

JOINT HEALTH SCRUTINY COMMITTEE

23 MARCH 2015

PRESENT

Councillor Newman (in the Chair).

Councillors Mrs. A. Bruer-Morris, Ellison, J. Holden, J. Lloyd (Vice-Chairman), K. Procter, Reid, Wilson, Siddiqi and Mrs. P. Young

In attendance

Silas Nicholls	Chief Operating Officer, University Hospital of South Manchester NHS Foundation Trust
Jessica Williams	NHS England
Kate Hines	Scrutiny Team Leader - MCC
Peter Forrester	Democratic and Performance Services Manager - TMBC
Alexander Murray	Democratic and Scrutiny Officer - TMBC

APOLOGIES

Apologies for absence were received from Councillors

1. ATTENDANCES

The Committee noted that Councillor J Teubler had replaced Councillor Rawlins as a member for the Joint Committee and that Councillor N Siddiqi is the named substitute member for Manchester City Council.

The Chair noted that since Councillor Teubler was not present at the meeting Councillor Siddiqi would be acting as a full voting member on behalf of Manchester City Council.

The Chair expressed regret that Trafford CCG had not sent a representative to the meeting due to their normal representative(s) being on annual leave. Members agreed it was inconceivable that an alternative representative could not be found. Members agreed to set the dates of future meetings at the start of the municipal year in order that all parties can ensure they are adequately represented.

2. MINUTES OF THE LAST MEETING

DECISION:

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

3. 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.

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- Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Manchester.

4. UPDATE - NEW DEAL FOR TRAFFORD

The Committee welcomed Jessica Williams from NHS England and Silas Nicholls from the University Hospital of South Manchester NHS Foundation Trust (UHSM). The Committee formally received the report. The Chair noted that the report provided for the meeting contained lots of graphs and tables which were not always easy for a layperson to interpret. He said that more detailed analysis would be helpful in future.

Jessica Williams introduced herself, explaining that the role of NHS England was to hold the Clinical Commissioning Groups to account. She said she could provide insight into the report, although she could not provide detailed analysis. She explained that NHS England looked at this type of information on a weekly basis when the new Health Deal for Trafford was established in December 2013. She said that Accident and Emergency (A&E) Attendances were higher than expected in year 2. She noted that the performance figures for quarter 4 within the report were not comprehensive as the period ran from 1 January 2015 - 31 March 2015; however, UHSM was not expected to meet the 95% performance target in this quarter based on current data.

Silas Nicholls introduced himself and explained the data provided for UHSM. He said that in respect of A&E Attendances at UHSM in 2015, 85.3% of patients were seen within the four hour target in January, 91.4% in February, and 92.7% in March; which was a sustained improvement. He said that it would have been difficult to achieve more due to the sheer volume of people attending over the winter months. He said that there was a continued pressure of delayed transfer of care, in particular for patients from Trafford. He said that over the previous week at UHSM approximately 20 patients no longer required hospital treatment but could not be discharged as they were waiting to be transferred elsewhere. A member who was an ex board member of UHSM agreed there was a direct correlation between A&E performance and the volume of patients presenting at A&E. Members agreed that improvements to community care were required to reduce the need for hospital admission. The Chair stressed the importance of integrated care, noting that delayed discharge was a continued problem.

The Chair noted that information on re-admission rates was requested at the last meeting of the Joint Health Scrutiny Committee but had not yet been received. Silas Nicholls advised that re-admission rates at UHSM were broadly in line with national averages. He said variations occurred where hospitals became specialised. At UHSM general medical re-admissions had increased, particularly amongst frail and older patients. He said UHSM was working to address this by expanding the current geriatrics service based in A&E, creating a 12 bed specialist frailty unit, and working closely with GPs to provide appropriate care packages. He offered to share the plan with members, to which the Committee agreed.

As UHSM specialised in respiratory medicines, in particular Chronic Obstructive Pulmonary Disease (COPD) this had also affected re-admission rates. Silas Nicholls explained that UHSM was exploring best practice with Salford Royal Hospital and providing 'care bundles' to patients which were subject to regular audit. He said training was being offered to GPs on respiratory conditions, and that a GP helpline had been set up this winter to enable GPs to speak directly to consultants with any concerns. He offered to share the plans with members, to which the Committee agreed. The Chair said that some information on re-admissions had been received by the Manchester Health Scrutiny Committee. According to this information, between April and December 2014 UHSM's re-admission rate was 6.6%. This compared with 4.4% for Central Manchester

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Foundation Trust (CMFT) and 6.9% for the Pennine Acute Trust (PAT) which includes North Manchester General Hospital).

A member noted that no information on publicity had been received by members on the Urgent Care Centre in Trafford as requested at the previous meeting of the Joint Health Scrutiny Committee, and that she was only aware of negative publicity. The Chair re-affirmed the decision made at the last meeting which read: "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".

