

# Minutes of the Healthy Staffordshire Select Committee Meeting held on 19 March 2019

Present: Johnny McMahon (Chairman)

## Attendance

Charlotte Atkins	Paul Northcott (Vice-Chairman)
Deb Baker	Jeremy Oates
Ann Edgeller	Jeremy Pert
Phil Hewitt	Bernard Peters
Barbara Hughes	Carolyn Trowbridge
Janet Johnson	Ian Wilkes
Dave Jones	

**Apologies:** Jessica Cooper, Janet Eagland, Alan Johnson and Victoria Wilson

## PART ONE

### 60. Declarations of Interest

1. The Chairman, Councillor J McMahon declared an interest in Item 6 'Progress report on Palliative and End of Life Care' as he was the Clinical Advisor for the programme. He did not Chair this part of the meeting.
2. The Chairman, Councillor J McMahon declared an interest in Item 7 'Excluded and Restricted Procedures (including hearing aids)' as he was a hearing aid service user. He did not Chair this part of the meeting.
3. Councillor Dave Jones declared an interest in item 7 'Excluded and Restricted Procedure (including hearing aids)' as his daughter was a hearing aid service user.
4. Councillor Charlotte Atkins declared an interest in item 9 'Work Programme' as she is the Vice Chairman of the British Fluoridation Society.

### 61. Minutes of the last meeting held on 4 February 2019

**RESOLVED:** That the Minutes of the Meeting held on 4 February 2019 be received as a correct record and signed by the Chairman.

### 62. Proposal for the Provision of an Integrated stroke service at University Hospitals of Derby and Burton

Nicola Harkness, Managing Director for South East Division (Staffs Clinical Commissioning Groups) (CCG), Dr Magnus Harrison, Executive Medical Director, Dr

James Scott, Senior Stroke Physician, Neil Radford, Divisional Director, Medicine, and James Hender, Director of Integration attended the meeting to present the paper and answer any questions.

The Select Committee had been requested to consider the proposal to integrate stroke pathway at the University Hospitals of Burton and Derby (UHBD).

The proposal was for the hyper acute stroke medicine (first 72 hours) to be delivered via a centralised service in Derby, and a single referral point for Transient Ischemic Attack (TIA). Patients would be transferred back to Burton for acute care, rehabilitation and discharge closer to home.

The case for change was explained in the report and was in line with national direction and best practice.

Prior to members asking questions, Healthwatch were asked if they had any information on the service at Burton or Derby Hospitals which would help the Committee in their deliberations. They responded that they had been involved in this development pathway when the two hospitals were merging. The main concern from the public had been travel times from areas such as Lichfield.

A Member asked how patients would be moved between the two sites. In response, the Committee was informed that patients would only be transferred if they were fit to be moved and if it was safe and appropriate to do so. A robust co-ordination process had to be involved. The Trust was working with the Ambulance services to negotiate a different contract to enable Paramedics to take the patient to the most appropriate hospital and not necessarily the closest. It was explained that patients local to Burton would be transferred back as soon as they were able to be, which would normally be within 72 working days.

Following a question on who makes the decision on which hospital a patient is taken to, Members were informed that the Ambulance services normally take patients to the closest hospital that can meet their needs and ensure the quickest turnaround time for the vehicle. Negotiations had to take place to enable that to change. It was explained to patients that they may be traveling further away from home, but it is for more specialist care and would only be for a short time until the patient was able to transfer back to their local hospital for clinical need.

It was informed that during the hospital merger consultation and pre-engagement events, the proposal to change service delivery had been discussed.

A Member asked if the drugs prescribed whilst under a consultant at Derby Hospital could be refused when the patient is moved back to Staffordshire if the Staffordshire CCG do not fund them. It was confirmed that this only happened in a very small number of cases, but not generally within the stroke service where medication was fairly standard. Reassurance was requested that there was sufficient capacity at Derby to accommodate all those needing treatment. It was explained that the number of beds required had been estimated following detailed modelling and research into the type of Strokes and the level of provision needed. There had been a capital programme

planned for the additional beds and this could be expanded in the future if needed. Currently only 11 extra beds were required.

