<u>Minutes</u>

External Services Scrutiny Committee 29 October 2009 Meeting held in Committee Room 5 at the Civic Centre, Uxbridge UB8 1UW



	Committee Members Present:		
	Councillors Mary O'Connor (Chairman), Michael White (Vice-Chairman),		
	Phoday Jarjussey, Judy Kelly and Peter Kemp		
	 Officers Present: Professor Yi-Mien Koh: Chief Executive, Hillingdon Primary Care Trust Jacqueline Totterdell: Director of Operations, Hillingdon Hospital Noreen Rice: Service Manager, Riverside Centre, Central and North West London NHS Foundation Trust – Mental Health Dr Tony Grewal: Hillingdon LMC Mark Lambert: Director of Finance and Performance, Royal Brompton & Harefield NHS Foundation Trust Richard Connett: Head of Performance, Royal Brompton & Harefield NHS Foundation Trust LBH Officers Present: Nikki Stubbs, Democratic Services Manager 		
	Others present:		
	Allan Edwards, Standards Committee Chairman		
	Councillor David Routledge		
	Public present: 1		
17.	DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING		
	Councillor Peter Kemp declared a personal interest in Agenda Item 5, in that he had formally submitted a complaint about his GP, and remained in the room during the consideration thereof.		
	Councillor Phoday Jarjussey declared a personal interest in Agenda Item 5, in that he was a patient and regular user of the health service, and remained in the room during the consideration thereof.		
18.	EXCLUSION OF PRESS AND PUBLIC		
	RESOLVED –		
	That all items of business be considered in public.		

19.	PROVISION OF HEALTH SERVICES IN THE BOROUGH (Agenda Item 5)	Action by
	Consideration was given to the report on the provision of health services in the Borough. The Care Quality Commission had published the results of its performance assessment of 392 NHS trusts on 15 October 2009.	
	Hillingdon PCT Professor Yi-Mien Koh advised that the overall scores attained by Hillingdon PCT for quality and financial management in the CQC assessment (fair/fair) had been disappointing. Members were advised that the PCT had been working hard to improve its performance but had been let down in the assessment by the scores for patient experience. This score was in the bottom five in the country and had previously been in the bottom 25% in London. Professor Koh would forward the patient experience ratings to the Democratic Services Manager to pass onto Members of the Committee.	Professor Koh
	The PCT was now working with GP practices to improve the patient experience by introducing locality primary care advisors to target areas that mattered to the practices and provide support (this would be monitored by the PCT Board). Practice staff and patients would be consulted on what improvements they thought ought to be introduced and the Hillingdon LINk would be helping with this work. Experienced Practice Managers would be asked to advise other practices on improvements such as optimising appointments as well as raising awareness of what constitutes the patient experience. Training would be made available to receptionists and other practice staff where needed.	
	It was noted that the CQC assessment had become more rigorous as public expectations had increased. The PCT would be looking at the provision of information on its website to assess whether this could improve and contribute towards a better patient experience.	
	Dr Grewal advised that, whilst there had been investment in the development of new surgeries, there had been no significant investment in the maintenance of exiting surgeries for more than 10 years. It was acknowledged that the economic downturn had resulted in the provision of services taking precedence over the provision of improvement grants to surgeries. Over the last 12 months, action had been taken to look at improvement works.	
	Members were advised that the average number of consultations received by each Londoner per year had	

