

Public Document Pack

Date of meeting **Wednesday, 13th June, 2012**

Time **7.00 pm**

Venue **Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffs ST5 2AG**

Contact Peter Whalan
01782 742226

Health Scrutiny Committee

AGENDA

PART 1– OPEN AGENDA

- 1 Apologies**
- 2 Declarations of Interest**
- 3 Minutes of Previous Meeting** **(Pages 1 - 4)**
- 4 ACCIDENT AND EMERGENCY DEPARTMENT AT UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE**
To receive a verbal update from a representative of UHNS on performance at the new Accident and Emergency Department.
- 5 CARDIAC REHABILITATION AT JUBILEE 2**
To receive a verbal update from the Council's Executive Director – Operational Services.
- 6 HEALTH AND WELLBEING STRATEGY**
To receive a verbal update from the Council's Executive Director – Operational Services.
- 7 SCRUTINY OF INFANT MORTALITY** **(Pages 5 - 10)**
To review progress on this matter and agree the next steps, including appointment of a small working group to undertake the scrutiny process.
- 8 Combined Healthcare Trust Consultation** **(Pages 11 - 14)**
- 9 PHLEBOTOMY SERVICE AND BRADWELL HOSPITAL** **(Pages 15 - 18)**
To consider a report placed on the agenda by Cllr Becket.
- 10 PRESCRIPTION MEDICATION**
The County Council would be approached regarding this issue and a response provided for the meeting.
- 11 WORK PLAN** **(Pages 19 - 22)**

To discuss and update the work plan to reflect current scrutiny topics.

12 URGENT BUSINESS

To consider any business which is urgent within the meaning of Section 100 B(4) of the Local Government Act 1972.

Members: Councillors D Becket, Eastwood (Chair), L Hailstones, H Johnson, D Loades and J Taylor

'Members of the Council: If you identify any personal training / development requirements from the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Committee Clerk at the close of the meeting'

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

HEALTH SCRUTINY COMMITTEE

Tuesday, 3rd April, 2012

Present:- The Mayor David Becket – in the Chair

Councillors J M Cooper, H Johnson and D Loades

11. APOLOGIES

Apologies were received from Cllr Taylor.

12. MINUTES OF PREVIOUS MEETING

That the minutes from the meeting held on 11th January 2012 be agreed as a correct record.

13. UPDATE REGARDING DISTRICT COUNCIL REPRESENTATION ON THE HEALTH AND WELLBEING BOARD

An update was received regarding District Council representation on the Health and Well Being Board.

Members again raised concerns that there was no representative from the District Council or Borough Council for the North of the county. These concerns would be fed back to the County Council.

RESOLVED: That member concerns regarding lack of representation be fed back to Staffordshire County Council.

14. INFANT MORTALITY IN NEWCASTLE UNDER LYME

Consideration was given to infant mortality rates in Newcastle-under-Lyme. Members questioned whether it was known at what point death occurred including whether it was pre or post delivery. The question was raised as to whether the actions/lifestyle choices of the parents had any impact on the deaths. A joint committee for Stoke and North Staffordshire was to be set up. The Council would be represented on the committee by Naomi Chesters.

Members questioned if the birth rate figures had also gone down. This information was available from the Staffordshire Observatory.

The committee requested that a further letter be written to the Director of Public Health requesting answers to points 5, 6, and 7 on the scrutiny brief. An update regarding this would be provided to the next meeting.

Members questioned whether there was a monitoring system regarding infant mortality as this was an urgent problem that had been known about for twelve months. Staffordshire Safeguarding Children's Board were looking into the topic and two family nurses had been commissioned to support families and children from pre-birth to 19 years of age, Naomi Chesters was to meet with the nurses.

RESOLVED: That a further letter be written to the Director of Public Health requesting answers to points 5, 6, and 7 on the scrutiny brief.

15. UPDATE ON CARDIAC REHABILITATION

A presentation was received from the Head of Leisure and Cultural Services updating the Committee on Cardiac Rehabilitation.

Officers from Newcastle Borough Council were working with staff from the University Hospital of North Staffordshire, who they met with at the end of March. There was progress but this was slow. There was positive feedback but it was thought that the Cardiac Rehabilitation would probably not commence for approximately 2-3 months. Concerns were raised that if this was not commenced soon then there would not be enough time to accommodate Cardiac Rehabilitation at the Jubilee 2 centre.

