

Minutes

BETTER HEALTHCARE IN BUCKS HOSC WORKING GROUP

**MINUTES OF THE BETTER HEALTHCARE IN BUCKS HOSC WORKING GROUP HELD ON
TUESDAY 21 FEBRUARY 2012, IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY,
COMMENCING AT 10.33 AM AND CONCLUDING AT 12.50 PM.**

MEMBERS PRESENT

Mr B Allen, Mr N Brown, Lin Hazell, Mr A Oxley, Mr R Pushman and Mrs F Roberts MBE

CO-OPTEEES PRESENT

Mrs J Woolveridge

OFFICERS PRESENT

Mrs J Burke and Mrs E Wheaton

GUESTS PRESENT

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Nigel Shepherd.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 OXFORD HEALTH NHS FOUNDATION TRUST RESPONSE

The Chairman introduced Julie Waldron, Chief Executive, Oxford Health NHS Foundation Trust and Ros Alstead, Director of Nursing and Clinical Standards, Oxford Health NHS Foundation Trust. Ms Waldron started by explaining that due to the change in the geographical scope of the Trust and its acquisition of community health services in Oxfordshire, the Trust renamed itself and is now known as the Oxford Health NHS Foundation Trust and offers a range of mental health services over a large geographical area, encompassing Wiltshire, Berkshire as well as in Buckinghamshire. In Bucks, children's mental health services also includes speech and language services.



INVESTOR IN PEOPLE



The Chairman asked what involvement the Trust has had in the Better Healthcare in Bucks consultation document (BHiB). Ms Waldron explained that the Trust has had no involvement in producing the BHiB document. At the Healthy Bucks Leaders Group meetings, there has been talk about the work being carried out in relation to the re-configuration of services. Ms Waldron expressed disappointment over potential missed opportunities as a result of not involving the Trust in the development of the proposals outlined in the consultation document.

Ms Alstead went on to say that, on the positive side, the proposals appear to focus on specialist services in Acute Hospitals and the proposals for this and the management of beds appear to be rational. Ms Alstead provided Members with some statistical information. The population of Buckinghamshire is around 550,000 people of which around 100,000 will experience some mental health issue (from a mild form to more severe forms). Around 90% of these people will require primary care services. There is no mention of mental wellbeing in the consultation document. The vision is to improve health for the residents of Buckinghamshire and Ms Alstead explained that she would have expected to see a strategy which focused on Integrated Mental and Physical Health Care as the way forward but the focus appears to be on Hospital services.

Ms Alstead explained that there is a lot of evidence which points towards the right model of care where service gaps have been identified and new service arrangements delivered. She went on to say that City Hospital in Birmingham has introduced a RAID (Rapid Assessment Interface and Discharge) service which has recently won a prestigious Health Service Journal award for best innovation in mental health. It has not only resulted in better patient care but it has avoided unnecessary admissions onto already busy medical wards, and reduced length of stay and mental health morbidity in acute hospitals.

Ms Alstead said that she would have liked to have seen this sort of service delivery outlined in the consultation document and felt that the document was light on integrated services information as Bucks Hospitals provide community based services and these will need to be expanded alongside primary care if the bed base in general Hospitals is to reduce.

During discussion, Members asked the following questions and made the following comments.

- A Member said that at a recent meeting they were informed that community services are now integrated and provide care around the clock. The Member asked for further clarification in relation to the interface between Buckinghamshire Hospitals and Wexham Hospital. Ms Waldron explained she could not comment on the relationship between the two acute hospitals. However, the Trust took over the community mental health services in the south of the County some years ago and further services have been developed in Burnham for patients in the south of the County. She went on to explain that the Trust works closely with the A&E department at Wexham Hospital. Across the whole Trust, there are 1,800 in-patients a year with around a total of 30,000 patients receiving mental health services in the community. Ms Waldron said that most patients are seen in their home.
- A Member said that psychiatric services in the Acute Hospitals are very good but the Member asked whether there are enough psychiatrists in the Community to follow-up with patients in their own homes. The Member asked what the objections are for setting up Psychiatric Liaison Services in Bucks. Ms Alstead explained that this is an issue for commissioning services. Ms Waldron went on to say that there has been a liaison services team at the John Radcliffe in Oxford for over 30 years but the PCT reduced the funding for this service in recent years.
- Ms Alstead mentioned the Darzi review and emphasised the importance of integrated services.

