

# Agenda

## OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

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<b>Date</b>	Friday 1 June 2007
<b>Time</b>	10.00 am
<b>Venue</b>	Mezzanine Room 2, County Hall, Aylesbury

### 9.45 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow discussion of matters such as; what line of questioning should be pursued and by whom, which areas of discussion should be covered, what members wish to achieve from the meeting etc.

### 10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
<b>1 ELECTION OF CHAIRMAN</b>	<b>10.00am</b>	
<b>2 APPOINTMENT OF VICE-CHAIRMAN</b>	<b>10.02am</b>	
<b>3 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP</b>	<b>10.04am</b>	
<b>4 DECLARATIONS OF INTEREST</b> To declare any personal and prejudicial interests	<b>10.06am</b>	
<b>5 MINUTES</b> of the meeting held on 11 May 2007 to be confirmed as a correct record	<b>10.08am</b>	<b>1 - 6</b>
<b>6 OUT OF HOURS SERVICES</b> Out of hours services have been highlighted as an area of public concern in recent months. The Head of Primary Care from the PCT and the Operations Director from Harmoni, the current provider of out of hours care in Buckinghamshire, will provide the Committee with an overview of the current situation across the County in relation to unscheduled care.  <b>Caroline Langley Head of Primary Care Buckinghamshire Primary Care Trust</b> <b>Tom Elrick Harmoni Operations Director</b>	<b>10.10am</b>	<b>7 - 14</b>
<b>7 MENTAL HEALTH TRUST ESTATES PROPOSALS</b> The Chief Operating Officer from the Mental Health Trust will outline the proposals arising from the Putting People First consultation in 2005.  <b>David Bradley Chief Operating Officer Oxfordshire &amp; Buckinghamshire Mental Health Partnership NHS Trust</b>	<b>10.50am</b>	

- 8 FINANCIAL OVERVIEW**  
The Financial Directors from both the PCT and the acute trusts in Buckinghamshire will provide an overview of the current financial situation for the Trust. The key issues for the Trusts will be highlighted and recovery plans presented. The Committee will learn how the Trusts are working in partnership to deliver savings.
- i) **Linda Morris Financial Director Buckinghamshire PCT** **11.15am**
- ii) **Tom Travers Financial Director Buckinghamshire Hospitals Trust** **11.45am**
- 9 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PIIF)** **12.15pm**  
The Forum Support Officer will update the Committee on key patient issues arising from the Forum's current work programmes.
- 10 COMMITTEE UPDATE** **12.25pm**  
An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives.
- 11 DATE AND TIME OF NEXT MEETING** **12.45pm**  
Friday 6 July 2007

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To All Members for the Overview and Scrutiny Committee for Public Health Services

# Minutes

## OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

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**MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 11 MAY 2007, IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.00 PM.**

### **MEMBERS PRESENT**

#### **Buckinghamshire County Council**

Mr M Appleyard (In the Chair)

Mrs P Wilkinson MBE, Mrs M Aston, Mrs P Bacon and Mrs A Davies

#### **District Councils**

Sir J Horsbrugh-Porter

Mrs W Mallen

Mr D Rowlands

Mrs M Royston

Chiltern District Council

Wycombe District Council

Aylesbury Vale District Council

South Bucks District Council

#### **Officers**

Mrs C Gray

Mrs A Macpherson, Policy Officer (Public Health)

#### **Others in Attendance**

Ms V Aldred, Head of Provider Services Development, Buckinghamshire PCT

Ms M Arnaud, Forum Support Worker, Patient and Public Involvement Forum

Dr J Marshall, Chairman, United Commissioning

Mr R Mills, Director of System Reform, Buckinghamshire PCT

Ms L Sharkey, Fitness for Purpose Consultant, Buckinghamshire PCT

### **1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**

Apologies for absence were received from Mr S Adams and Mrs P Birchley. The Committee noted that Mrs A Davies was permanently replacing Mrs M Baldwin for this Meeting.