Members stated it was taking too long and that the PCT needed to be reminded that Cardiac Rehabilitation in Newcastle-under-Lyme was very poor. An offer was made by Newcastle Borough Council in 2011 which had still not progressed and this was not satisfactory.

RESOLVED: a) That the update be noted and that a progress report be brought to the next meeting
b) That the PCT be contacted regarding the urgency of the situation

16. HEALTH AND WELLBEING STRATEGY

A presentation was received from the Head of Leisure and Cultural Services regarding the Health and Well Being Strategy. It was stated at the beginning of the presentation that public health was best led by a local authority.

There was an update on progress to date. Countywide Health and Well Being Board had been set up last year but there remained an issue with District Council representation on this board. Newcastle-under-Lyme's strategy needed to tie in with Staffordshire County Council's strategy. The County's strategy was currently under review, which itself had been delayed whilst it awaits the Joint Strategic Needs Assessment.

The committee considered that the Chesterton Salvation Army had a very good reputation for working with people, in areas such as healthy eating etc. If a programme could be gotten together they could help identify funding opportunities.

It was noted that housing authorities such as Aspire had undertaken projects relating to Health and Well Being Boards with an outside team providing advice on the boards. Furthermore, it was suggested a lifestyle project could be undertaken with partner organisations such as Keele University, Newcastle College and the Loggerheads Partnership.

Members noted that Cannock Chase District Council had done a lot of good work in relation to Health and Well Being Boards. It was felt it was necessary to determine the key local health challenges in Newcastle, then focus on what the Council was doing and what the Council could be doing. It was also felt that the Council needed to be aware of what its partners were doing e.g. the Salvation Army. These findings could then be presented to the Health and Well Being Board.

RESOLVED: a) That the key local health challenges in Newcastle-under-Lyme be identified
b) That the Chesterton Salvation Army be approached regarding fundraising ideas
c) That the possibility of a joint project with Keele University, Newcastle College and the Loggerheads Partnership be investigated

17. UPDATE ON JUBILEE 2 (REPORT TO CABINET ON 14TH MARCH 2012)

The committee received a report to update it on progress relating to the Jubilee 2 centre.

Members raised concerns regarding the employment of cleaning staff at the centre but it was confirmed that steps were already being taken to rectify these concerns.

RESOLVED: That the report be received.

18. PHLEBOTOMY SERVICES AND PUBLICITY

A report was submitted to update members on publicity regarding phlebotomy services in Newcastle-under-Lyme.

A response had been received from Tamsin Carr which appeared to show a good increase in publicity regarding phlebotomy services in the Borough.

Concerns were however still high amongst members and it was requested that a representative be invited to the next meeting of the Committee to discuss the service.

RESOLVED: That a representative be invited to attend the next meeting of the committee to discuss the phlebotomy service

19. NORTH STAFFORDSHIRE COMBINED HEALTHCARE TRUST CONSULTATION ON THE MENTAL HEALTH AND WELLBEING OF LOCAL COMMUNITIES

Consideration was given to the North Staffordshire Combined Healthcare Trust Consultation on the Mental Health and Wellbeing of Local Communities.

It was felt that good values and goals had been revealed from the consultation, but there was little idea of how to achieve them. Members agreed that the document looked good but that there was little substance. There was concern regarding nursing skills and how care was being delivered to patients. A suggestion was made that a committee should be set up to monitor this.

Members agreed that concern should be conveyed and in particular concern at the speed things were happening. It was requested that feedback be received for Stage 1.

It was noted that there was a separate project for dementia and members considered that this was being dealt with incorrectly and it needed to be kept in the home.

RESOLVED: a) That concern be conveyed, in particular concern at the speed things were happening.

- b) That feedback be received for Stage 1

20. NHS COMPLAINTS PROCEDURE

The Committee considered the University Hospital of North Staffordshire policy regarding complaints. Members were concerned regarding the length of the document and that feedback received to date had been worrying.

The Committee agreed that information was needed regarding what was happening with other Staffordshire Trusts and to ascertain where PALS (Patient Advice and Liaison Service) entered the equation.

