
HEALTH OVERVIEW AND SCRUTINY COMMITTEE

04 NOVEMBER 2008

Present – Councillors Morgan (Chair), A.Walsh (Vice-Chair), P. Barrow L. Byrne, Clare, Cottam, Mistry, R. Ronson, J. Silvester, and Wild.

Also in attendance:-

Mr. T. Evans PCT	-	Chief Executive Bolton
Mr. M. Maguire Bolton PCT	-	Director of Commissioning
Mrs. J.Leonard	-	Bolton PCT
Ms. A. Basford	-	Bolton PCT
Mrs. B. Andrew	-	Bolton Hospitals Trust
Mrs. H. Clarke	-	Bolton Hospitals Trust
Mrs. M. Sinfield	-	Bolton PCT
Ms.L.Jones	-	Bolton PCT
Mrs. P. Senior	-	Chair, Bolton PCT
Councillor C. Morris Trust	-	Chair, Bolton Hospital
Mr. J. Addison	-	Scrutiny Support Manager
Ms. C. Kelly	-	Chief Officer Support

Apologies for absence were received from Councillors Greenhalgh and Spencer and Mr. D. Fillingham.

Councillor Morgan in the Chair

25 MINUTES

The minutes of the meeting of the Committee held on 17th September, 2008, were submitted and signed as a correct record

26 WORK PROGRAMME

The Director of Legal and Democratic Services submitted a report which informed Members of the progress with the Committee's work programme.

Resolved - That the report be noted.

27 NOTES OF A MEETING OF THE GREATER MANCHESTER WEST MENTAL HEALTH TRUST JOINT SCRUTINY COMMITTEE HELD ON 25TH SEPTEMBER, 2008

The Committee considered the minutes of a meeting of the Greater Manchester West Mental Health Trust Joint Scrutiny Committee held on 25th September, 2008.

Resolved - That the minutes be noted.

28 SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN AND YOUNG PEOPLE

The Committee considered a report of Bolton PCT in regard to its duty to safeguard and promote the welfare of children in relation to its statutory duty under section 11 of the Children Act 2004.

On 22nd September 2008, a Health Advisor employed by NHS Bolton was convicted at Bolton Crown Court of the offence of Sexual Assault by Penetration. The offence was committed against a patient of NHS Bolton who was at the time 14 years old.

The report advised that cases of this type were fortunately extremely rare and NHS Bolton was committed to ensuring lessons were learned from this case and any necessary action taken to strengthen systems for safeguarding children.

To enable this to happen the Board of NHS Bolton had commissioned an internal review; the terms of reference of which were appended to the report. The findings and recommendations for action arising from the review would be published at the end of November.

In addition, NHS Bolton would commission an external

review to begin in early 2009 for the purpose of providing assurance to the Board that lessons had been learned and actions implemented to strengthen systems for safeguarding children.

Action had already been taken to review clinical and human resource policies. This included the development of a policy for The Investigation and Management of Allegations Against an Individual in a Position of Trust.

A report was recently submitted to NHS Bolton Board providing information of the actions taken to ensure Bolton PCT fulfilled its statutory duty to make suitable arrangements to safeguard and promote the welfare of children.

Resolved - That the Committee notes the action taken by Bolton PCT in this matter and would request sight of the findings of the external review when published

29 BOLTON NHS HOSPITALS TRUST - HEALTHCARE COMMISSION RATING

The Committee considered a report advising that on 15th October, 2008, the Healthcare Commission published the annual performance ratings for all NHS Trusts in England.

The report advised that Royal Bolton Hospital's performance rating for the two aggregate areas of the use of resources and quality of services was rated as good. The Trust's rating had remained the same for the last two years

The Trust declared compliance with 23 of the 24 core standards and achieved a score of fully met. The Trust achieved 6 out of 10 existing national targets and underachieved on 4 targets, achieving a score of almost met. The targets where the Trust underachieved were:-

- Total time in A&E four hours or less;
- Cancelled operations;
- Information in place in support choice; and
- Inpatients waiting longer than 26 weeks.

The Trust met 7 of the 10 new national targets and underachieved on 3 achieving a score of good. The targets where the Trust underachieved were:-

- Waiting times for diagnostic tests (non audiology test);
- MRSA Bacteraemia; and
- C Difficile data quality (failed to submit signed off data).