### **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3 MINUTES**

The Minutes of the Meeting held on 13 April 2007 were agreed as a correct record.

### **4 COMMUNITY SERVICES**

Richard Mills, Director of System Reform, Buckinghamshire PCT, gave an informative presentation on the PCT's plans to provide an increased number of health care services based in accessible community settings. A copy of the slides was circulated with the agenda papers.

After the presentation the following points were made through questions asked:-

### **Community Hospitals**

- Members were delighted that an early commitment had been made to secure the future for the existing five community hospitals in Buckingham, Chalfont and Gerrards Cross, Marlow, Thame and the Waterside Unit.
- A Member referred to A&E Department in Buckingham Hospital, which had short waiting times and prevented people attending Milton Keynes Hospital. He commented that this hospital was crucial to residents north of Aylesbury, particularly bearing in mind the increase in housing growth expected in the near future. Linda Sharkey reported that this Hospital was very successful and that a proper analysis of trends would be made to define what services should be provided at the Hospital to give maximum benefit to the local population.
- Members noted that there had been a press release telling people that the community hospitals were not going to be closed but felt that this needed to have wider coverage, as they had not been aware of the press release. Members agreed to let Richard Mills have any ideas on the best way to give reassurance to the public for example one Member suggested using the Getting Closer to Communities Cluster Groups.

### **Chesham Healthzone**

- Concern was expressed about the delivery of the Chesham Healthzone as the present two GP surgeries in that area were becoming very cramped. The PCT were currently looking at the quickest way of delivering this Service and joining up with a partner who had a good range of experience in building these Schemes. The existing plans had been drawn up two years ago and outline planning permission had been obtained. Full planning permission was now required. A timeline for the Project was being drafted and it was agreed that this would be circulated to the Committee once it had been finalised.

**Action Richard Mills**

### **Health Care Staff**

- A Member queried the importance of school nurses who could pick up health problems in young people at an early stage e.g eating disorders. There was now a shortage of school nurses. Richard Mills commented that as part of the Community Strategy they were planning to review the work of health care staff to ensure the most effective use of their skills. It was important to look at the bigger picture of health care and prevention and also influencing the children and the parents to lead a healthier lifestyle.

### **Provision of Services**

- In relation to rural areas, there should be more emphasis on services rather than planning them around buildings. There were some real issues about rural deprivation and services need to be planned in an imaginative way with more partnership working.
- Richard Mills explained that this whole Strategy was about reversing the trend away from providing care in acute hospitals and making progress in the preventative agenda. For example the in home nursing pilot project reduced admissions by 18 – 20%. The public need to be convinced that this alternative way of providing services would be better and to reassure them that they would get the services they need. With any changes there will be cases of unmet need and these need to be identified. It would take time for the prevention agenda to develop fully.
- In answer to a question about what was a true partnership Richard Mills reported that it was for all organisations to work as a Strategic Commissioning Organisation and that each partner delivered services by working together and having a shared vision. All policies and education had to be co-ordinated and services needed to be understood at a local level.

- The 18 week Delivery Programme from diagnosis to treatment has an improved chance of success as increased community provision and better prevention should ensure that hospitals are used for specialist services.

### **Finance**

- In response to a question regarding the financial gap which the PCT was addressing, Richard Mills reported that this Strategy should help by more effective use of staff and by stopping people going to hospital.

### **Communications**

- The issue of communications in general was raised by a Member. Richard Mills acknowledged that the PCT was rethinking its Communications Strategy and welcomed practical ideas from the Committee to assist in this area.

The Chairman thanked Richard Mills and Linda Sharkey for attending the Meeting and providing an open and interesting picture of how this Strategy would work in practice.