RESOLVED: That information be obtained regarding what was happening with other Staffordshire Trusts and to ascertain where PALS (Patient Advice and Liaison Service) entered the equation.

21. WORKPLAN

22. INVITATION TO ATTEND NEXT CLEANER GREENER SCRUTINY COMMITTEE ON 18TH APRIL 2012

23. DECLARATIONS OF INTEREST

Cllr H Johnson declared an interest with regard to the North Staffordshire Combined Healthcare Trust.

24. URGENT BUSINESS

The committee considered that Engaging Communities needed reviewing. It was felt that it was not known what the short term aim of the project was. It was requested that a copy be circulated to the committee.

Members also discussed the Accountability Session that had taken place recently. There was a problem with pharmacies in that there were too many pills being prescribed and not all GP services had to carry out regular checks regarding prescriptions, such as carrying out a health check every three months. GPs and pharmacists had been spoken to and it was discovered that drugs were pre-ordered to save money and some drugs were sent out when they were no longer on the prescription. There were also issues regarding combinations of drugs being prescribed without the necessary checks. It was agreed that the committee would support a review of prescriptions.

Members raised the question as to who this would need directing to. It was felt that this issue should be raised with the County Council Task and Finish Group.

RESOLVED: a) That the issue regarding prescription drugs be passed to the Staffordshire County Council Health Scrutiny Committee
b) That David Becket be thanked for his contribution

THE MAYOR DAVID BECKET
Chair

NEWCASTLE -UNDER-LYME BOROUGH COUNCIL

UPDATE TO THE HEALTH SCRUTINY COMMITTEE REGARDING INFANT MORTALITY

13th JUNE 2012

1. INFANT MORTALITY

Submitted by: Naomi Chesters, Partnerships Manager

Portfolio: Stronger and Active Neighbourhoods

Ward(s) affected: ALL

Following on from discussions at the previous meeting in relation to Infant Mortality in Newcastle under Lyme, the Partnerships Manager has discussed the issue with both Sally Parkin (North Staffordshire CCG) and Jackie Small (Public Health). There is now in place a joint Stoke and Newcastle Perinatal and Infant Mortality Strategy Steering Group investigating the issues which the Partnerships Manager was invited to attend on 17 May 2012.

The group has now met on three occasions and is very well attended by University Hospital. There were queries around the data and whether in 2006 when Newcastle figures increased, if there were any boundary changes (as Staffs Moorlands had decreased and Newcastle increased) – The Borough was tasked with looking at any local authority changes (which there weren't any) and Sally Parkin investigated any PCT changes. Additionally there was a query as to whether there were any mass migrations of certain ethnic minority groups which may have had an impact (to date there do not appear to be any, however, census data may help with this). Again the data is being queried with West Midlands Perinatal Institute (WMPI) as to how it is measured and which datasets sit in each category - particularly in relation to neo-natal deaths. Sally Parkin is going to continue to liaise with the Council in relation to the progress of the group and shortly, NBC will be invited to be a part of the formal group.

Family Nurse Partnerships are now operating in Newcastle in targeted wards and at targeted first time teenage parents (up to 19). The programme offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. The family nurses build supportive relationships with families and guide first-time teenage parents and use behaviour change methods so that they adopt healthier lifestyles for themselves and their babies. There is a set criteria and the programme is licensed. There is further information available regarding the Family Nurse Partnerships if required by the Committee.

