

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

Minutes of the meeting held on 29 January 2014

Present:

Councillor E Newman –Chair
Councillor Lloyd – Vice Chair

Manchester City Council - Councillors Cooley, Ellison, and Watson
Trafford Borough Council – Councillors Bruer-Morris, Holden, Lamb and Procter

Councillor J Reid, Manchester City Council
Councillor M. Murphy, Manchester City Council
Dr Mike Burrows, Director (North West) NHS England
Warren Hepolette, Director of Operations and Delivery NHS England
Nigel Guest, Chief Clinical Officer, Trafford CCG
Gina Lawrence, Director of Commissioning and Operations, Trafford CCG
Attila Vegh, Chief Executive, University Hospital of South Manchester
Mobeen Ismael, Clinical Director, Elective Orthopaedic Centre, Central Manchester
Foundation Trust

Cllr J Reid and M Murphy attended as substitute members for Cllrs Ellison and Cooley

JHSC/14/01 Minutes

Decision

To approve the minutes of the meeting on 22 October 2013 as a correct record.

JHSC/14/02 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 Trafford.

JHSC/14/03 Update – New Health Deal for Trafford

The Committee welcomed Mike Burrows, Director (North West) NHS England, Warren Hepolette, Director of Operations and Delivery NHS England, Nigel Guest, Chief Clinical Officer Trafford CCG, Gina Lawrence, Director of Commissioning and Operations Trafford CCG, Attila Vegh, Chief Executive of University Hospital of South

Manchester and Mobeen Ismail, Clinical Director, Central Manchester Foundation Trust.

The Chair introduced the item by informing all those present that at its meeting of 12 December 2013 the Health Scrutiny Committee (Manchester) (HSC/13/70) had invited NHS England to respond to the concerns raised by members following press reports and anecdotal evidence of the pressures experienced by University Hospital of South Manchester (UHSM), Wythenshawe Hospital following the changes implemented from 28 November 2013 to the service provided at Trafford.

The Chair stated that at its meeting of 12 December 2013 the Health Scrutiny Committee was assured that the negative reports in the press were misleading as there was not enough statistical information available to draw any conclusions. This was because the new system had only been operational for a short period. Assurance was given by NHS England that patient volumes at Accident and Emergency (A&E) and Admissions were broadly inline with expected figures based on patient modelling. However the Chair advised that he was still receiving anecdotal evidence and press reports of issues arising at UHSM and invited NHS England to respond.

The Committee received a presentation from NHS England which covered six themes –

- Reminder of assurance
- Understanding patient activity across local health system
- Performance of local A&Es
- Integrated Care including transport schemes
- Manchester Orthopaedic Centre
- Financial Plans

In regard to the assurances given Dr Burrows advised that NHS had arrangements in place to ensure patient safety was not compromised during the transition to new services. He further stated that unequivocal assurances had been given that additional patient activity could be safely received. He informed the Committee that the three neighbouring A&Es that would need to treat additional patients as a result of the changes to Trafford were consistently meeting their waiting time standards.

Members were then presented with statistical information relating to patient activity. Warren Heppollette, Director of Operations and Delivery, NHS England advised that analysis of the data for the period 30 September 2013 to 19 January 2014 indicated that there were 171 fewer Trafford residents attending Central Manchester Foundation Trust (CMFT), 279 fewer than expected at UHSM but with higher ambulances arrivals during the day and 181 fewer than expected at Salford Royal Foundation Trust (SRFT) but again with higher ambulance arrivals during the day.

Similarly in regard to A&E Admissions for Trafford residents the figures indicated that admissions were broadly in line with the actual activity and getting closer. There were 222 fewer admissions than expected at CMFT, 161 more than expected at UHSM and 32 more than expected at SRFT.

The Committee were advised that both UHSM and CMFT fell narrowly below the 95% standard for A&E with each trust treating 94.5% of patients within four hours. NHS England assured the committee that the hospitals were committed to meeting all of the targets.

The presentation also supplied information about how the £8m winter investment made to support the Trusts had been allocated across Acute Trusts, Primary Care and Community Services. This included the provision of additional doctors and social workers in A&E, Patient Transport services, home equipment and out of hours GPs.

The Committee welcomed the information provided within the presentation however expressed concern that despite all the reassurances that were previously given problems were still being experienced at UHSM in regard to waiting times for hospital admissions and A&E. Members commented that these problems had occurred following the down grading of the Trafford service and any future downgrading of the service would have a further adverse affect. Members were concerned that this would result in additional pressures on other services.

The Chair paid tribute to the late Paul Goggins MP and stated that he had worked closely with the Manchester Health Scrutiny Committee and campaigned tirelessly to improve health standards for the residents of his constituency and the wider population of Manchester and Trafford. The Chair reminded all those present that one of his legacies was the additional capital investment secured for the accident and emergency department at Wythenshawe Hospital.

Members commented that it was fortunate that it had been a relatively mild winter and problems could have increased further had the winter been worse over the last few months. NHS England responded that although it had been a mild winter if there were seasonal variations, such as an increase in flu, other responses at a Primary Care level would be implemented. These could be flu jabs and other pharmacy care to prevent increased pressure on A&E Departments.