Resolved - That the Board and staff of the Bolton NHS Hospital Trust be congratulated on their ratings

30 BOLTON PCT - HEALTHCARE COMMISSION RATING

The Committee considered a report advising that on 15th October, 2008, the Healthcare Commission published the annual performance ratings for all NHS Trusts in England.

The report advised that Bolton PCT's performance rating for the two aggregate areas of the use of resources and quality of services was rated as good. This was an improvement on previous assessments where the scores had been good and fair respectively.

Under the quality of service heading, the report advised that the PCT had fully met its core standards. The Trust had achieved 15 out of 20 national targets and underachieved on 3. The targets where the Trust underachieved were:-

- Access to a GP;
- Category B calls within 19 minutes target ;
- Total time in Accident and Emergency 4 hours or less;
- PCT facilities in place to support choice; and
- PCT booking

On the new national targets, NHS Bolton achieved 26 out

of 32 indicators, underachieved in 3 and failed in 3. The areas of underachievement were:-

- Cholesterol levels;
- Implementation of NICE Improving Outcome Guidance; and
- GP recording of BMI.

The failed areas were:-

- Cancer mortality rates;
- Teenage conception rates; and
- Access to reproductive health services.

The report went on to detail the underachieved/failed targets and the management action that was being taken to address the performance issues

Resolved - That the Board and staff at Bolton PCT be congratulated on their improved Healthcare Commission ratings

31 BREAST CANCER TREATMENT PROTOCOLS FOR WOMAN UNDER 35

The Committee considered a report from NHS Bolton on the breast cancer treatment protocols in place for women under 35.

The report advised the mechanisms existed for patients under 35 to be referred urgently to Royal Bolton Hospital NHS Foundation Trust although there was a slight difference to the usual 2 week rule process.

Rather than utilising the urgent open access referral route to Royal Bolton Hospital NHS Foundation Trust, GPs were asked to ring the Breast Unit and speak to one of the consultants to discuss the case. If the consultant agreed, the patient was then treated as an urgent referral and given an appointment under the two week rule. In the vast majority of cases these women were seen as two week rules.

Following referral, the protocols for treatment for women under 35 were the same as those over 35.

NHS Bolton expected that GPs would refer women under 35 as urgent referrals where there were clear indications of cancer.

The current waiting time for a non urgent outpatient appointment to see a breast surgeon was 4 to 6 weeks.

As part of the Cancer Reform Strategy, new targets had been set to ensure the delivery of better treatment. One of these new targets was that all patients referred to a specialist with breast symptoms, even if cancer was not suspected, should be seen within two weeks of referral. It was expected that this target would be fully implemented by December 2009.

NHS Bolton was working with Royal Bolton Hospital NHS Foundation Trust on the early implementation of this target.

Members sought clarification of the term “clear indications of cancer” and the process followed where women presented late for treatment

Resolved - That the report, together with the information supplied at the meeting as a result of Members questions, be noted.

32 GP PROVISION - GP TO PATIENT RATIOS ON AN ELECTORAL WARD BY WARD BASIS

Joan Leonard, Bolton PCT, gave an in depth presentation on the spread of GP practices across the Borough. By way of background information, the presentation advised:-

- That there were 55 GP practices with 11 branch surgeries covering a registered population of 287,451;
- That there were 162.88 wte GPs which gave a GP to patient ratio of 1:1765; and
- That there were currently 3wte GP vacancies

The presentation dealt with issues around social deprivation in wards along with health inequalities and areas which were currently under-doctored or which had impending GP retirements.

Members were advised of developments which the PCT were introducing to alleviate some of the problems including:-

- 2 practice developments in Bolton Town Centre and Gt. Lever and Rumworth;
- GP led health centre by 2010;
- GP workforce growth in existing practices;
- Extended opening/access to GPs; and
- The Triple Aim, Farnworth initiative.

Following the presentation, Members again stressed the importance of any new developments being supported by a viable transport plan, especially in the light of current legislation requiring Passenger Transport Executives to consult with local councillors. Assurances were also sought about funding levels being maintained or increased in deprived areas to support the PCT initiatives.

Resolved - That Joan Leonard be thanked for her extremely informative presentation.

33 FLU PANDEMIC PLANS - WHAT IS INVOLVED

Beverley Andrew, Bolton Hospitals Trust, gave a presentation outlining the role of the Royal Bolton Hospital during any flu pandemic.

