

JOINT HEALTH SCRUTINY COMMITTEE

30 JUNE 2015

PRESENT

Councillor E Newman - Chair
Councillor Mrs P Young- Vice Chair

Manchester City Council - Councillors Ellison, Reid, Teubler, Wilson.
Trafford Borough Council - Councillors Mrs Bruer-Morris, Harding, Lloyd, and Mrs Ward.

Silas Nicholls, Chief Operating Officer, University Hospital of South Manchester
NHS Foundation Trust
Jessica Williams, NHS England
Rob Bellingham, NHS England
Dr Nigel Guest, Trafford Clinical Commissioning Group
Gina Lawrence, Trafford Clinical Commissioning Group
Stephen Gardner, Central Manchester Foundation Trust
Anthony Middleton, Central Manchester Foundation Trust

5. APPOINTMENT OF CHAIR

The Committee nominated Councillor Newman as Chair.

Decision

To appoint Councillor Newman as Chair.

6. APPOINTMENT OF VICE CHAIR

The Committee nominated Councillor Mrs Young as Vice Chairman.

Decision

To appoint Councillor Mrs Young as Vice Chairman.

7. MEMBERSHIP OF THE COMMITTEE 2015/16

Decision

To note the membership as detailed in the report.

8. TERMS OF REFERENCE

Decision

To note the Terms of Reference as detailed in the report.

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9. DECLARATIONS OF INTEREST

- 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.

10. MINUTES OF THE LAST MEETING

Decision:

To approve the minutes of the meeting on 27 January 2015 as a correct record.

11. UPDATE - NEW DEAL FOR TRAFFORD

The Committee welcomed Jessica Williams and Rob Bellingham (NHS England); Dr Nigel Guest and Gina Lawrence (Trafford CCG), Stephen Gardner and Antony Middleton (Central Manchester Foundation Trust (CMFT)). Members were advised that Silas Nicholls from the University Hospital of South Manchester NHS Foundation Trust (UHSM) would also be in attendance. Gina Lawrence introduced the report provided by Trafford CCG and explained the quarterly performance targets. She said they had tried to show the impact of the New Health Deal for Trafford on performance and explained there had been some issues at UHSM with patient flows, particularly around discharges. Members noted that the information provided in the report was in a much more readable format than previously.

Members challenged the high conversion rates of attendances to admissions at UHSM and were told this was due to the complexity and nature of admissions. Gina Lawrence explained that audits had been carried out to investigate why the rates were higher at UHSM. She confirmed that all patients were appropriate to be admitted, however advised that junior staff were more likely to admit patients as they were more risk averse. She said as improvements were made to community care she expected the conversion rate would decrease. A member said this indicated the extent of the health problems experienced by Manchester residents. Officers could not confirm that any particular trends or health conditions had resulted in the conversions.

Members stressed that increased access to GPs could prevent or reduce unscheduled admissions to hospital. Dr Nigel Guest assured members that all Clinical Commissioning Groups (CCGs) in Manchester and Trafford were committed to 7 day GP access. He advised that the government had agreed to fund 5,000 more GPs nationwide to facilitate this and systems would be tailored to individual areas. He described different schemes that would help, including the use of medical students and delayed retirement. He confirmed that there was potential in Greater Manchester to provide additional access to GPs. Jessica Williams described the work of the Central Manchester Demonstrator which was one of six pilots funded by NHS England to test increased GP access. Members welcomed the progress though felt that some GPs were still reluctant and said that some practices still do not advertise how to get an appointment out of hours. Dr Guest advised that GPs were member organisations and changes to the healthcare system meant it was more important now to work together. He said that

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in Trafford 95% of GPs had agreed to a single operating system which would extend their core hours from 8am to 5.30pm and discontinue half day closing. He explained that they were not obliged to do this but it demonstrated that they wanted to make improvements. Rob Bellingham agreed there was a general recognition that more investment in GPs was required. However, he said there was lots that could be done in the interim to make Manchester a more attractive place to be a GP. Members asked about the Pharmacy Walk-in Pilot and were advised that the results were still being evaluated.

Members discussed mental health and were concerned that many patients presenting at Accident and Emergency (A&E) may also have mental health issues. Members noted that Trafford had a psychiatric liaison service (RAID) and were advised that this was currently being re-commissioned for residents in South Manchester.