## **5 PRACTICE BASED COMMISSIONING**

Dr Johnny Marshall, Chair of United Commissioning gave a presentation on the principles underpinning Practice Based Commissioning and how GPs were working alongside NHS Trusts and local partners to identify patients' needs and to agree priorities and to plan service delivery in the local community. A copy of the slides was circulated with the agenda papers.

After the presentation the following points were made through questions asked:-

- A Member expressed concern about the location of some GP surgeries. She gave an example of an area in High Wycombe where there were a number of surgeries very close to each other, but there was a large residential area up a large hill, which did not have a GP surgery. Therefore access to a surgery for elderly residents was particularly difficult. In response to this it was noted that it was difficult getting a balance between providing quality services and local access. Dr Johnny Marshall reported that one of the mechanisms used by United Commissioning was a Peer Review, which should redefine standards of care. Richard Mills commented that there might be ways the PCT could help in this area. The Chairman suggested it would be helpful for the PCT to review the map of GP surgeries in the area.

**Action: Richard Mills**

- Concern was expressed about providing rehabilitation services at home. Dr Johnny Marshall referred to international evidence that the quality of care at home was the same as in an acute setting where highly trained professionals were provided. Linda Sharkey informed Members that she would be happy to talk at a future meeting on the integrated care model for rehabilitation. She referred to stroke patients as an example.

**Action: Linda Sharkey**

- A Member referred to the Haddenham Health Centre and how that could be better used, particularly for accident and emergency work out of normal working hours. Dr Johnny Marshall reported that they had been discussing how to avoid using A&E at hospitals but this required careful consideration of having the right resources (especially equipment, and skills) to provide these in the local community and how this was managed. In relation to consultants coming out to Health Centres, consultants needed to be able to deal with patients effectively and safely with all the facilities they required. This needed to be considered in relation to the reconfiguration of services and which services were best provided locally. Some consultants were in favour of delivering services more locally, but these consultants tended to be specialists in those areas, which were more suited to local services. Good partnership

working was the true test.

- There was pressure to provide larger surgeries but this needed to be balanced out against patient choice.

The Chairman thanked Dr Johnny Marshall for attending the meeting and for his excellent presentation.

## **6 PROVIDER SERVICES**

Vicky Aldred, Head of Provider Services Development, PCT provided the Committee with an update on the range of PCT Provider Services and current staffing levels. A copy of the slides was circulated with the agenda papers.

After the presentation the following points were made through questions asked:-

- The reduction in whole time equivalent staff from April 2006 to March 2007 was 115. A Member asked how many of those staff were administrative. It was agreed that this information would be sent to Members.

**Action: Vicky Aldred**

- It could be argued that the PCT was currently under resourced in management terms as good management is vital to the delivery of high quality clinical services.
- Out of county services meant tertiary referrals that were not provided within Buckinghamshire.
- In relation to the reduction in after hours nursing care it was noted that this was being reworked to target appropriate skills to meet current demands. A blanket service had been provided before but this was not equitable across the PCT. Further details on this area would be provided to Members.

**Action: Vicky Aldred**

- Concern was expressed that one GP surgery was not providing patients with information about carer groups and Vicky Aldred agreed to look into this issue.

**Action: Vicky Aldred**

The Chairman thanked Vicky Aldred for attending the meeting.

## **7 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PIIF)**

The Committee noted the update and summary of the work of the PPIF for each of the NHS Trusts. In addition to the report Members noted that an assessment was being undertaken on patient transport services and voluntary drivers. The Committee needed to consider how they wanted to be involved in this issue.

## **8 COMMITTEE UPDATE**

The Committee noted the following information:-

- The Strategic Health Authority was hosting an event called 'Maternity Matters' on 5 June 2007.
- Mrs P Bacon gave a report on the meeting of the Oxfordshire and Buckinghamshire Mental Health Trust Board meeting. A copy of the notes of the meeting would be circulated to Members.
- Sir J Horsbrugh-Porter gave a report on a meeting he had attended - Primary Care Trust Meeting on 8 April 2007.
- The future of Wexham Park Hospital was being addressed over the next few months and would need to be looked at by the Committee.
- The Policy Officer referred to an Awareness Day with regard to Eating Disorders, which had been instigated by the Review undertaken by the Committee.

