

Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford

Minutes of the meeting held on 27 January 2015

Present:

Councillor E Newman - Chair
Councillor Lloyd - Vice Chair

Manchester City Council - Councillors Reid and Wilson
Trafford Borough Council - Councillors Bruer-Morris, Holden, Procter and Young

Attila Vegh, CEO, University Hospital of South Manchester NHS Foundation Trust
Silas Nicholls, Chief Operating Officer, University Hospital of South Manchester NHS Foundation Trust

Dr Nigel Guest, Chief Clinical Officer, Trafford Clinical Commissioning Group
Gina Lawrence, Director of Commissioning and Operations, Trafford Clinical Commissioning Group
Jessica Williams, NHS England

Apologies:

Councillors Ellison and Rawlins

JHSC/15/01 Minutes

Decision

To approve the minutes of the meeting on 2 September 2014 as a correct record.

JHSC/15/02 Declarations of Interest

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as an employee of the Stroke Association based at Salford Royal NHS Foundation Trust.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Manchester

JHSC/15/03 Update – New Health Deal for Trafford

The Committee welcomed the Attila Vegh, CEO, University Hospital of South Manchester (UHSM) NHS Foundation Trust; Silas Nicholls, Chief Operating Officer, UHSM NHS Foundation Trust; Dr Nigel Guest, Chief Clinical Officer, Trafford Clinical Commissioning Group (CCG); Gina Lawrence, Director of Commissioning and Operations, Trafford CCG and Jessica Williams, NHS England.

Mr Nicholls informed the Committee that UHSM narrowly missed the 95% Accident and Emergency (A&E) target in Quarter 3 of the 2014/2015 year, achieving 91.95%. He advised that the levels of patients from Trafford attending UHSM are in line with

expectations, however they have identified that they have experienced a 24% increase in those attending in the higher illness category amongst over 75 year olds with respiratory problems. The Committee noted the information and asked if the figures are available regarding the number of readmissions. Mr Nicholls advised these figures are collated and they can be made available for members of the Committee.

Mr Nicholls further advised that the Trust had identified key areas to improve and manage patient flow; these include Internal Processes within the Trust, increased Intermediate Care Support and increased Social Care Capacity. Mr Nicholls advised that to address the issue of Delayed Transfer of Care for those patients who are medically fit but require care packages to be in place to allow them to safely return home, Trafford CCG and Social Services have addressed this by allocating a dedicated Social Worker in the Hospital and they have developed a more flexible approach to buying care packages. Dr Guest advised the Committee that additional funding for Local Authorities to fund Social Care Packages had recently been announced.

In response to a question from a member regarding the increase in presentations of chronic respiratory problems amongst the over 75 year olds Mr Nicholls advised that work is ongoing to address this. He stated that proactive work is being undertaken with both nursing and residential care homes so that those residents who are identified as being at risk receive the correct care and management of their condition to prevent it from escalating. Ms Lawrence informed the Committee that this is one aspect of the work undertaken as part of the proactive Geriatric Outreach Service. This service had been designed so that nurses can monitor residents of both residential and care homes to identify issues and then liaise with GPs and Consultants where necessary to effectively manage their condition. Dr Guest stated that this co-ordinated approach of the Geriatric Outreach Service is very important and will include the co-operation of GP's, Pharmacists and Physiotherapists.

Ms Lawrence advised the Committee that there is an issue regarding Nursing Homes in the Trafford area. She stated that whilst there are enough beds in Trafford they are significantly more expensive than neighbouring areas. To address this, the CCG are seeking to attract more quality providers into the area to help increase competition and offer a more competitive cost. She further advised that whilst Trafford had experienced an increase in demand for care packages, this has been compounded due to the lack of providers able to administer this care. Ms Lawrence advised that funding is available for the care and work is ongoing to commission care providers to address this pressure.

A Member commented that the winter had been relatively mild and enquired what capacity UHSM had to deal with an episode of severe winter weather. Mr Nicholls responded by advising that UHSM would open additional bed space to accommodate any increased demand on services. He stated that measures that can be taken include conversion of surgical wards to an acute ward to create additional bed space. He informed the Committee that this activity is funded through the one off winter pressure monies. Other less favourable options can include the diversion of activity to other hospitals and in extreme cases; hospitals can declare a major incident, whereby all elective work and staff leave is cancelled.