increased from 3.7 in the 1990s to 5.3 in 2005. It was thought that this had subsequently increased further.	
The Drop In Centre in Hayes would be formally opened in November 2009. All PCTs were required to provide this service. It was noted that the Centre had taken over a GP surgery that had previously existed on the site and had also taken over the GPs 2,000 patients. A lot of patients seen at the Centre were from Hayes and had previously regularly attended Hillingdon Hospital. As such, the introduction of the Centre had improved access for those Residents as it was closer to their homes.	
Hillingdon PCT had under achieved in the CQC assessment regarding its target for 12 week appointments for pregnant women. Hillingdon Hospital had had been working closely with the PCT and had made improvements so that 87% of pregnant women were now attending their 12 week appointment. It was noted that GPs were aiming to see pregnant patients by 8 weeks.	
Royal Brompton & Harefield NHS Foundation Trust The Committee congratulated the Royal Brompton & Harefield NHS Foundation Trust on achieving Foundation Trust status on 1 June 2009. The Foundation Trust was also commended for the immense improvements that had been made to the provision of heart care services.	
Mark Lambert, Director of Finance and Performance at the Royal Brompton & Harefield NHS Foundation Trust, advised that the organisation had achieved excellent/excellent in the CQC assessment but that it had not performed as well as it would have liked regarding the number of cancelled operations. Work had been undertaken to rectify this issue and the Foundation Trust was now meeting this target. The Foundation Trust had also under achieved in the CQC assessment on the participation in heart disease audits.	
It was noted that the layout of Harefield Hospital meant that the male and female bathrooms were not completely separated. The achievement of Foundation Trust status meant that these in-patient facilities at the hospital could be reviewed in the short to medium term.	
<u>Central & North West London NHS Foundation Trust</u> Noreen Rice, Service Manager at the Riverside Centre, advised that the Foundation Trust had slipped slightly in the CQC assessment from excellent/excellent in 2007/08 to good/excellent in 2008/09. It was thought that this was partly due to in-patients being surveyed for the first time.	

The Chief Executive of the Foundation Trust was chairing the improvement group that had been set up. Arrangements had been made for the same people who had responded to the CQC on this assessment to complete the same questionnaire again in 2010. The results would highlight whether there had been any improvements.

Planned improvements included:

- psychiatric nurses going back into uniform as a result of the responses received through the consultation;
- the introduction of gender specific wards; and
- looking at residential placements with the Council to resolve delayed transfers of care.

Work had been undertaken on the provision of care for people with mental health or learning difficulties. The Foundation Trust had been working very closely with Hillingdon Hospital on this matter and results were expected by the end of the year.

A rigorous recruitment and retention policy had been introduced and had resulted in reducing 240 applications for posts at the Foundation Trust to just two appointments. Further work would be undertaken to recruit staff in Southern Ireland and to compare practices with hospitals in South Africa.

An early intervention psychosis team had been set up to target the whole of London and had been sited as a centre for excellence. The work had resulted in the average age of diagnosis reducing to 19. A big project was underway in school and colleges to identify the gap between service provision and health promotion.

The Council's Domestic Violence Strategic Coordinator had been attending the Riverside unit to speak to women there about domestic violence. The sessions had been very successful and additional sessions had been arranged for men.

Hillingdon Hospital

Jacqueline Totterdell, Director of Operations, advised that Hillingdon Hospital had achieved a good/good rating in the CQC assessment. Its target for incidence of MRSA had been 12 but there had actually been 17. It was noted that the Hospital's failure to meet performance standards on decontamination had resulted from issues such as the reuse of blood pressure machine cuffs.

Whilst previously in the bottom 20%, Hillingdon Hospital's performance had improved in 2008/09 in comparison to other Trusts in the country. Its staff survey had also placed it in the