**9 DATE AND TIME OF NEXT MEETING**

The date and time of the next meeting is 10.00am on Friday 1 June 2007.

**CHAIRMAN**






**better care by design**

**harmoni**

## Out of Hours Services in Buckinghamshire

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18<sup>th</sup> May 2007



**better care by design**

## Out of Hours Service in Buckinghamshire

- Who Are Harmoni ?
- What services do we provide and where ?
- What do we do in Buckinghamshire today
- Future Service Developments



## Who Are Harmoni ?

- Provider of out of hours care to over 3m patients
- 6% of population covered
- Started as a GP Co-Operative in Harrow in 1996
- **HAR**row **M**edics **ON** call **I**ncorporated.
- 150 GP's in original service
- Increased to nearly 400 GP's by 1999.
- Commercial organisation owned by over 600 GP's



## Service Provision and Locations

- New GP Contract in 2004
- Tendered for and won contracts for Out of Hours Services :
  - West Hertfordshire in October 2004
  - Buckinghamshire in November 2004
  - Wandsworth in November 2004
  - North Somerset in April 2006.
- GP Support to A&E Departments in West London
- GP Support to Prison Services.



## Buckinghamshire

- Provide Out of Hours Clinical Services across the County
- Call Centre in Manor House, Aylesbury – Call Handling & Triage
- Primary Care Centres (OOH GP Clinics) in Stoke Mandeville Hospital, Wycombe General Hospital, Amersham Health Centre and Buckingham Hospital – also bases for visiting cars.
- In Hours LinkLine Service.



# A Patients Journey

The current patient experience of Out Of Hours Care in Buckinghamshire

Patient Telephones GP surgery  
2 Possible outcomes  
Call Harmoni OOH service  
**(0845 450 2530)**  
Advice call : NHSD On 0845 46 47

Patient contacts Harmoni A call handler will ask the patient for basic demographics and current symptoms

The patient will be passed on to a nurse or GP who will establish the patients medical need. There are 3 possible outcomes

Advice

Homecare Advise or see own GP  
A&E Referral  
Pharmacy referral

Primary Care  
Centre visit

The Patient is offered to attend a clinic and see a Doctor

Home Visit

A Doctor will visit the patient in order of clinical priority

SMH

WGH

AHC



Buckinghamshire			Target	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
	Call Volumes			9736	10724	8374	11514	11657	9018	9198	9353
	<b>Quality Standards</b>										
1	Reporting on QRs for PCT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2	% call information to practices by 8AM	100%	100%	100%	97%	98%	99%	99%	99%	99%	99%
3	Special patient notes available	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
4	Clinical Audit of patient cotacts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5	Patient experience audited	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6	Complaints handling	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
7	Matching capacity to demand & contingency	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8a	% calls rang engaged	0.10%	0%	0%	0%	0%	0%	0%	0%	0%	0%
8b	% calls abandoned	5%	3%	1%	3%	5%	10%	4%	6%	4%	
8c	% answered in 60 seconds	95%	93%	95%	92%	87%	81%	90%	91%	90%	
9a	% calls passed to 999 within 3 minutes	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
9b	% calls triaged within 20 mins (urgent)	100%	100%	100%	100%	100%	96%	87%	100%	91%	
9c	% calls triaged within 60 mins (routine)	95%	87%	92%	93%	88%	66%	81%	93%	90%	
10a	% walk-ins passed to 999 in 3 minutes	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
10b	% walk-ins triage complete within 20 mins	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
10c	% walk-ins triaged complete within 60 mins	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
11	GP cons available at all times & all places	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
12a	% emergencies consulted within 1 hour	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
12b	% urgents consulted within 2 hours	95%	91%	98%	99%	98%	92%	96%	100%	93%	
12c	% routines consulted within 6 hours	95%	98%	97%	98%	97%	95%	98%	97%	98%	
12d	% emergencies visited within 1 hour	95%	83%	100%	100%	100%	100%	86%	80%	100%	
12e	% urgents visited within 2 hours	95%	93%	92%	94%	95%	92%	91%	100%	98%	
12f	% routines visited within 6 hour	95%	99%	99%	98%	100%	97%	97%	98%	100%	
13	Patient communication - special needs met	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