The post code SK17 seemed to be the worst affected area with journeys taking up to 56 minutes. Again, the Committee was informed that the Ambulance service took patients to the closest Hospital unless a different pathway had been agreed either between the services generally or for that particular patient. The Committee was reminded that if the West Midlands and East Midlands Ambulance Trusts reconfigured their services, patient destinations may change anyway. The main aim was to get people to the right place to treat their needs. It was noted that the proposed merger was not having any impact on the Hospitals or patients.

A question was asked on the number of patients currently seen at both Derby and Burton Hospitals. It was noted that Burton saw approximately 500 patients, with Derby seeing close to 1,000. The recommended patient level was between 1,000 and 1,600.

A question was asked on TIA and were would patients be referred to as it was normally Burton during the week and Derby at the weekend. It was explained that there was a single point of contact, so this should not concern the patient as they would be referred to the best place for their needs. The TIA may be one of the services that needed more evolution as provision on both sites was provided. From a practice point of view the symptoms for a TIA and a stroke or so similar that the patient would probably end up at Derby anyway. From the 1<sup>st</sup> October 2019, it was hoped that the Vascular service would also be located at the Derby site which would further streamline the service and ensure efficiencies.

The Chairman felt that what the Committee had heard makes clinical sense and is the national direction of travel. It was felt that there was something counter intuitive of not offering a Catheterization laboratory for those with heart disease in Burton and Officers were asked to consider this.

The consultation process was discussed, and the Committees view sought on either a full 12-week consultation or a shorter 8-week consultation. It was felt that an 8-week consultation, concentrating on travel times in particular would be appropriate. It was also suggested that the language barrier in some areas must be considered and the possible use of bilingual hospital staff to help with the communication barrier.

**RESOLVED:**

- a) That the Committee support the integration of stroke services at University Hospitals of Derby and Burton (UHBD) as set out in the report.
- b) That the UHBD be informed that the Healthy Staffordshire Select Committee suggests an 8-week public consultation period for this service change and that they concentrate on travel times and distance travelled by some patients and relatives.

**63. Cancer Services and the STP Cancer Transformation Plan 2019/20**

The Chairman had declared an interest in this item and vacated the chair. The Vice Chairman took the Chair for this item.

Becky Scullion, Deputy Director of Commissioning and Operations, Staffordshire and Stoke-on-Trent CCGs and Gina Gill, Commissioning Officer North Staffordshire CCG attended the meeting to present the report and answer questions.

At a previous meeting of the Select Committee, Members asked for information on the Sustainability and Transformation Partnership (STP) Cancer transformation plan and how this would improve the cancer service. Both the Cancer and End of Life service programmes came to an end in 2017 when no bidder was able to meet the minimum criteria set by the programme. Following this the CCGs agreed an ambitious plan to improve cancer services and this was now part of the STP planned care work stream.

The report outlined the key priorities and summarised current performance and ways to improve. During the presentation it was explained that there were three key areas to the Cancer Transformation Plan and these were: 1) detection, 2) referral to treatment and 3) diagnosis. The screening programmes were nationally drive and aimed at increasing take-up. This included national advertising campaigns and information awareness adverts. Locally, Staffordshire residents had been reluctant to go to the GP with concerns, even if they spot the signs or changes in their bodies. Targets are set nationally and included a 62-day period from the GP visit through to identification, specialist consultation (no longer than 2 weeks), referral for treatment (31-day pathway), and intervention (62-day period). It was reported that the targets were being achieved generally with the exception of the 62-day intervention target. A number of areas were being looked at in order to increase performance in this particular pathway and this included all tests being done on one day and the recruitment of more specialist staff. There has been some success with this.

There was a question on the recruitment of specialists such as oncologists and radiologists, and what was being done to support the Trusts, also who a patient could expect to see when they are referred, would it be a registrar or a consultant. In response, it was confirmed that there were staffing shortages in some areas both locally and nationally and the aim was to promote Staffordshire as a desirable place to both work and live. With regard to seeing a consultant or registrar it was felt that this was a clinical decision based on who was available and who managed the clinic. Consultants would normally be involved in the more complex cases.

