HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MEETING 19TH SEPTEMBER, 2007.

Present – Councillors Morgan (Chair), Mrs. Fairclough (Vice-Chair), P. Allen, L. Byrne, Clare, Connell, Greenhalgh, Higson Lord, Murray, R.Ronson, Mrs. Rothwell, J. Silvester, and Spencer.

Also in attendance:-

Mr. T. Evans	-	Chief Executive, Bolton PCT
Mr. M. Maguire	-	Director of Commissioning, Bolton PCT
Mr. A. White	-	Assistant Chief Executive Bolton PCT
Mrs. J. Hutchinson	-	Director of Public Health, Bolton PCT
Mrs. B. Andrews	-	Bolton NHS Hospitals Trust
Mr. S. Redhead	-	Bolton NHS Hospitals Trust.
Mrs. H. Clarke	-	Assistant Director of Nursing
Mrs. C. Sweeney	-	Consultant Nursing Officer
Ms. P. Senior	-	Chair, Bolton PCT
Mrs. C. Jones	-	Adults Services
Mrs. A. Bain	-	Patients Forum
Mr. J. Addison	-	Scrutiny Support Manager

Apologies for absence were received from Councillors Kay, Morris and J. Silvester, Mrs. A Gannon and Mr. D. Grogan

Councillor Morgan in the Chair

12. MINUTES

Subject to the inclusion of Councillor L. Byrne in the list of those present, the minutes of the meeting of the Committee held on 24th July, 2007, were submitted and signed as a correct record.

13. MONITORING OF DECISIONS

The Director of Legal and Democratic Services submitted a report that informed members of the progress of decisions taken and issues raised by the Committee.

Resolved – That the report be noted

14. WORK PROGRAMME

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

Members were advised that the work programme had been prepared following the facilitated event in June and would be amended, as necessary, to take account of changing circumstances.

Resolved – (i) That the report be noted.

(ii) That the work programme be amended to include the items "Healthy Eating" and "Coronary Care – Overview of Process" for consideration at the meeting of the Committee on 6th November, 2007.

15. WHY PEOPLE DON'T PRESENT TO GPs

The Committee received a presentation from Jan Hutchinson, Director of Public Health on the impact on the health profile of the Borough of people presenting late to General Practitioners (GPs).

It was important that people presented early to GPs for a number of reasons

- It was an important element of the Life Expectancy Strategy;
- It addressed health inequality issues in that people from the most deprived areas/groups were most likely to present late with symptoms of chronic disease;
- Outcomes were much worse when patients presented late, particularly for cancer, chest pain and respiratory disease; and
- It impacted on the quality of life in that people were suffering unnecessarily.

Evidence from research showed that women from deprived areas were less likely to be diagnosed in the early stages of cancer and that people from manual social economic groups normalised chest pain, chronic cough and breathlessness and perceived that they would be blamed for their condition.

The reasons why people presented late ranged from them having a fatalistic approach to health, to a fear of the unknown, to them having access problems.

In recognition of this issue, the PCT were undertaking the following courses of action:-

- Developing a symptom recognition and early presentation strategy which contained an element of research in an effort to understand why people don't present early;
- The instigation of a community engagement programme with BME groups focusing on diabetes symptom recognition;
- The development of proactive case-finding amongst front line staff;
- The identification of training and development needs within primary care regarding symptom recognition;
- The identification of organisation and system needs within primary care such as disease registers, call and recall systems and patient reviews; and
- Ensuring that all linked to the strategy to deliver the 18 week target.

Following the presentation, Members discussed the possible impact of the strategy on the available resources, the difficulties in getting the message of the importance of early presentation across to the general public and issues around waiting times for GP referrals and appointments.

The meeting was advised that the PCT had commissioned research into access to GP services which would be available shortly.

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

(ii) That a report be submitted to the next meeting on Access to GP Services.

16. UPDATE ON OUT OF HOURS GP SERVICES

Mr. Tim Evans, Chief Executive Bolton PCT, submitted a report the purpose of which was to brief Members of the Committee on the PCT's operational plans for the delivery of GP out of hours services.