# Feedback

Bucks 2006-2007 Month	Advice	Complaints	Misc	%	Total	Complete	Out	Not		Upheld	Ack	Complete	%Complete
	Visit/ PCC	Received		Received	Received	Completed	standing	upheld	Upheld	in part	2 days	in 20 days	in 20days
April	8458	2	2	0.05%	4	4	0	0	2	2	4	3	75.00%
May	7295	3	2	0.07%	5	5	0	2	3	1	4	2	40.00%
June	6232	3	2	0.08%	5	5	0	2	3	0	5	2	40.00%
July	7420	7	0	0.09%	7	7	0	1	1	5	7	6	85.71%
August	5782	3	0	0.05%	3	3	0	1	2	0	3	3	100.00%
September	6126	1	0	0.02%	1	1	0	0	0	1	1	1	100.00%
October	6258	2	0	0.03%	2	2	0	0	0	2	2	2	100.00%
November	6240	2	0	0.03%	2	2	0	0	2	0	2	2	100.00%
December	8675	5	0	0.06%	5	5	0	2	3	0	5	3	60.00%
January	6640	5	0	0.08%	5	5	0	0	1	4	5	1	20.00%
February	6483	5	0	0.08%	5	5	0	3	0	2	5	4	80.00%
March	6897	5	0	0.07%	5	4	0	3	1	0	5	4	80.00%
<b>TOTAL</b>	<b>82506</b>	<b>43</b>	<b>6</b>	<b>0.06%</b>	<b>49</b>	<b>48</b>	<b>0</b>	<b>14</b>	<b>18</b>	<b>17</b>	<b>48</b>	<b>33</b>	<b>67.35%</b>



# Feedback

SUMMARY OF COMPLAINTS	No.	%	Upheld	%	Inpart	%	Not	%
Difficulty accessing service (call centre)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unhappy with GP advice/diagnosis	13	27.08%	2	11.11%	7	41.18%	4	28.57%
Delay in visit	8	16.67%	3	16.67%	3	17.65%	2	14.29%
Did not receive a visit	3	6.25%	2	11.11%	1	5.88%	0	0.00%
Attitude/manner	6	12.50%	1	5.56%	2	11.76%	3	21.43%
Delay in receiving GP/Nurse advice call	5	10.42%	3	16.67%	2	11.76%	0	0.00%
Did not receive GP/Nurse advice call	2	4.17%	2	11.11%	0	0.00%	0	0.00%
Unhappy with medication/prescription	5	10.42%	1	5.56%	2	11.76%	2	14.29%
PCC concerns	3	6.25%	2	11.11%	0	0.00%	1	7.14%
Unhappy with nurse advise/Triage	3	6.25%	1	5.56%	0	0.00%	2	14.29%
Misc	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Compliments</b>	<b>22</b>							
<b>Total</b>	<b>48</b>	<b>100.00%</b>	<b>17</b>	<b>35.42%</b>	<b>17</b>	<b>35.42%</b>	<b>14</b>	<b>29.17%</b>

## Future Developments

- Single Point of Access Service
- Ensure patients receive appropriate care from the most appropriate care team
- Saves time on referral / assessment process
- Reduces admissions to A&E
- Maximises Skills of Community teams
- Maintains patients safely in their own homes.
- Launching in phases with Phase One starting on 18<sup>th</sup> June 2007.



## Questions