This page is intentionally left blank

Brief for Scrutiny – Infant Mortality

Topic to be scrutinised The incidences of infant mortality in the Borough, including the data produced on the subject; the causes behind infant mortality and the work being done to tackle the issue and bring the number of incidences down.
Questions to be addressed <ol style="list-style-type: none">1. What is the latest position in terms of the level of infant mortality in the Borough? What are the trends in terms of levels of infant mortality in Newcastle Borough?2. What are the identified causes behind infant mortality, and what is the situation in Newcastle in terms of the reasons for the levels of infant mortality at the present time?3. What work is being done by different agencies to combat infant mortality?4. What barriers are there to this work? Are any opportunities being missed?5. What are the long-term goals of agencies? Are there any targets in place for reducing levels of infant mortality?6. Can agencies work together more effectively in tackling this issue?7. What support is offered to families who have suffered infant deaths? Can more be done?8. What work is being done elsewhere and what benchmarking work can be done to understand this work and apply lessons from elsewhere in Newcastle
Outcomes <ol style="list-style-type: none">1. A clear picture of the issue in terms of levels of infant mortality and also those geographical areas most affected.2. An understanding of the issue, including its causes and also its effects3. An understanding of the work being done to deal with it by agencies in the public sector and elsewhere4. An analysis of service provision and any gaps which exist in terms of education/prevention and support for families5. Construction of an action plan – in conjunction with key partners – aimed at dealing with the issue and its aftermath6. Consideration of the implementation issues connected to the development of an action plan, including the main issues of resources and prioritisation7. Consideration of work done elsewhere and how lessons learnt could be applied to Newcastle in dealing with this issue8. Establishment of a clear vision for the way forward and a set of clear targets for reducing the levels of infant mortality in the Borough over a specified time period.
Background materials <ol style="list-style-type: none">1. NHS Data/Area Profiles (monthly)2. Reducing Health Inequalities in Infant Mortality: A Good Practice Guide (2007)3. ONS Child Mortality Statistics4. <i>Our Future Health Secured?</i> (King's Fund, 2007)
Evidence and witnesses

<ol style="list-style-type: none"> 1. Portfolio Holder for Safer & Stronger Communities 2. Executive Director (Operational Services) 3. Head of Service Business Partnerships & Improvement 4. Director of Public Health 5. Representatives from National Health Service/Staffs County Council (public health teams) 6. Business Improvement & Partnerships – Research/Partnerships Manager
<p>Method of scrutiny</p> <ol style="list-style-type: none"> 1 Task & Finish Group – to oversee any review and change process and consisting of Chair of Health Scrutiny Committee, as well as Chair of Cleaner, Greener, Safer Scrutiny Committee (plus Vice-Chairs) 2 Consideration of partner evidence and views 3 Consideration of LAPs/community views 4 Consideration of elected Member views and evidence
<p>Timetable</p> <p>Start date January 2012</p> <p>Dates of meetings TBA</p> <p>Draft report TBA</p> <p>Final report TBA</p> <p>Report to Council TBA</p>
<p>Constraints</p> <ul style="list-style-type: none"> • Partner buy-in to the processes and capacity of all bodies to take part in the scrutiny process • Availability of relevant data
<p>Members to undertake the scrutiny</p> <p>Cllr Becket</p> <p>Cllr Cooper</p> <p>Cllr Loades</p> <p>Cllr Johnson</p> <p>Cllr Taylor</p> <p>Cllr S. Hambleton</p> <p>Others as identified</p>
<p>Support</p> <p>Executive Director (Operational Services)</p> <p>Head of Business Improvement & Partnerships</p> <p>Partnerships Manager</p> <p>Business Improvement Officer (Research & Equalities)</p> <p>Elections & Licensing Manager</p>
<p>Newcastle Borough Council Corporate Plan Priority area (s)</p> <ul style="list-style-type: none"> ○ Creating a cleaner, safer and sustainable Borough ○ Creating a Borough of opportunity ○ Creating a healthy and active community ○ Transforming our Council to achieve excellence
<p>CfPS Objectives:</p> <ul style="list-style-type: none"> • Provides and critical friend challenge to executive policy makers and decision makers • Enables the voice and concerns of the public to be heard

<ul style="list-style-type: none"> • Is carried out by independent governors who lead and own the scrutiny role • Drives improvement in public services
Brief approved by Overview and Scrutiny Co-ordinating Committee Signed Date