By way of background information, Members were advised that in 2004 Bolton PCT agreed a three year contract with CMEDs (Northwest) Ltd for the provision of GP out of hours services. The PCT had decided to allow this contract to expire on 31st December, 2007, and to manage and provide out of hours services directly.

The key elements of a GP out of hours service included:-

- Telephone call handling as approximately 55,000 people telephoned the service each year for advice;
- Telephone triage and assessment of patient needs and advice; and

- Face to face appointments with GPs either via a home visit or by visiting Landmark House which was currently owned by CMEDs.

The revised process from December, 2007, would see the out of hours service based at Waters Meeting Health Centre although it was envisaged that the service would be delivered from the planned town centre diagnostic and treatment centre when this was established.

The call handling would be provided by Ashton, Leigh and Wigan (ALW) PCT which currently provided a GP out of hours handling service for its own population and Salford PCT. ALW PCT had a track record of achievement and national quality requirements related to GP out of hours call handling.

The GPs that currently worked within the GP out of hours services would continue to provide services when operational responsibility transferred from CMEDs to Bolton PCT. Telephone triage would continue to be provided by nurses employed by Bolton PCT whilst senior figures in the PCT would provide clinical leadership and governance.

Members sort clarification on the following points/issues:-

- What would be the fundamental difference between the service previously provided via CMEDs and that to be delivered by the PCT;
- The location of the service at Waters Meeting Health Centre was not ideal and would there be any out of hours service at the Alistair Ross and Crompton Way Centres or in the south of the Borough generally;
- Had Lever Chambers been examined as a possible location for the service; and
- The range and type of GP out of hours service to be available at Royal Bolton Hospital.

Resolved – That the report, together with the supplementary information given at the meeting as a result of Members questions, be noted.

17. INFECTION CONTROL

The Committee received a report and presentation from Mrs. Helen Clarke, Assistant Director of Nursing and Mrs. C. Sweeney, Nursing Consultant, on the measures being put in place to control infections by the Royal Bolton Hospital and Bolton PCT.

By way of background information the report detailed the range and extent of Government guidelines and directives aimed at infection control and set out the processes followed when either a case of MRSA or Clostridium Dificile was diagnosed.

The report advised that a recent visit to Bolton from the Department of Health Improvement Team had highlighted the following areas for further action:-

- An increased focus on High Impact Interventions to prevent infections;
- Clarify the role and responsibilities of the ward based infection control link nurses;
- Adherence to the antibiotic policy across the whole health community; and
- The provision of more sinks on some of the older wards to increase compliance with handwashing.

The Government had made additional funding available for reducing health care associated infections and a bid of £170,000 had been submitted to support a range of initiatives.

A work programme aimed at reducing the incidences of health care associated infections had been drawn up for 2007/08 and would focus on the following key areas:-

- Education and training for relevant staff;
- Strengthening the role of link infection control clinicians and clarifying responsibilities;
- Ensuring that cleaning schedules and responsibilities were clearly defined and audited;
- Ensuring awareness of and compliance with the MRSA screening protocol; and
- Ensuring awareness of, compliance with, and audit of antibiotic prescribing policies.

Following the presentation, the Members raised the following issues:-

- The current position in Bolton in relation to recent advice regarding the abolition of white coats on wards;
- Whether any additional finance would be spent on deep cleaning measures;
- The role of the cleaning teams based on the wards;
- The provision and cleaning of ward furniture.

Resolved – That the presentation, together with the supplementary information given at the meeting as a result of Members questions, be noted.

18 .INDEPENDENT SECTOR CATS – CONTRACT DETAILS

Further to Minute 9 of the meeting of the Committee held on 24th July, 2007, Mr. Mike Maguire, Director of Commissioning, Bolton PCT, gave a presentation to Committee on the current position in regard to contractual arrangements in respect of the independent sectors Clinical and Assessment Treatment Centre(CAT).

