was to avoid hospital admissions by visiting elderly people in their own homes. Nutrition was also an important area and funds were being invested to ensure patients were not undernourished either at home or in a hospital setting.

In response to questions about the care of diabetics Professor Alberti explained that the trust was in discussion with Professor O'Neal who was the leading clinician for diabetic services regarding an automated service.

For the treatment of dementia Kings had a dedicated, award winning, unit and it was anticipated that this service would be duplicated at PRUH.

Jake Wood explained that the trust would publicise its vision by undertaking a series of road shows and public meetings, the first of which would be on 21st February 2013. They would also produce a bi-weekly stakeholder information bulletin,

In relation to the Board of Governors it was proposed that this would incorporate 4 governors from each of the areas; Bromley, Lewisham and Southwark. Bromley Councillors could apply for Governor appointments.

Members raised concerns that there had not been a board meeting since May 2012. Therefore there was a public perception that they were not part of the process. This would be rectified by Kings and it was noted that under the new regulations all meeting would have to be held in public.

There was not a clear outline for the provision of hospice services. It was recognised that St Christopher's, geographical location and its recognition as a centre of excellence, could serve all 6 boroughs.

There were also concerns raised regarding the closure of Green parks House. The trust administrator had been in discussions with Oxleas and considering using Green parks House as an outpatient facility.

Maternity services were being investigated and as part of the agreement there would be financial support to develop facilities.

The Chairman thanked Professor Alberti and Mr Wood for their presentation.

7 Presentation - Outcomes of the Orpington Hospital Changes

Diane Hedges provided an update on the consultation for the future use of the Orpington Hospital Site.

She outlined the challenges raised by the consultation in particular hard to reach groups such as Travellers and the increased elderly population in the borough.

The Consultation had focussed on 2 proposals for the future use of the sire; A community Health and Well being centre or a local health centre. Both proposals would offer the people of Orpington all the essential health services needed in the area. However the Community Health and Well being centre aimed to bring many more out of-hospital services together under one roof.

Both the proposals would move out patient clinics from Orpington Hospital to the Princess Royal University Hospital (PRUH), Queen Marys' Sidcup (QMS) or Beckenham Beacon. A specialist dermatology unit would be located at QMS. Hydrotherapy was still under consideration but may be sited at QMS. More intermediate care would be delivered in people's homes (supported by community services) which would then allow the reduction of the intermediate care beds from 62 to 42.

Members raised some concerns. In relation to parking the current pay and display system was difficult for patients who were unsure of how long they would be waiting in the hospital. It was felt that pay on exit would be better.

When asked about the date for the Orpington site to be vacated Dr Bahn reported that the timetable suggested the end of 2014. However discussions were underway to get the Health and Wellbeing centre ready earlier.

The Chairman asked when the business case would be presented and it was confirmed this would be in March 2013.

8 Presentation from EmDoc Providers - Service outline and the Introduction of the 111 service

Members received a presentation on the out of hours GP service and the introduction of the new 111 service.

The current out of hours GP service was provided by Emdoc and was available Monday to Thursday from 1830 – 0800 and from Friday to Monday it was a 24 hours service.

The new 111 service was due to "go live" by the end of March 2013. There would be a large amount of publicity so that the public were aware of the new service.

Members asked if callers would immediately get through if the dialled 111 and it was confirmed that would be the case even if several people called in at the same time they would all get connected.

It was agreed that the publicity would need to make it very clear when to use this service and members were concerned that the public would find it confusing.

They wee informed that NHS direct service would cease at the end of June 2013. The South east London Cluster would be leading the publicity and once the country was covered with a number of "pilots" there would be a national campaign.

Members sought confirmation that the 111 service would provide a triage system which the current Emdoc service did not. This would need to be confirmed. Their were also concerns about how elderly people would cope with the changes in emergency service contact numbers. It was noted that the fire service was also introducing another number for small fires.

In conclusion the Chainman said she would want to see ait had a positive effect bearing in mind the costs associated with introducing the service.

9 Questions on the Health Scrutiny Information Briefing

There were no questions on the information briefing.

The Meeting ended at 6.45 pm

Chairman

Appendix A

COMMUNITY CARE PROTECTION GROUP PUBLIC QUESTIONS TO 14TH FEBRUARY 2012 ACS PDS HEALTH SCRUTINY SUBCOMMITTEE.