This page is intentionally left blank

**Summary of the main items of business from the
Staffordshire Health Scrutiny Committee meeting – 30 April 2012**

<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=140&MId=3137&Ver=4>

Agenda Item	Of particular interest to ...
<p>The Committee held Cabinet Member Robert Marshall, whose remit covers Public Health, to account for the County Council's progress towards its priority outcome that Staffordshire is a place where people live longer, healthier and fulfilling lives. Supported by Aliko Ahmed, Director of Public Health, he answered a range of questions on his public health self assessment report. At the request of scrutiny, the report and discussion focused on performance in the following areas: falls; NHS health checks; childhood obesity; maternal smoking; flu vaccinations; and the development of the Health and Wellbeing Board.</p> <p>The Committee have written to the Cabinet Member with a number of comments and recommendations in these areas (a copy of the letter is attached).</p> <p>As a result of the discussion about falls prevention, the Committee would like to encourage Members to report any pavement defects that are a trip hazard via LocalView: http://localview.staffordshire.gov.uk/lvinternet/Report.aspx?step=1 .</p>	All
Report of the Scrutiny and Support Manager	
<p>Work programme 2011/12 - Any outstanding work programme items (and suggestions arising from the Triangulation meeting with the relevant Cabinet Members held on 17 April 2012) would be considered for inclusion in the next year's work programme. The scrutiny committee structure would be agreed at the County Council's annual council meeting on 17 May 2012. (It was intended to continue to have District/Borough Members on the Committee.) After this, there would be a process of work programme planning and discussion about joint working (including Local Involvement</p>	All

Agenda Item	Of particular interest to ...
Network representation). The County Council had the role of co-ordinating health scrutiny (to avoid both gaps and duplication) and was likely, as previously, to hold a workshop for this purpose. Members' and District/Borough supporting officers' views on Accountability Sessions had been sought and the Sessions were expected to continue. The frequency of the Sessions for Mid Staffordshire NHS Foundation Trust was being discussed with Stafford Borough Council.	
Following the decision taken by the Primary Care Trust (PCT) Cluster in relation to inpatient Mental Health services across south Staffordshire (option three involving the closure of the Margaret Stanhope Centre), a copy of the Board papers detailing the reasons for the decision and outcomes from the consultation, including the response to the Committee's recommendations, had been sent to Committee Members. The Staffordshire Health Scrutiny Committee would lead on following up the implementation of the changes.	District/Borough Councils in south Staffordshire
Following a meeting on 23 April 2012, the Chair reported that she was more reassured that that feedback, risk management and monitoring arrangements for the current commissioned arrangements for child protection medicals were robust. She would ask Sally Rowe, Head of Families First, to let scrutiny know if there were any further issues. She remained concerned about future arrangements, particularly in the move from PCTs to Clinical Commissioning Groups (CCGs). She would advise the CCGs of the discussion and ask the PCT and CCGs to make sure that this matter remained a priority.	All
The Vice-Chair and Scrutiny and Support Manager had an introductory meeting at Good Hope Hospital (Heart of England NHS Foundation Trust) on 19 April 2012 with Sue Moore (Executive Director Lead) and Alistair Williamson (Associate Medical Director).	All
A letter had been sent to NHS provider trusts advising them of the approach to providing health scrutiny commentary on Quality Accounts this year.	All

Agenda Item	Of particular interest to ...
<p>Rather than trusts presenting their accounts at scrutiny meetings, Members were encouraged to go to any relevant Quality Account events that the trusts might put on. Invitations to events would be forwarded to the relevant Members.</p> <p>The draft commentaries on the Quality Accounts would be sent for comments to the relevant health scrutiny Chairs.</p>	
<p>The latest issue of the Trauma Care Network News (Issue 4) had been published. Please see link below: http://www.wmsc.nhs.uk/uploaded_media/TCNN%20bulletin%20Issue%204final.pdf</p>	All
<p>At the Committee meeting on 12 March 2012, when Members considered North Staffordshire Combined Healthcare NHS Trust's Foundation Trust consultation, the Committee asked for information about the developing pathways and the Trust agreed to supply the new mental health clusters. This information had been received and circulated to Committee Members.</p>	Newcastle under Lyme Borough Council and Staffordshire Moorlands District Council
<p>In regard to stroke, there was a possible opportunity for scrutiny involvement in the specification of certain community services. A Member and officer had been invited to sit in on an initial steering group meeting. The Chair would attend unless unavailable in which case she would nominate the Vice-Chair or another Member to do so.</p>	All
<p>The Committee received District/Borough Health Scrutiny Updates.</p>	All
<p>Local Involvement Network (LINK) Update - David Bassett presented their annual report.</p>	All

This page is intentionally left blank

PURPOSE

This report represents a request for Phlebotomy services and access to Bradwell to be brought before a Health Scrutiny Committee. It could be either Newcastle or Staffordshire, that decision needs to be agreed with officers. Any scrutiny should involve Stoke Health Scrutiny as many of the users of the services are based in Stoke. These services have received some scrutiny from Newcastle, but we have yet to get to the bottom of some of the issues. If Newcastle is to continue with the scrutiny it needs to be done in conjunction with Staffordshire.