Mr Nicholls further explained to the Committee that in addition to this, work needs to be undertaken to address those patients who attend UHSM A&E Department for whom appropriate care can be provided by alternative provision. He described that on a daily basis of those 250 patients attending, 130 could be treated elsewhere. Members of the Committee followed this observation by commenting that the Urgent Care Centre (UCC) in Trafford remains under utilised by residents. Ms Lawrence advised that work is being undertaken to understand why residents are choosing not to use the UCC despite this facility offering a very quick and efficient service. Dr Guest responded to a question from the Committee stating that a leaflet is to be delivered to every household in the catchment area and work is being undertaken to promote this offer with local GPs. Dr Guest further stated that work needs to be undertaken at a national level to educate the general public with regard to when to attend A&E and when it is appropriate to access alternative sources of advice and care.

The Chair commented that the issue of GP access is an issue of concern for, and closely monitored by, the Manchester Health Scrutiny Committee. He advised that despite the work undertaken the service offered remains inconsistent and a lot more work needs to be done to improve access to GPs. Dr Guest acknowledged that improving GP access is a significant factor in alleviating the pressures experienced by A&E Departments. He stated that it is important that GPs move away from outdated and inefficient ways of operating and that an appropriate level of fit for purpose, value for money GP access is achieved.

Ms Williams acknowledged that there are inconsistencies with regard to the provision of GP access and that work is being undertaken to address this by both NHS England and CCGs via co-commissioning. The Chair stated that the Co-Commissioning of GP services by NHS England and local CCGs had only recently been brought to the attention of the Manchester Health Scrutiny Committee. He expressed his disappointment that this important change had not received any wider national publicity. Ms Williams stated that the governance of Co-Commissioning will be looked at to address conflict of interest issues that may arise.

Ms Williams further advised the Committee that additional funding has been made available through the Prime Ministers Challenge Fund. She explained that this is a fund that has been allocated to help improve primary care access. Ms Williams advised that Bury had successfully bid for £3M funding and are currently rolling out a scheme. A member commented that she had concerns that NHS Services are allocated via a lottery and this was not acceptable.

A member commented that she welcomed the decision of the Care Quality Commission (CQC) to inspect GP practices. She further made reference to the recent reported inspection of a GP practice in Sale. Ms Lawrence responded by stating that the practice referred to in Sale is not closing as a result of the CQC inspection, and that they are working to address the issues identified. She further reassured the Committee that the issues identified during the inspection related to organisational issues and there were no issues relating to patient care.

The Chair commented that the pressures experienced by the A&E Department at UHSM can also be attributed to the closure of the Walk In Centres (WIC) in

Withington and Wythenshawe Forum, a decision that was strongly resisted by the Manchester Health Scrutiny Committee. The Chair enquired if the WIC that had been co-located to UHSM still existed as a distinct and separate service. Mr Nicholls advised that the provision at UHSM functions primarily as an A&E Department. However GPs work to assist with the triage of patients.

Mr Nicholls described to the Committee developments with regard to the extension of the A&E Department at UHSM. He stated that the final design had been signed off and work is due to commence May 2015, with a completion date of July 2016. The Chair requested that information be provided to the Committee regarding the capacity levels to be achieved as a result of this expansion.

Mr Nicholls stated that in addition to increasing the size of the Department it will also see the establishment of a Clinical Decisions Unit. He informed the Committee that evidence indicated that the establishment of such a unit is beneficial for both patients and clinicians as it creates a dedicated space for clinicians to assess, diagnose and make informed decisions regarding the most appropriate patient care pathway. He advised that the ambition is to provide the same level of Consultant and specialist cover at weekends as is available throughout the week; however there are issues surrounding resources and recruitment that need to be addressed.

Decision

1. The Committee thank all colleagues and partners for attending and contributing to the meeting.
2. The Committee reiterates its view that the increased activity at A&E at UHSM is as a consequence of the downgrading of Trafford General Hospital.
3. The Committee acknowledges the importance of maintaining cooperation between CCGs, NHS England and Councils to tackle the increased pressures on UHSM.
4. The Committee note with concern that the pressures exist following a mild winter period and have concerns that this may worsen if we experience a more severe winter.
5. The Committee request further information relating to the re-admission within 28 days rates is circulated to members of the Committee.
6. The Committee welcomes the £12M capital investment in the A&E Department at UHSM and notes the timetable of works. The Committee further requests that information regarding the additional capacity be circulated to members.
7. The Committee request that all updated publicity information relating to the Urgent Care Centre in Trafford be circulated to members as and when this is produced.