There was a debate on getting appointments with a GP which caused frustration and delays, with patients putting off visits. The workstream around Primary care was briefly discussed and the use of practise by other professionals such as special nurses which may reduce the pressure on GPs.

The cancer target fluctuated across Staffordshire from 68 days to 72 days. The Committee was informed that a more in-depth analysis was available if required.

A Member asked what the National target of diagnosis was for stage 1 and 2 cancers. Could this be forwarded to the Committee and does this relate to areas where gaining appointments at GPs was challenging.

Most of the specialist services are provided by NHS England. The targets for picking up referrals were 3% currently 5% and 5 years ago 10%. Members felt that this must have involved a massive increase in diagnostic capacity in order to deliver this. What is the

relationship with NHS England in terms of funding to deliver. In response, the Committee was informed that the relationship was very positive. The West Midlands Alliance had already given funding for improving diagnostics. There had been a 30% increase in demand. The CCG were continually putting in bids for additional funding.

With regard to screening, a Member asked if screening was provided locally as in some remote areas travelling to regional sites was difficult. It was explained that there were different methods of testing being developed such as home testing kits which could increase take up rates. Schools and Social Media were also being used to promote awareness. It was suggested that school governors could be used to promote within schools. The over 70's were no longer invited for testing but if requested they were available. This was in line with national guidance and was based on genetic risk. The Scrutiny and Support Manager reminded the Committee that information on the Breast screening service had been requested and would be reported as soon as it arrived.

A Member suggested that there wasn't enough information in some of the tables in the report to properly analyse what was happening. For example, there was no assessment of the data used to identify the reasons why people don't attend screening appointments. In response, it was confirmed that more information could be provided to the committee but no single activity or initiative would solve the problems, a wide range of activities were needed and regular evaluation. Patient experience and complaints also needed to be factored into the evaluation process.

A Member of the Committee shared their recent experience of the new system which was designed to streamline the diagnosis and provide tests and results on the same day. In their experience this had not been the case and they had to wait up to four weeks for results, therefore missing the 62-day target. The Committee were concerned that this was an example of where the system can fail with potentially serious consequences. It was felt that the one stop shop was a good idea, but it need everyone to work together for it to be successful. The Councillor was asked to contact officers with more information so that the experience could be tracked back to discover the reason for failure.

**RESOLVED:** that the following information be provided to the committee:

- a) The performance on cancer targets for all regions in Staffordshire including the in-depth analysis.
- b) The National target figures for diagnosis for stage 1 and 2 cancers. This should include information on areas where gaining appointments at GPs was challenging if possible.
- c) National and local target figures for different types of cancers, both diagnosis and treatment.

#### **64. Progress update on Palliative and End of Life Care**

The Chairman declared an interest in this item and vacated the chair. The Vice Chairman took the Chair for this item.

The Staffordshire and Stoke on Trent End of Life procurement of services ceased in June 2017. Following this a Programme Board was established to take forward the

palliative and End of Life priorities. National guidance was used to develop the work stream alongside the West Midlands Clinical Senate blueprint.

The main areas of work undertaken were:

- Palliative Care registers
- Electronic Palliative Care Co-ordination systems
- Admission avoidance
- Care homes
- Children and young people
- Voluntary sector engagement

A Care Quality Commission (CQC) review recently stated that partnerships needed to improve and highlighted a number of actions to be developed.

Officers explained that the main issues surrounded:

1. Higher than average admissions into the service. There was work underway with care homes so that hospitals were not a default when patients reach the end of their lives. There was a pilot scheme with GP's supporting at St Giles and Catharine House.
2. There were gaps in some services e.g. district nurses and the need to support palliative care. There needs to be a consistent offer e.g. the same focus, systems that talk to each other, and supporting people to die when and where they want to.

A Member asked a question on how quickly a person could go home with all the right equipment and support e.g. bed, equipment etc. In response, it was explained that the Integrated Care teams would address these issues and be able to support people not to be readmitted into hospital. There were gaps in the services but with better communication a wraparound service was achievable. The Integrated Care Teams would be in place, in localities within the next 12 months.