INTRODUCTION

The new phlebotomy available to residents of North Staffordshire are designed (sic) with no concern as to how patients are going to access them, or how convenient they are for patients.

The previous service relied heavily on the Path Lab. As a user of the service I was amazed at the number of users who were prepared to come in off the street and wait for long periods. It is now becoming obvious that many of the alternative services are restricted. It is one thing to produce an impressive list of centres offering phlebotomy services. It is another thing to produce a list showing how accessible they are and how available to the general public.

That patients were prepared to wait for long periods at the Path Lab for the walk in service is an indicator that the community services were not working. It is doubtful if they are now.

A number of users have complained verbally to me. However I will use two examples to make my point. One is my own experience and the other is in an e-mail, reproduced below, from a user of the service.

BRADWELL

Before looking at the Phlebotomy service the author will address the Bradwell issue.

It would be very difficult to locate in Newcastle a more inaccessible site (by public transport) for a community health service than Bradwell. On the other hand it would be difficult to find many sites with better public transport than the current Out Patients unit. The reference made to the bus service for Bradwell in publicity by the trust is an insult. It is written by those who do not use buses. Four a day plus a rush hour service is not an adequate bus service.

Any design for a community health facility that took user convenience into account would have vetoed Bradwell from the start. Bradwell is valuable housing development land, and it should have been sold with the community facility developed on the current out patients site.

Those who are suffering are the vulnerable in our society. Elderly, sick, frequently poor and reliant on inadequate public transport, or expensive taxis. This type of person will have difficulty in finding a route by which to voice their concerns. The outcome can be predicted. Fewer people will attend the service and there will be more missed appointments. The general health in the area will deteriorate as a result.

PHLEBOTOMY EXPERIENCE

Cllr David Becket

I suffer from Polycythaemia, which was diagnosed some three years ago. I attend clinics at the UHNS every three months, which requires a blood test to be taken before the clinic. I have one to three Venesections between clinics.

PHLEBOTOMY SERVICES NEWCASTLE UNDER LYME and ACCESS TO BRADWELL
Cllr David Becket **April 2012**

Until now it was a simple process. I arrived at the Path Lab half an hour before the clinic, where the blood test was taken. After the consultation I would arrange venesection appointments on the spot. No problems, this was an efficient process.

Venesection ceased at UHNS late last year. Following the visit to the consultant a nurse then has to phone up to make an appointment for me. This usually involves faxing the prescription through. This takes at least ten minutes, with fifteen the norm. What a total waste of nursing time! Of my five community appointments to date one was subsequently cancelled. No appointment at UHNS was ever cancelled.

Blood testing is no better. I am told that I have two choices. Turn up at the new Path Lab TWO hours before the appointment, or make an appointment at another centre. The second option gives me two journeys instead of one.

I am now learning that this second option is not always easy to access, though in my case my GP will provide a by appointment service.

Mrs M Brown

David

I'm contacting you to let you know of the difficulties being experienced by myself, Selwyn and older people in the Clayton area since the closure of the Path Lab in Hartshill.

Our doctor has a very limited blood testing service available and at the moment they are taking on no 'new' cases, unless the need is extreme. We have all been given directions to go to Bradwell or one of the other clinics, e.g. Ryecroft, Milehouse, etc. When the test is needed immediately you only have recourse to Bradwell.

Going to Bradwell when you have no transport of your own is a nightmare and so most people have to take a taxi, there and back - this can be costly. I think the average price from Clayton is something like £5 each trip - so £10 just to have your blood tested! Although the handout given by the Path Lab to regulars like myself for Bradwell speaks of two buses that pass the door, these services are not regular. One runs every hour in the morning and the other one runs every two hours at peak times. On the way there you get off walk up the hill and then attempt to cross the A34. Coming back the bus stop is not adjacent to the hospital. For older people with walking problems it is not feasible.