A member noted the 32.6% increase in Walk in Centre attendances in the report and said it would be useful to receive more information on why patients were presenting. She added that more information regarding the elderly and COPD patients presenting at UHSM and why their presentations could not be avoided would also be useful. A member who was also a practice nurse shared some of her experiences of elderly and COPD patients, and stressed the importance of ensuring patients received a high standard of community care in order to prevent the need for hospital admission. The Chair re-iterated the NHS and Council's commitment to integrated care. The Vice Chair asked for more detail on the Walk in Centre data, and whether patients were diverted to the Urgent Care Centre and vice versa and for what reasons. Jessica Williams agreed that further analysis was required. She assured members that she was not aware of any risk to patient safety, the centres worked closely together and referred patients between them where required. She explained that the Walk in Centre was staffed by GPs and Practice Nurses whereas the Urgent Care Centre was staffed by A&E Consultants and A&E Nurses. She said a triage system was in operation and patients were assessed and diverted where appropriate. This could include diverting patients by ambulance to other hospitals such as CMFT. She said diverting A&E patients by ambulance often affected performance as it may take more than 4 hours for patients to be triaged and transferred elsewhere. Transfers were normally on clinical grounds where other hospitals provided a specialist facility and emergency ambulances were normally not required since the patient was already in a hospital environment.

Members asked for assurance that when building work was completed at UHSM they would have adequate capacity. Silas Nicholls said that currently where more than 250 patients presented at UHSM's A&E per day standards would fall. He said that building work at UHSM would commence this year and be completed by 2016. He said that more Trafford residents were presenting at UHSM than initially expected, and that there were a disproportionate number of elderly residents presenting from Trafford. However, once the building work was completed capacity would increase. He advised that an acute hospital environment was not necessarily the safest option for the elderly who were often better cared for within a community setting. He said that adequate capacity would also be dependent on improvements to community care. The Chair said he welcomed the £12 million capital investment planned for A&E at UHSM and requested further information on the additional capacity this would create. Silas Nicholls agreed to provide this to the Committee.

In response to members concerns regarding delayed discharge, Silas Nicholls advised weekly meetings were held with Trafford CCG and confirmed that the root cause was a lack of capacity in Trafford's Community Care. In response to a members query regarding the 95% target he advised this was a political decision and the percentage had changed over the years. A member noted it would be useful to invite a representative from Central Manchester Foundation Trust (CMFT) to a future meeting to which the Committee agreed.

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A member said that there were a large number of patients from Stockport transferred to UHSM but this was not broken down further; and queried why they could not be dealt with at Stepping Hill hospital. Silas Nicholls agreed that the patient flows from Stockport needed further analysis. He said that UHSM did provide some specialist services that were not available elsewhere such as burns and cardiac facilities. He also explained they had a wider catchment area being conveniently located just off the motorway, and having an air ambulance facility. Jessica Williams said she would investigate the Stockport figures.

Members discussed that GPs were now more cautious when assessing children and often referred on to A&E and queried the reasons for this. Jessica Williams said that four boroughs within Manchester had a policy of ensuring that any children up to the age of 5 were seen the same day. She said 3-7pm was the busiest time for children presenting at A&E, and that she would like to see a children's clinic in every GP practice. She said that Sheffield GPs have a commitment to offering all patients up to the age of 7 a telephone appointment and all children up to the age of 3 a face to face appointment on the same day. She talked of an initiative in Bury which went live in January 2015. All residents were given 7 day access to GPs via 5 hubs located across the borough. Patient's notes were shared between the GP and the hub with the patient's permission. She stressed the advantages of seeing a GP over an A&E doctor such as experience of the actual child and their medical history.

Jessica Williams said that she was leading on primary care transformation in Manchester and some initiatives were currently being developed. She said she could provide more information on this at the next meeting. Following the completion of the Healthier Together consultation it was intended that a robust plan would be in place for Manchester by June 2015; and for Greater Manchester later in the year. In response to a members query Jessica Williams explained that GP out of hours access was available nationwide, however services were not seamless. She advised that most out of hours services were accessed by ringing the normal GP practice and either being transferred or being given a different number to contact. She said different mechanisms were available via devolution, which was currently being pursued.

Decision:

1. To express regret that Trafford Clinical Commissioning Group (CCG) were not represented at the meeting but to thank NHS England and University Hospital of South Manchester Foundation Trust (UHSM) for attending and contributing to the meeting.
2. To request that future reports contain more analysis of any tables and graphs; and that graphs and tables are placed in the appendix of the report where appropriate.
3. To invite a representative from Central Manchester Foundation Trust (CMFT) to attend the next Joint Health Scrutiny Committee to report on the activity at Trafford General and Altrincham.
4. 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".

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5. To re-affirm the decision made at the previous meeting which read: "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."
6. To note the continued pressures at the A&E at University Hospital of South Manchester Foundation Trust (UHSM, which is partly a consequence of the downgrading of Trafford General Hospital.
7. To receive information from UHSM relating to the plans for expansion to its Geriatric Services.
8. To receive information from UHSM relating to the plans to decrease the rates of re-admission of patients with Chronic Obstructive Pulmonary Disease (COPD).
9. To note the continued problem of delayed discharge, in particular for Trafford residents.
10. To note the importance of improving integrated care, and its dependence on the provision of good quality community services and intermediate care.
11. To note that improved progress in access to primary care including for young children is required.
12. To request that the impact on pressures at UHSM by patients resident in Stockport is examined in relation to its performance.
13. To receive information from NHS England regarding their initiatives to improve primary care in Greater Manchester, in particular Trafford, as soon as this is available.
14. To note the continued value of the work of the Manchester and Trafford Joint Health Scrutiny Committee in bringing the NHS to account in respect of the New Health Deal for Trafford.
15. To agree that future meeting dates for the Joint Health Scrutiny Committee will be set at the start of the municipal year, and that all parties will ensure they are adequately represented.

The meeting commenced at 6.30 pm and finished at 8.17 pm