Health Care Scrutiny Committee January 13th 2015

The pre meeting started at 0930. The Chair announced that Points West would be filming the meeting.

The following items were discussed:

Minutes and relevance to the meeting particularly A&E and Serious Incident status;

Consensus meeting and a Statement by all the Chairs following a meeting prompted by the December extraordinary meeting of the scrutiny committee;

Performance;

Re-ablement.

Formal Scrutiny Meeting

Minutes agreed for each earlier meeting.

The CCG Chair gave a brief report. The Health Chairs had been asked to come together and discuss the situation in relation to the press statements and Incident status. They had met and draft a statement, which was within their report. The meeting had taken place on 31st December and had lasted two and a half hours. There had been an open and frank exchange of views. All Chairs had attended, together with Cllr Dorcas Binns, Gloucestershire County Council and SWAST representative. All representatives were able to have their say.

The meeting had not been easy, but there was a recognition that they faced a huge challenge in taking responsibility for the patient care system in Gloucestershire. There would be a full report on their meeting and actions to follow from it, at the March committee.

They recognised that there needed to be engagement and consideration across all organisations of the issues and, if things are not happening there has to be an escalation to the next level.

The pace of change meant that they had to be up to speed in relation to communications and not engage with media without all organisations being aware.

The Strategic Forum is being reinvigorated and SWAST will be joining. All organisations have committed to work together.

The Trust Chair was confident that they could work together and agreed with what Helen had said. She was confident also that there would be no repeat of the December issue.

The Strategic Forum would work harder and there would be developed a shared risk assessment.

SWAST

The service is pleased to be joining the Forum. It feels there needs to be an understanding of the perceptions of the real situation that the NHS is in and a good example had been a discussion about staff recruitment and staff moving from one organisation to another. A lack of appropriate training was coming through however. Problems in relation to working together need to be shared. GCCG is supporting the training and transfer of Emergency personnel. SWAST felt there was a need to ensure that they were all working together as a Health/ Social Care community.

Issues:

Attracting staff is a problem at national and local level;

There will be a report to the next meeting with updates.

I asked whether middle management and senior management had bought into the strategic ideas and working together. Each organisation responded as follows:
Chair GCCG, said they would look at this in the Strategic Forum and report back in March.
SWAST agreed and mentioned the 10am daily call. The call brings all organisations into the loop and helped partners to understand pressures.
I asked whether that led to 10.05 action. They agreed action needs to follow. The call.
SWAST indicated that there were constructive challenges in the calls; challenges happened throughout the day. Organisations were working hard to make things happen.
A question was asked about trends and whether they were being followed in relation to statistical analysis that could be carried out and inform actions.
The CCG Chair indicated that demand figures were increasing and they needed to be managed as best they can.
The meeting then considered a presentation on re-ablement. There was a pathway and for each of the three areas and a time set aside for completion.
Figures were:
Assessment of service to decide how a patient might benefit from re-ablement - 4 days maximum;
Physical Rehabilitation - up to 6 weeks;
Social Rehabilitation - from 2-6 weeks.
One issue that was highlighted was a case study that had been done on a lady who had been discharged from hospital. Upon returning home, it became obvious that she could not manage. Her family was extremely upset. Following an in-home assessment, she was re admitted to hospital that night.

There was a discussion about re-admissions. The figures presented were:
Re admissions per month 30
Numbers still at home 91 days after service 71%
Deaths had to be taken into account!
It was noted that re-admissions can be for other problems, for example chest infections.
Mental health issues, which can be difficult in terms of re-ablement, were raised. The committee was advised that the service is available to anyone on demand.

Staffing

Recruiting District Nurses was a difficulty and vacancies are often more than would be risked. Other nursing skills are brought in to complement the service.
Occupational Therapy referrals are taking time - 28 weeks at county level.

Direct payments

Some clients of the service want cash managed for them. In one area, there is only one choice of provider and this is seeing looked at as it may stop people from using the service.
A question was asked as to what help was available to encourage people to take on DPs themselves.
Agencies are expensive for the hourly rate.
They will look at this.

Turning Point Drug Rehab

Figures are not as good as expected. There are concerns about the organisation. The targets are set locally, rather than nationally. TP is on notice of re tender as the contract is up in 18 months.

Performance

Incident status. The anticipation is that the service will be back to normal this week (Jan 14 onwards).

Concerns that were discussed included breast cancer, where a specialist has now been recruited; , cancelled operations as a result of the surge in attendance, Harmony 111 and whether ambulance callouts have increased through people calling the service; , staffing at registrar level and lower.

We were told that there is to be a recruitment exercise in India for doctors. Emergency medicine is not attractive as a career. Nationally there is a shortage of some 700 middle range doctors. There appears to be a reluctance to move to the Cotswolds.

The discussion then went to the Christmas period and the current situation.

Christmas

On a 4 day bank holiday 330 admissions would have been expected.

Actual number. 390

Problem is in getting patients out of hospital. Currently 90 patients are awaiting discharge who are medically fit. Resilience of the service depends on the number appearing in surges at specific times. They will cancel elective surgery but would prefer not to.

Christmas statistics:

Ambulance service saw a 37% increase on 27th December compared with last year.

Out of hours service 650 presentations.

Expected at out of hours 400

Single point of access expected 120

Actual 170

All beds were in use. None mothballed.

Harmony 111 expected call level 11000

Actual call level 16000

GP numbers also increased

Admissions up by 3 times normal rate

Questions then followed about the kinds of patients presenting. These were: complex needs of the elderly, chest infections had increased and flu was hitting 50 year olds in large numbers. Major ailments were dealt with in hospital. Minor ailments were dealt with elsewhere. There is an increase in respiratory conditions.

Hubs

Gloucestershire has 19 Hubs, designed to enable older people to access fitness training such as yoga and social events and companionship to combat isolation. Of the 19, and in spite of the higher population, Cheltenham has only one such facility, Tewkesbury two, Gloucester 6, FOD 2, Stroud 2, Cotswolds 5, Lydney 1.

In Cheltenham there seems to be some reluctance by RSLs such as CBH to house them.

Respiratory Care is a Priority
Latest figures as follows:
Asthma 40,000cases
460 unplanned admissions with 1526 bed days in hospital
COPD 10,000
1K unplanned admissions 7400 bed days

Focus of attention:
Asthma because of research paper just published which looks at treatment, care, use of inhalers and so on.
Deprivation absolutely plays a causal part in some cases.

County COPD

COPD at all ages higher than average England number
Gloucester, Tewkesbury and Cheltenham all significant pockets
Forest of Dean is highest then CNM
Asthma register across all GP practices 6.6% nat average is 6%, so this is significantly higher
Cheltenham and Gloucester top the list
People presenting later with deprived areas not accessing services: respiratory, hip, lung disease and cancer
Cheltenham smoking rate at England average, but high for county
Young women growth area for smoking
Respiratory annual cost £50m in the county
Looking at reducing spend by bulk buying and giving each practice its budget
Generic rather than commercial brands will be used, all of which are NICE approved – tried and tested
Heavy pollution is also a factor. Cheltenham could do something here

Cheltenham major issues:

Alcohol related harm
Smoking
Premature mortality COPD
Premature mortality Stroke
Gloucestershire has seen 36,000 smokers stop smoking since 2001
2300 this year so far
There is work going on in schools – 7 have been visited to date of meeting