The other clinics run an appointment system and the waiting time for the blood test is something between 10 and 20 working days. This does not always fit in with the requirements of the doctor. (On a personal note I'm classed as a non-bleeder and have been told that I cannot attend Milehouse as they have been unsuccessful in obtaining blood from me.) Patients are given follow-up appointments by their doctor and find that they cannot get their blood tested until after the follow-up appointment - ridiculous and time wasting for all concerned!

Just so that I'm not considered as ageist, may I say that I've heard complaints from younger people, who have not transport of their own of the difficulty in getting to Bradwell for an immediate blood test.

What is needed is an accessible walk-in blood testing facility and one that does not present the problems of crossing the A34.

Yours,

Mavis Brown

LOCATIONS

The services previously available at the UHNS are now provided at five centres, Middleport (Monday and part Tuesday), Cheadle (Tuesday), Bradwell (Wednesday), Shelton (Thursday and part Wednesday), Fenton (Friday).

For patients who require occasional visits this mix of centres is an advantage, as they can choose the most convenient centre. However are there procedures that require attendance on consecutive days, and if so are they required to attend different centres? For example a three-day procedure Monday to Wednesday could mean attendance at Middleport, Cheadle and Bradwell.

SCRUTINY REQUIRED

This service needs in depth scrutiny. It is not good enough to produce a list of centres offering the service, details of the level of service offered must be included. Some markers need to be put down, for example the numbers attending blood tests before the change over, and their location, compared with the current situation. A survey of users would be helpful.

Scrutiny must address the following questions;

Phlebotomy

1. Has the budget for this service followed the service from the hospital to the community?
2. Are GPs paid for the offering the service?
3. What improvements have been made to the community service? (Details are required, not just a list of centres. For each location times of opening, pre booking times, walk in service details, must be provided. In addition improvements since the closure of the hospital service must be recorded.
4. Are some centres placing restrictions on “new” patients who require the service?
5. How many blood tests were carried out (on a monthly basis over the last six months) in the community?
6. How many were carried out at UHNS?
7. What is the monthly rate of blood tests now?
8. How many complaints have been received about the new service?
9. What is the current rate of missed appointments for the Phlebotomy service?
10. How does the current rate compare with that of a year ago?
11. What is the current rate of cancelled appointments (by the service)?
12. How does current rate compare with that of a year ago?
13. Are there procedures requiring attendance on consecutive days, if so how will this service be provided.

Bradwell

14. Are there guidelines covering the accessibility of Community Hospitals to Public Transport?
15. If yes have these been followed?
16. Was public transport accessibility taken into account when planning the extended services at Bradwell?
17. Will the trust take steps to make access by public transport as easy as it is to General Out Patients (i.e by commissioning a community transport service between the bus station and Bradwell)?

STANDARD OF MEDICAL CARE

In my experience the standard of medical care has been excellent. I have every faith in the staff providing care at UHNS and in the community. My concern is the management infrastructure in which they work, and the consideration shown to patients by that infrastructure.

Cllr David Becket
Chairman Newcastle Health Scrutiny Committee,
Member Staffordshire Health Scrutiny Committee

PHLEBOTOMY SERVICES NEWCASTLE UNDER LYME and ACCESS TO BRADWELL
Cllr David Becket **April 2012**

DISTRIBUTION

Julia Cleary	NBC
Sarah Garner	SCC
Nick Poutney	SCC

Copies to

Cllr Dylis Cornes	SCC/NBC
Cllr David Loades	NBC
Cllr Kath Perry	SCC
Dave Adams	NBC

HEALTH SCRUTINY

Title	Action	Method of Scrutiny and Way Forward
Consultation on Mental Health Services	Response submitted to Staffordshire County Council Health Scrutiny Committee – Still concerns that clear pathways were not in place and that proposals had not been thought through adequately.	The Committee considered an update issued by the North Staffordshire combined Health Care Trust outlining progress made on the public consultation for
Fit For the Future and move of the Accident and Emergency Centre	<p>Visit to new A & E now taken place</p> <p>Phased transfer to the new hospital was proceeding to plan.</p> <p>There was still concern regarding the reduction in beds which would need to be monitored by the Committee.</p> <p>There was still concern regarding the bus routes to Bradwell Hospital and it was agreed to write to the County Council regarding these concerns.</p> <p>Updates required regarding progress of the New A&E – County Council as lead authority.</p>	<p>The Chair requested that should any risks or problems materialise then the Committee be informed at an early stage and that this would remove the requirement for regular updates regarding the move.</p> <p>The Committee discussed that best time to visit the new site of the A&E department and decided to aim for January when the building had been handed over, the visit would also be open to colleagues from the County Council Health Scrutiny Committee.</p>
Review of Major Trauma Services	Recommendation accepted and Trauma Service to remain at North Staffs FINISHED	Recommendation submitted to the County Council.