top 20% of the top performing Trusts.	
 Work being undertaken included: Further improvements being made around discharge planning; A patient improvement group had been established; The Director of Nurses had been talking to patients and staff about the culture of the Hospital and about the changes needed; and Investment would be made in customer care training to improve patients' first impression of the Hospital. Dr Grewal advised that there was no age limit for optimal intervention and that the spread of health episodes was far 	
greater than it had been previously. Patients would previously have been admitted to hospital for a few weeks for tests to establish exactly what was wrong with them. Times had changed and, to reduce costs and free up hospital beds, patients were called for multiple appointments and tests at multiple venues.	
Stroke and Major Trauma It was noted that the Joint Health Overview and Scrutiny Committee (JHOSC) had held its last meeting regarding the Healthcare for London's consultation on stroke and major trauma on Wednesday 28 October 2009. Concerns raised with the Joint Committee of PCTs (JCPCT) included the provision of training for staff in the Hyper Acute Stroke Units (HASUs) and Stroke Units (SUs) and the availability of therapists to take up positions given the national shortage (e.g., occupational therapists, speech and language therapists and physiotherapists).	
It was anticipated that Hillingdon Hospital would have an operational SU from 1 April 2010 with 16 beds. All staff positions had been filled with the exception of the speech and language therapist. However, as Ealing would not be having a HASU or a SU, 40% of the stroke patients that would previously have attended this hospital would be transferred to Hillingdon SU. This would increase the number of beds required on the unit by 8 (to 24) and an additional stroke doctor would be required. The nearest HASU would be at Northwick Park.	
Whilst 85% of patients had received a CT scan at Hillingdon Hospital within 24 hours of stroke, the target was 90%. Jacqueline Totterdell would forward the details on the number of patients with a brain bleed that received a CT scan within 3 hours of stroke to the Democratic Services Manager.	Jacqueline Totterdell

	It was thought that further publicity and understanding of stroke was needed. Patients were often not going to see their GP until days after they had suffered a stroke. There was a need to push the message that early intervention could save lives. Consideration was given to the support that could be given to those Residents that did not have family or friends to keep an eye on them when they went home (40% of people in London were in this situation). Councillor David Routledge advised that the Inter-Faith Network and possibly other voluntary organisations would be interested in helping these people by picking up prescriptions for them, etc. He would liaise with Jacqueline Totterdell and Dr Tony Grewal to discuss and progress this matter further. RESOLVED – That: 1. The presentations be noted; 2. Professor Yi-Mien Koh forward the patient experience ratings to the Democratic Services Manager to pass onto Members of the Committee; 3. Jacqueline Totterdell forward details on the number of patients with a brain bleed that received a CT scan within 3 hours of stroke to the Democratic Services Manager to pass onto Members of the Committee; 4. Councillor Routledge, Jacqueline Totterdell and Dr Tony Grewal to meet to discuss voluntary support and help that could be provided to stroke patients when they were	Cllr Routledge / Jacqueline Totterdell / Dr Tony Grewal Nikki Stubbs Nikki Stubbs
20.	discharged from hospital. MINUTES OF THE PREVIOUS MEETING – 23 SEPTEMBER 2009 (Agenda Item 3) RESOLVED – That the minutes of the External Services Scrutiny Committee meeting held on 23 September 2009 be agreed as a correct record.	
21.	 WORK PROGRAMME (Agenda Item 6) Consideration was given to the External Services Scrutiny Committee's 2009/2010 Work Programme. <u>25 November 2009 – Podiatry & Footcare</u> A site visit to the Pagett Ward and Diabetic Centre at Hillingdon Hospital was being arranged for the week commencing 9 November 2009. Members would be advised of the date and time in due course. 	Action by Nikki Stubbs

24 February 2010 It was noted that the meeting scheduled for 24 February 2010 would be held as a joint meeting with the London Borough of Kensington and Chelsea at Kensington Town Hall. The Democratic Services Manager would liaise with officers at Kensington and Chelsea and advise Members of the meeting details in due course.	Nikki Stubbs
<u>Children and Young People Who Abuse Their Parents and</u> <u>Carers Working Group</u> It was noted that the Working Group meeting scheduled for 4 November 2009 had been cancelled. The next meeting of the Working Group was due to be held on 2 December 2009 and would start at 5.30pm (not 6pm as previously advised).	
 RESOLVED – That: the External Services Scrutiny Committee's 2009/2010 Work Programme be agreed; Members be advised of the date and time of the podiatry site visit to Hillingdon Hospital; and the Democratic Services Manager liaise with officers at the London Borough of Kensington and Chelsea and advise Members of the details of the joint meeting being held in February 2010 in due course. 	Nikki Stubbs Nikki Stubbs
Meeting closed at: 7.45pm Next meeting: 6pm, 25 November 2009	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki Stubbs on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.