CLOSURE OF ORPINGTON HOSPITAL – HEALTH NEEDS ASSESSMENTS AND CONSULTATION (Reports item 8:'Orpington Health Services', item 10: 'NHS SE London Intermediate Care Consultation'

1. Since the closure of Orpington Hospital, its Hydrotherapy Pool, Intermediate Care beds and clinics will affect all Bromley patients, (see 'Customer Impact'), as well as those covered by the Orpington Health Needs Assessment and the current "engagement"and consultation process, what are the reasons for excluding them?

This question assumes that the non Orpington residents maybe entirely excluded from the needs assessment. The following were considered.

The population of interest for the needs assessment was that which will be most affected by any changes to commissioning or provision arrangements at Orpington Hospital. It therefore included those people who live in the areas with the highest levels of use of services provided at the hospital.

In addition to this all services used at the hospital were analysed and an understanding was developed of where the patients were coming from. This was to ensure we have a full understanding of any impacts. The Health subcommittee have previously had illustrated the wide range of access from across Bromley and indeed outside from Kent.

2. Why has:-

(a) a Strategy Report with evidence for changes proposing cuts in IC beds and closure of the Orpington Hospital Unit not been reported to an NHS meeting in public, or ASCPDS Committee?

The paper proposes commissioning the number of intermediate care beds in line with the numbers that are being regularly used and reshaping a service. It is not advocating cutting any service but reshaping the contracts to reflect the service need.

The consultation document was on the agenda for the public meeting of the Local clinical commissioning committee on 2nd February 2012.

This proposal is referenced in this ASCPDS Committee.

(b) there has been no public 'engagement'; or consultation with LINk, the statutory body representing patients on this?

There has previously been engagement on intermediate care which included representatives of Bromley LINk, this took place around a year ago but action was paused whilst we were waiting progress on Orpington to more easily communicate changes together. The proposals have not changed in any significant way from this time.

In January 2012 there was engagement with the Older persons partnership group where a draft of the document had been circulated, presentation given and feedback integrated in the version now available.

Intermediate care was discussed on several occasions as a linked programme in the Orpington project team and feedback offered into Rebecca Jarvis in developing the consultation document.

Over the past 18 months, groups such as the Health, Social Care and Housing Partnership Board, the Older People's Partnership Group and the Carers Group, GP
Commissioners for Bromley, South London Healthcare Trust and Bromley Healthcare have been involved.

We have always been open about the intermediate care changes during our engagement phase on Orpington, making specific mention in each presentation. Intermediate care was one of the range of topics covered in the round table discussions in the December public session. We have received and responded to two questions which came through as part of the engagement phase of the Orpington project.

3. In Bromley; and in Zones 1; 2; and 3; how many over 65s:-

(a) Live alone?
(b) Suffer dementia?
(c) Receive pension credit?
(d) Suffer fuel poverty?
(e) Have LTCs?
(f) Rely on public transport?
(g) Have no central heating?
(h) Access bathroom, toilet or bedroom via stairs?
(i) Suffer mobility problems?
(j) Are a carer with a LTC?

Unfortunately data is not always available to us in every desirable form. The data we do have available is provided for interest.

Lone pensioner households
Lone pensioner households will be over 60/65 years.
The percentage of lone pensioner households (based on 2001 census data) is as follows:
Zone 1 - 15.3%
Zone 2 - 15.1%

Zone 3 - 12.5%
Bromley average - 14.7%

Dementia
Dementia is all ages, but since prevalence is very low below age of 65 years, this shouldn't make a significant difference.

Dementia Numbers in Bromley

Persons	**Predicted No. 2011**	**Register No. 2010-11**
Zone 1	489	211
Zone 2	510	180
Zone 3	270	119
Rest of Bromley	1911	1052
All of Bromley	3180	1562

Predicted figure based on poppi data
Register figure from GP disease registers

We do not have figures for the other areas.

With respect to the numbers of over 65s with a LTC - as data is anonymised, it is only possible to estimate the numbers with each LTC. Some individuals may suffer with more than one condition, but it is not possible to distinguish which these are. Much is said about LTC in the needs assessment and can be found in sections 7.5 and 8.1 and in the recommendations. This can be found at athttp://www.selondon.nhs.uk/documents/902.pdf.

The needs assessment has gathered together the available data and has made some statements on the findings based on evidence e.g. older patients may be expected to present a greater disease burden due to LTCs and there is evidence of higher GP consultation rates in older people. Beyond this, the project group has an accumulated experience over many years of providing services for different age groups and draws on this as well in decision making.

The project group is undertaking various pieces of work on transport, including via Bromley LINk. The group may commission further work on means of access if deemed necessary.

Susan Sulis

Secretary, Community Care Protection Group.