The presentation covered the following areas:-

- The impact of any flu pandemic on the Trust;
- The main areas of concern;
- The demands any flu pandemic would place on health care;
- The role of the Hospital's Pandemic Control Team; and
- Service Recovery.

The Committee was advised that Bolton PCT led on the Greater Manchester Emergency Plan for a flu pandemic.

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Resolved – (i) That Beverley Andrew be thanked for her informative presentation

(ii) That a further presentation be made at the next meeting from the PCT and local authority perspectives..

34 HAEMATOLOGY DEPARTMENT - PHYSICAL CONDITIONS

The Committee received a report of the Royal Bolton Hospital NHS Trust advising that, as a result of an increasing demand for haematology services at Royal Bolton Hospital, it had been decided to undertake a series of patient satisfaction surveys in order to understand why patients arrived at the times they did and to determine patient views on the quality of service they received.

The survey showed that the majority of patients arrived before staff had actually opened up the Department at 8.30am thus leading to an obvious overcrowding problem. In order for this problem to be resolved it was agreed that an appointment system for patients requiring phlebotomy be introduced. For a number of reasons detailed in the report, the appointment system would commence from 15th November, 2008.

Resolved - That the report, together with the information supplied at the meeting as a result of Members questions, be noted

35 INFECTION CONTROL - QUARTERLY REPORT

The Committee considered a report updating Members on the Royal Bolton Hospital Trust's activities towards the prevention and control of health care associated infections (HCAI).

The report gave detailed information under the following headings:-

- MRSA;
- Clostridium Difficile (CDT);

- Targeting Improvements in CDT;
- Norovirus;
- Other Healthcare Associated Infections;
- External Assessments and Assurance;
- Ongoing Practice Developments; and
- Developments Within The Infection Prevention Team

The Committee also received a presentation from Bolton PCT on its activities in relation to infection control which drew particular attention to the following:-

- What the PCT was doing in the community to raise awareness of MRSA/C.Difficile especially the work of the Health Economy Action Team;
- Standard work towards a uniformity of action
- A hand hygiene campaign which had been launched at various events; and
- Work being done in respect of other infections.

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Resolved – (i) That the report together with information supplied at the meeting as a result of Members questions, be noted.

(ii) That in view of progress being made on the control of infections, monitoring reports be made to future meetings of the Committee on a 6 month basis.

36 NO SMOKING STRATEGY - 1 YEAR ON

The Committee considered a report from NHS Bolton detailing the response to the smoke-free legislation introduced on 1st July, 2007 in the context of the local Smoke-free Strategy – ‘Making Smoking History in Bolton’. The report highlighted the preliminary work which helped make the introduction of the legislation such a success, described the impact of the legislation and the implementation of the strategy and discussed what needed to happen next to reduce smoking prevalence and associated inequalities even further.

Resolved - That the report, together with information supplied at the meeting as a result of Members questions,

be noted.

37 MEMBERS QUESTIONS

The following question was raised by Councillor J. Silvester in accordance with Standing Order 36

Could Bolton PCT please outline how the money from the sale of the Hulton Hospital site had been reinvested in the Hulton or west Bolton areas.

If not reinvested, do they still intend to build a new GP surgery on the old Hulton hospital site as promised?

Response from Bolton Primary Care Trust

Hulton Hospital was sold for £2.7m with the PCT realising a gain on disposal of £2.1m

The proceeds from the sale (£1.83m), were used largely to fund the historic deficit which had been identified by the Bolton Hospitals NHS Trust and other hospitals in Greater Manchester in the 2006/07 financial year. The amount paid to Bolton Hospitals NHS Trust amounted to £1.66m and a smaller amount of £0.17m was paid to Central Manchester Hospital which also treats a significant number of patients from the Bolton area. This contribution towards the Bolton Hospital's historic debt levered a further £2m from the then Greater Manchester Health Authority, into the Bolton health economy. This was part of the Greater Manchester Strategic Health Authority deficit plan which had been proposed to remove historic debt across most of the organisations in Greater Manchester.

As a result, Bolton Hospitals NHS trust moved into a healthier financial position and continues to deliver the hospital services to the population of Bolton without the need to identify savings from its departmental budgets to fund its historic debt.

The remaining balance of £300,000 was used by the PCT to support its plans.

The Chief Executive, Bolton PCT advised at the meeting that there were no plans to build a new GP surgery on the old Hulton hospital site.

Resolved - That the response be noted.

(The meeting started at 9.30am and ended at 11.20am)