Members were advised that there was a broader programme to improve access to Primary Care which would alleviate some of the pressures currently experienced. Members were informed that there were a number of pilot schemes currently been undertaken to increase access to GPs, these included surgeries opening from 8am – 8pm, weekend opening and video consultations with GPs with a view to rolling this model out across the city. The NHS were seeking to secure an additional £50m funding to support this programme. The Chair welcomed this initiative if implemented correctly, and noted huge variations between services offered by different GPs surgeries.

The Committee then heard from Gina Lawrence, Chief Operating Officer, Trafford CCG who informed members of the schemes implemented by Trafford CCG since November 2013. These included developments to unscheduled care and a health transport scheme which provided discounted trips for those patients living in Partington travelling to hospital and community health appointments. The take up of the transport scheme had been low to date but members were assured the scheme would continue to be promoted. Members asked if the low take up has resulted in an

increase in non attendance for appointments or indicated patients were using other means of transport. Reassurance was given that this would be monitored.

Members were advised of the GP deflection scheme which commenced on the 4 December 2013 across SRFT, UHSM and CMFT. The scheme was designed to deflect patients from A&E to more appropriate services delivered by GPs. The scheme involved GP practices allocating 2 -3 appointment slots each day to accommodate referrals from A&E. Members broadly welcomed the scheme as a good initiative however questioned if the number of appointments offered was enough, and whether these appointment slots were allocated in addition to the number of appointments offered daily by GP surgeries. Members were assured that although this was a new scheme evidence indicated that the number of appointments offered appeared to be sufficient and that these were additional appointments that surgeries were offering patients. Members were advised that the scheme had been welcomed by GPs and there had been a programme of awareness raising events for GPs. GPs were also now encouraged to write to CCGs to let them know if they were experiencing any difficulties accessing Secondary Care.

A member asked about the undertaking that was given regarding Trafford allocating additional bed spaces for Trafford residents at UHSM. Assurances were given that this was being adhered to. Members were informed that the goal was to reduce the number of admissions to hospital by 17%. This was to be achieved by implementing an integrated care system whereby more patients can be treated at home. Members asked if this was appropriate and the response was given that each case would be assessed to ensure the appropriate care package was available for patients

Councillors Cooley and Ellison left the meeting at this point of the meeting and were substituted by Councillors Reid and Murphy.

The Committee then heard from Mobeen Ismael, Clinical Director, Elective Orthopaedic Centre, Central Manchester Foundation Trust who provided members with an update regarding the Manchester Elective Orthopaedic Centre. He informed members that there had been a 7% increase over recent years for patients needing joint replacements. He advised that the Manchester Royal Infirmary (MRI) and Trafford General Orthopaedic teams had integrated to provide trauma care at MRI and elective orthopaedic care at Trafford General and that effective patient pathways had been developed to ensure effective transfer between outpatient clinics and inpatient care. He advised that although this development was relatively recent the combined services were working effectively with activity levels increasing. He reported that there had been no problems with patient cancellations, hospital cancellations, hospital acquired infections or problems with managing sick and/or deteriorating patients. The Clinical Director concluded by stating that this was an excellent opportunity to improve outcomes for patients and recruit clinicians and clinical teams. It would also facilitate research opportunities and training. Members welcomed this development and the positive contribution it was making.

The Committee welcomed Atila Vegh, Chief Executive, University Hospital of South Manchester who informed the committee of the impact experienced at UHSM following the recent changes to the Trafford provision. He stated that UHSM had experienced an increase of between seven and eight additional admissions per day –

compared to the prediction of four - which had put a strain on bed space and wards. This meant that the equivalent of an additional ward of 20 to 22 extra beds had been required. He stated that these additional pressures and lack of bed space had resulted in targets failing to be met. He further advised that the Hospital was also currently experiencing financial strains as a result of the number of long stay patients they currently had. He explained to the committee that the tariff they received per long stay patient decreased the longer the patient remained in hospital. He advised that he was working closely with Trafford CCG to monitor the situation however expressed concern that the hospital could potentially lose its license.

A member asked how many of the long stay patients were Trafford residents. The Chief Executive advised that of the 38 patients currently identified as long stay patients 37 of these were Trafford residents. Members expressed their concern at this and the financial impact this was having on UHSM. The Director of Commissioning and Operations from Trafford CCG responded and challenged the figures presented and stated that they did not recognise the figures. The Committee expressed concern that there was disagreement between the Chief Executive of UHSM and Trafford CCG regarding the number of long stay patients admitted to UHSM. The Chair asked that this issue be looked into as a matter of urgency and information be provided to the Committee as a matter of priority.

The Chair thanked all of the representatives for attending and addressing the committee. He expressed concern that issues were still arising at UHSM despite the assurance given at this and previous meetings. In recognition of the additional pressures placed on all of the staff working at the hospital the Committee expressed their gratitude for their continued professionalism and commitment under what were very difficult circumstances.

Decision

The Committee;

1. Note the content of the report and the presentation delivered by NHS England.
2. Are concerned that the down grading of the Trafford A&E Department has had a greater effect on UHSM than anticipated.
3. Have concerns regarding the number of long term patients from Trafford at UHSM and request further explanation of this.
4. Are concerned that the pressures on admissions at UHSM following the downgrading of the Trafford A&E Department affects all patients in the catchment area of UHSM.
5. Request further reports on the New Health Deal for Trafford and its impact on UHSM.
6. Note the positive progress of the Manchester Elective Orthopaedic Centre.