A question was asked on the integration of patient records and how the systems linked together. It was explained that procurement was in process and systems will be able to talk to each other.

Healthwatch informed the Committee that from the information they had on End of Life care there were two trends that continually came up with patients and these were:

- Equipment - lack of it, not in time, inappropriate etc; and
- The quality of care and training of care staff to deliver services at the end of a patient's life.

Member asked what was being done to identify where the system was failing and how this could be improved. In response, it was admitted that there had been a lack of co-ordination across the professions and paper-based systems did not enable integration. Care homes were also being supported to train their staff.

Following on from this response the Member asked if there was a way of identifying staff who consistently ignore patient wishes and don't follow the system or patient's wishes. It was acknowledged that this may be an area that needed further work.

**RESOLVED:** That the report be accepted.

## **65. Excluded and Restricted Procedures (including Hearing Aids)**

The Chairman and Councillor Jones declared non-pecuniary interests in this item but remained in the meeting and took part in the debate.

The report explained that the CCGs need to priorities resources and align commissioned services across the six Staffordshire and Stoke on Trent CCGs. These services included:

- Assisted conception
- Hearing aids for non-complex hearing loss
- Male and Female sterilisation
- Breast Augmentation and reconstruction
- Removal of excess skin following significant weight loss.

The CCG proposed a formal consultation for these areas and this would start in August/September 2019 for 12-week period.

The Select Committee had requested the report on hearing aids and the service provision in the North of the County. It was established that nothing would happen to any of the services until the consultation had taken place and a formal decision had been made.

The Committee felt that it would have been useful for the report to have contained information on which areas received what services so that they could establish the extent of the realignment, the cost and the numbers of patients involved. The Members were informed that this information would be produced as part of the consultation process.

A Member asked if this was all the services that needed to be realigned or if there were more due to come forward. In response, officers explained that the policies had been written to reflect local need and that the CCG was now trying to bring everything together and in line with NICE guidance. Services would continually change and as this happened the CCG's would need to look at the realignment across all areas.

The Committee felt that hearing aids should not be on the list as they were integral to keeping people healthy and were not an 'excluded or restricted procedure'.

**RESOLVED:**

- a) That the public consultation on the excluded and restricted procedures should be for a 12-week period.
- b) That the CCG Accountable Officer be informed that the Select Committee do not believe that Hearing Aids should be on this list of consultation items as they were not an 'excluded or restricted procedure' but are as essential part of keeping people healthy.

**66. District and Borough Health Scrutiny Activity**

The Scrutiny and Support Manager presented the report which outlined the activity the Borough and District Councils since the last meeting.

It was reported the at the last meeting of East Staffordshire District Council Health Committee they had looked at the impact of plastic waste.

The next meeting of the Lichfield District Council Health Committee was to be held on 25 March and would be looking at the 12-week referral rate between Community Hospitals.

Newcastle Borough Council had recently completed a report into Monkey Dust. This had been written with the help of Keele University. A copy of the report would be sent to all members for information.

South Staffordshire District Council reported that the Breast Screen facility was now back and operational.

Tamworth Borough Council reported that they had recently received a letter from George Bryan Centre outlining the temporary closure.

**RESOLVED:**

- a) That the report be received
- b) That a copy of the report completed by Newcastle Borough Council into Monkey Dust be sent to all Members of the Committee for information.

**67. Healthy Staffordshire Select Committee Work Programme 2018/19**

Councillor Atkins declared an interest in this item as she was the Vice Chairman of the British Fluoridation Society

The Scrutiny and Support Manager presented the Committee Work Programme report. The next meeting of the Committee was scheduled for 10<sup>th</sup> June 2019 where the STP workstream on Child care and Maternity services would be considered. The Chief Officer of the University Hospital North Midlands would also be invited to attend to discuss the Quality and Improvement programme, Cancer targets and Financial deficit.

At the meeting on the 12 August NEXXUS would be discussed and the provision of services and quality of care provided.

A Member asked if the new STP workstreams would be added to the work programme which included Dentistry. The Chairman agreed to discuss this with the CCG.

**RESOLVED:** That the Work Programme be approved.

**Chairman**