- Ms Waldron said that Dr Alan Cohen of the Sainsbury Centre for Mental Health carried out some research and found that 40-60% of patients with medically unexplained symptoms had underlying mental health issues.
- A Member asked whether the John Hampden Unit offers Liaison Psychiatric Services. Ms Waldron responded that it is purely an in-patient unit now but occasionally help is offered to patients on general wards who may have a mental health need. The Community Mental Health Team has now moved to Cambridge House but these will be moving to the new Manor Hospital site when the new build is ready.
- A Member asked for an update on the Manor House and Tindal Centre sites. Ms Alstead started by saying that it would have been an ideal opportunity to refer to the new plans at the Manor House site in the consultation document.
- A Member asked what the official route is into the mental health services. Ms Alstead explained that 90% of patients are referred by their GP but some patients arrive at crisis point at A&E and are then referred to the mental health services. Patients, in the future, will be able to be referred via the new non-emergency number (111).

[Richard Pushman re-joins the meeting at 11.05am]

- A Member asked that, with the closure of Amersham Hospital, where have all the patients been referred to. Ms Alstead said that in-patient beds were moved from Amersham Hospital to Aylesbury some years ago. Some community services remain there. She said that if there are well resourced, integrated community services then fewer beds are required in the Hospital setting.
- Roger Edwards, consultant providing policy support, asked what the impact would be on the mental health service if more patients are cared for in the community as he would expect the demand for mental health services to increase in the Community. Ms Waldron responded by saying that she would expect to see an increase in mental health issues and the Trust would like to engage with Bucks Healthcare on this issue. She went on to say that the Trust has not been involved in any of the preliminary discussions with GPs.
- Mr Edwards went on to ask what happens if people self-present at A&E. Ms Alstead explained that the crisis team would be called for their advice. She went on to say that, in Bucks, the gap in service delivery is outside the A&E setting. In other Hospitals, the Liaison Psychiatric Services (LPS) team would be the point of contact. Another major benefit of the LPS is that A&E nurses build up areas of expertise and are able to deal with more patients as a result.
- Mr Edwards asked whether there is a sufficient resource available to keep people out of A&E. Ms Alstead said that on the current resourcing levels, there are not enough resources available. Those involved in crisis intervention require a different skill set. Those working in A&E need to be able to diagnose mental health issues. The Trust does provide reciprocal training with Bucks Healthcare.
- The Chairman asked whether the Trust had lost ground as a result of not being involved in the development of the consultation document or is it just a missed opportunity. Ms Waldron said that she does not believe that the Trust has lost ground but she did feel that it is a missed opportunity.
- The Chairman asked that if there was a move towards the enhanced service model which has been implemented in Birmingham, would Bucks Healthcare and the Trust have the capacity to offer a similar service. Ms Waldron explained that there is no funding available within the Trust's current budget for Bucks to provide an enhanced service model in the same way as the Birmingham Hospital. It would be an issue for the Commissioning team to consider. She went on to say that the Trust currently provides a good level of care but it cannot provide top quality range of care based on the current funding available.
- Ms Alstead explained that the Trust wants to challenge the consultation document as it feels that mental health services should be included and it would have provided a more

balanced message to the public if information had been included in the document. Ms Alstead went on to say that Bucks Healthcare view the Trust as a complex service area to integrate with but there is a need to work together.

- A Member asked for more details surrounding the brief for the consultation document as they felt that perhaps the brief should have been much wider. The Chairman agreed to ask Bucks Healthcare for more information about what the main driver for the consultation document is.

Action: Lin Hazell/Jane Burke

- Roger Edwards asked whether more patients will slip through the net if there is a move to reduce the number of people going to A&E. Ms Alstead responded by saying that staff can be too risk averse and a lack of experience can mean people make the wrong choices.
- A Member said that there is still space available at the Chesham Health zone which could be used to provide more local services and wanted to raise this issue whilst the re-configuration of services is being discussed.

The Chairman thanked Ms Waldron and Ms Alstead for their very useful presentation and said that Ms Alstead will be attending the HOSC meeting on 9 March.

4 SAVE OUR HOSPITAL SERVICES GROUP RESPONSE

The Chairman welcomed Mr John Barlow, representing Save Our Hospital Services, to the meeting. Mr Barlow was joined by Mr Steve Cohen (Chairman of the SOHS Group), Ms Sue Hynard (attending on behalf of Steve Baker MP) and Ms Frances Alexander.

Mr Barlow started by explaining that SOHS is a non-political cross party group. He took Members through his presentation and made the following main points.