Members challenged a perceived shift with A&E to using diagnostics first, then looking at patient history later, and the cost implications of this. Officers did not agree that people presented at A&E purely because they wanted tests carried out and explained that GPs were being given quicker and increased access to diagnostics. Officers advised that there was improved awareness amongst the population in the different options available including walk-in centres, minor injury units, the 111 helpline and GP out of hours services. Silas Nicholls advised that blood tests were not always carried out on A&E admission as standard. He assured members that Triage Nurses were highly experienced and assessed clinical urgency and prioritised accordingly. He said they used prescribed clinical pathways in order to assess patients and determine which tests would be required by doctors. This meant tests could be carried out straight away so that all the required information was available when the doctor saw the patient. He said routine weekly clinical audit meetings were held where senior staff members would sample random patient records to check that correct clinical pathways and diagnostics had been used.

Members discussed the importance of adequate social work provision and how this could be funded. Silas Nichols agreed that social worker support in hospitals was essential, particularly at the weekend and said he felt that the number of social workers would increase in line with demand over time. Members were advised that the Better Care Fund would be used in Trafford to fund the additional required social workers.

Members discussed the lack of appropriate nursing home provision in Trafford and how this could be resolved. Officers advised that since nursing homes were privately run they could not set the prices, but they could negotiate an agreed rate that the NHS paid. Any 'top up' above the agreed rate would need to be paid for by families or if this was to be paid by the NHS, it would need the agreement of commissioners. Members noted that many Manchester residents used St Anne's Hospice but were unclear why this was not the case for Trafford residents. Officers agreed it was important to have a good range of local provision for Trafford residents. Officers confirmed that they currently funded 5 beds at Ascot House and an additional 18 intermediate care beds would soon be secured. The intention was for these to be in place by September in order to cover the winter period. In response to members concerns about empty beds officers stressed that the NHS

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did not have any empty beds in Ascot House; and these were likely to be those used by social services or health care providers instead. Dr Guest also said a meeting was planned to explore other options for nursing provision which would include an enhanced service from GPs or alternative services.

The 'Healthier Together' initiative was discussed and the Chair noted that Manchester Health Scrutiny Committee had discussed and commented on this. He noted that there would be four specialist hospitals rather than five and expressed concern that UHSM may not be chosen to be a specialist hospital. Officers agreed that the Healthier Together process had been slow but stressed that the consultation was extensive and that the governance arrangements are robust. They confirmed that a decision would be made by the Committees in Common on 15 July 2015 confirming which the four specialist hospitals would be. The Committee agreed unanimously that UHSM should be chosen and agreed to delegate responsibility to the Chair to write to the appropriate decision maker endorsing that view.

In response to a members question Jessica Williams advised that all GPs in Greater Manchester had agreed to a standard that they would see all children under 5 years of age on the same day, including weekends. In response to a members query about why a new falls system was required Gina Lawrence described the new initiatives undertaken. She explained that historically the service run by consultants had long waiting times and increased flexibility was needed. She said different solutions were currently being tested including virtual beds and teams in peoples houses and delayed discharge.

Jessica Williams said that an additional £6 million was being provided in Manchester to fund the roll out of additional primary care. She described the work of the Manchester Provider Group which consisted of 11 different providers and sought to maximise efficiencies. Officers agreed that funding of the NHS was a concern; but noted that devolution should help ease funding pressures as Manchester could argue for a better share of the funding.

Decision:

1. To thank Officers for attending
2. To re-affirm the decision made at the previous meeting which read: "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 linked to the timetable of works be circulated to members".
3. To call for adequate social work provision to eliminate unnecessary delayed discharge from hospital.
4. To welcome the planned increase in intermediate care places to minimise delayed discharge and give better services to patients involved.
5. To note the continued funding pressures on the NHS.

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6. To note the importance of appropriate Mental Health Services being readily available that can be called upon by commissioners and Accident and Emergency Services.
7. To welcome the opening of the Frailty Unit at UHSM, planned for September 2015.
8. To note that following the Healthier Together consultation the Committees in Common will now nominate to 4 rather than 5 specialist hospitals and call on the CCG representatives at that meeting to choose UHSM.
9. To delegate responsibility to the Chair to write to the Manchester and Trafford CCGs and confirm the view of the Manchester and Trafford Joint Health Scrutiny Committee that UHSM should be designated as a specialist hospital.
10. To request an update on the arrangements for transport from Manchester to Trafford General at a future meeting.
11. To request an update on 'End of Life Care'; to encourage the use of hospice care and to request further information on activity around this at a future meeting.
12. To receive information from NHS England regarding their initiatives to improve primary care in Manchester and Trafford, as soon as this is available.
13. To note the importance of education and awareness raising of primary care and the options available to patients.

The meeting commenced at 6.30 pm and finished at 8.15 pm