INFANT MORTALITY

SCC Health Scrutiny Committee to seek involvement in work on excess seasonal winter mortality in their area and Newcastle Borough Council Health Scrutiny Committee to seek scrutiny involvement in work on infant mortality in their area.

Report to be provided to the next meeting of the Committee and project brief.
Project brief to be completed.

PRIORITY

A set of questions had been sent to the Director of Public Health for consideration at the next meeting prior to the setting up of a possible working group. Awaiting Responses.

The Committee had been requested by the County Council Health Scrutiny Committee to look into infant mortality rates in Newcastle under Lyme.

Partial response received from the Director of Public Health but further information required as a matter of urgency. A Joint Committee has been set up to look into the issue and the Borough Council will have a representative on this. The Scrutiny Committee will write to this Joint Committee requesting progress reports and results were expected by the 2nd Scrutiny meeting following the elections. The Director of Public Health would be requested to answer the remaining questions on the Scrutiny Brief.

Cardiac Rehabilitation Response to County Council Health Scrutiny Report regarding phase IV Cardiac Rehabilitation	<p>Work being undertaken by the Executive Director for Operational Services regarding Phase 3 and 4 Cardiac rehab being carried out at the new J2.</p> <p>Publicity would be circulated regarding the walk for life programme.</p>	<p>Concern that the PCT were taking too long and that if the pace was not increased Jubilee 2 would not be able to accommodate the cardiac rehabilitation customers.</p>
Closure of High Street Practice Newcastle under Lyme	<p>The Committee received a presentation from representatives of the PCT at its meeting on 7th November 2011.</p> <p>FINISHED</p>	<p>That the PCT be asked to provide regular updates on the progress made on the dispersal of patients from the High Street Practice.</p> <p>That the PCT be asked to keep the Committee advised of any proposals to run clinical services from the High Street premises.</p>

Services Provided by GPs and Publicity	At its meeting on 7 th November 2011 the Committee questioned representatives from the PCT regarding concerns expressed at a previous meeting relating to arrangements that were in place to enable patients to access phlebotomy services other than at the University Hospital of North Staffordshire. FINISHED	That the PCT be asked to look at updating current information on the availability of services in the community and providing improved information on how to contact NHS Direct.
Neuroradiology Review Final Report	<p>Question regarding this were referred to the accountability session which was held at the Civic Offices on 10th November 2011.</p> <p>The Committee discussed the responses received from the UHNS and it was agreed that further clarification be sought regarding some of the answers and a further report on this matter be brought to a subsequent meeting.</p> <p>FINISHED</p>	The Committee would continue to monitor the situation.
Health and Wellbeing Strategy PRIORITY	<p>During consideration of this matter the Chairman expressed the view that the Borough Council should have two representatives on the County Council's Health and Wellbeing Board and that through the development of our own Strategy document demonstrate that we were making positive steps regarding this issue.</p> <p>Priority</p> <p>A presentation was given to the Committee at its meeting on 3rd April regarding the new Local Public Health agenda</p>	It was hoped that a first draft of the Strategy would be available in the New Year.

Health and wellbeing Board	A case for increased local authority representation on the Board would be prepared in consultation with the Chair and forwarded to the County Council's Cabinet Member for Adult Services.	
Phlebotomy Services	Appeared to have improved following a publicity campaign by the PCT but further publicity was required regarding services at Bradwell Hospital.	
UHNS Complaints procedure	<p>UHNS would be requested to provide details of its complains procedures to the committee. Still awaiting documentation.</p> <p>The Committee expressed concerns regarding the length of the procedure and comments would be passed back to the hospital.</p>	