The presentation reminded Members that the contract for the independent sector CAT had been awarded to Care UK and a decision had been taken to locate it at Waters Meeting House. However, a review of contractual arrangements had been undertaken across Greater Manchester and a decision was expected by late October, 2007. Until then no work could commence on the project. However, it was pointed out that there was a mixed economy where the CAT providers were concerned and that a range of providers, including Royal Bolton Hospital, could bid to provide services.

The decision to locate the Centre at Waters Meeting House had been taken on the basis that it had good public transport access and was accessible to 80% of patients by car within 20 minutes and 100% of patients by public transport within 30 minutes.

At the meeting on 24th July, 2007, Members expressed concerns about the locations accessibility by public transport and they were not convinced that it could be accessed by all patients within the Borough within 30 minutes. The Committee had asked that a report be made to this meeting of the Committee on the methodology used to arrive at the public accessibility conclusions.

Mr. Maguire explained the methodology behind the assertion that the Waters Meeting location was better placed for the majority of the Bolton public as opposed, for example, to Royal Bolton Hospital should it be awarded a contract. However, it was accepted that no one location in Bolton could guarantee a maximum 30 minute travel time by public transport for 100% of the population.

Mr. Maguire reported that Care UK had been made aware of the Committee's continuing concerns about the transport modelling in respect of the Waters Meeting site. Following these latest discussions between the PCT and Care UK, Care UK had agreed to provide transport for any patients choosing to receive treatment at Waters Meeting who could not access the location within 30 minutes by public transport and who were not eligible for NHS transport. Care UK would seek to make links with the vulnerable patients service and work with GMPTA to discuss how bus stops could be sited closer to the centre.

Resolved – (i) That the Committee welcomes the decision by Care UK to provide transport to any patient who could not access Waters Meeting within 30 minutes by public transport or who were not eligible for NHS transport.

(ii) That the Chairman, in conjunction with the PCT, be authorised to submit representations to the GMPTA urging a review of the bus routes provided within the vicinity of Waters Meeting.

(iii) That a report on the contractual position of the Independent Sector CAT be submitted to the next meeting.

19. LAA HEALTH TARGETS

Mr. Tim Evans, Chief Executive Bolton PCT, submitted a report updating Members on the progress made towards achieving the healthier communities targets contained in the Bolton Local Area Agreement.

The Committee was advised that it would be some time before there was sufficient data gathered to properly analyse whether the targets had been met or whether progress was being made towards achieving them.

Resolved – That a further report be submitted in due course on the progress made towards achieving the healthier communities targets contained in the Bolton Local Area agreement.

20. RECONFIGURATION OF CHILDRENS SERVICES

The Committee considered a report which advised that an announcement was made on 24th August, 2007, by Mike Farrar, Chief Executive of NHS North West that the Secretary of State for Health had fully endorsed the recommendations of the Independent Review Panel in regards to the reconfiguration of children's services as contained in the document "Making It Happen".

The Independent Review Panel believed that changes to maternity, neonatal and paediatric services in Greater Manchester were overdue and they supported the proposals to provide consultant led services across eight sites. The IRP also supported the development of a clinical network of three neo-natal intensive care units across the region, one of which would be located at The Royal Bolton Hospital. The IRP also recommended that the feasibility of midwifery led care in the eight units together with stand alone units in Bury, Salford and Trafford should also be explored. The IRP further recommended that community and primary care developments must be successfully introduced before changes to inpatient services were made.

The proposed changes involved additional investment of £60m capital and £10m revenue with the improvements in neo-natal care requiring an additional 79 neo-natal nurses.

Resolved - (i) That the announcement by the Secretary of State be welcomed.

(ii) That the Committee receive reports as appropriate on the implementation of the proposals.

21. TEMPORARY CLOSURE OF MATERNITY UNIT – ROYAL BOLTON HOSPITAL

Mrs. Beverley Andrew, Director of Corporate Services, Bolton Hospitals NHS Trust, submitted a report on the issues behind the temporary closure of the Royal Bolton Hospital maternity unit on 5th September, 2007.

Resolved – That the Committee accept that unusual circumstances were responsible for the temporary closure of the maternity unit at Royal Bolton Hospital on 5th September, 2007.

(The meeting started at 9.30am and ended at 11.45am)