- SOHS is not against change but it wants to halt the dilution of local services and improve the hospital facilities at Wycombe.
- SOHS wants to hold the health authority to account and wants to ensure the public is fully engaged in the consultation process and the final outcomes reflect public demands.
- SOHS views the County Councillors as the best route to holding the health authority to account and the new health Bill will give local authorities the opportunity to increase their powers.
- SOHS wants Wycombe to remain as an Acute Hospital which will treat patients with a wide range of ailments (from a broken finger to more serious stroke conditions).
- Representatives from SOHS met members of the PCT and were left feeling that the current consultation is a sales pitch rather than a public consultation. SOHS believes this is a breach of the Health and Social Care Act 2008.
- Wycombe Hospital's A&E department has been downgraded once and it is about to be downgraded again.
- 30,000 patients who attend A&E are signposted elsewhere - 20,000 of these are expected to be seen by their local GP (66%). SOHS is concerned about GP capacity to see these extra patients as it amounts to an additional 40 GP sessions per week to see 20,000 patients.
- The PCT submits its figures to the National Clinical Assessment Team. The NCAT does not check the figures and accepts them as local knowledge.
- BHiB does nothing to reduce Health Inequalities.
- Waiting times have increased by 169% and if there is a reduction of beds at Wycombe Hospital, this will only make the situation worse.

- The vision is to treat more people in the community but there needs to be a cost/benefit analysis to ascertain the viability of this.
- Quantifiable improvements are not included in the document and SOHS want the HOSC to monitor the improvements in future.
- There is a lack of sound logic that has been applied to the consultation document.
- SOHS feels that BHiB is well meaning but it fails to analyse the affects on public, patients and County Council budgets.
- Whilst the consultation document outlines 7 options, 6 of them can be dismissed very quickly which leaves only one viable option. SOHS believes that some options have not been explained in enough detail.

During discussion, the following comments were made and questions asked.

- The Chairman asked whether SOHS had looked at other parts of the Country to see what they were doing. Mr Barlow responded by saying that the organisation has looked at guidance produced by the independent proposal review which highlights where reviews fall down. Some of the common issues refer to transport and monetary considerations.
- Steve Cohen explained that SOHS was set-up in 2004. Health authorities are required to consult on changes to health services but SOHS feels that the decision has already been made as the consultation document steers people towards one option out of the seven proposed.
- A Member commented that at Wexham Hospital, there is a GP surgery aligned to A&E. Mr Barlow explained that there is a GP unit at Wycombe Hospital but it is not used and only 600 people have registered so it is due to close.
- A Member asked for clarification in relation to health inequalities. Mr Barlow explained that he did not have the specific information to hand but his impression is that health inequalities are getting worse across the County. The Chairman added that health inequalities did not relate to the way healthcare is delivered but it is more about lifestyle inequalities, including alcohol abuse, lack of exercise, poor diet and the fact that people are living longer.

[Alan Oxley left the meeting at 12.20pm]

- A Member stated that the main complaint appears to be with regards to the consultation document and the way the information has been presented. Mr Barlow agreed and added that it is also about the dilution of services at Wycombe Hospital.
- A Member commented that Wycombe Hospital currently provides very good specialist services and the Hospital will be instrumental in delivering future services. Ms Alexander added that Wycombe Hospital has already lost its children's facility which has resulted in increased visiting times. She went on to provide an example of a patient with a broken arm being transferred from Wycombe Hospital to Stoke Mandeville to then be released at 2am.
- Mr Cohen expressed concern regarding the lack of democracy in the consultation document and the way it has been presented as a fait accompli. He went on to say that Bucks Healthcare do not have to act on public opinion. He has many real stories of people who have been let down by the NHS.
- Mr Barlow mentioned the Shaping Health Services consultation which took place in 2004 and commented on how flawed the consultation was. Local people have not forgiven the NHS for moving the maternity services to Stoke Mandeville. He asked that the consultation process is correct this time.
- A Member asked whether people accept the advancements that have occurred in surgery and the fact that people do not have to spend so much time in Hospital as this is one of the main drivers for change. Mr Barlow responded by saying that people did

acknowledge the advancements and stressed that SOHS is not averse to change but it wants better patient outcomes in future.

The Chairman thanked everyone for their contributions.

5 DATE OF THE NEXT MEETING

The next meeting is due to take place on Friday 16 March at 9.30am in Mezzanine Room 3, County Hall, Aylesbury.

Future meetings

Tuesday 20 March at 2.30pm

Tuesday 27 March at 2pm

CHAIRMAN