

Agenda

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

Date	Friday 6 July 2007
Time	10.00 am
Venue	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
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	10.00am	
2 DECLARATIONS OF INTEREST To declare any personal and prejudicial interests	10.02am	
3 MINUTES of the meeting held on 1 June 2007 to be confirmed as a correct record.	10.05am	1 - 6
4 ACCESS TO HEALTH The theme of this meeting focuses on access to local health services.	10.10am	

Background:

As a result of recent consultations around the reconfiguration of health services in Buckinghamshire, accessibility to services for patients and particularly for relatives and carers has been an issue of high priority that has not always been adequately addressed during the consultation process.

Following the OSC recommendations arising from the Shaping Health Services consultation, a Strategic Partnership Group was formed to provide a more coherent approach to forward planning with partners to address accessibility and transportation issues.

The Committee will hear from a range of providers regarding the services they currently deliver and how they are working in partnership with other agencies to achieve the optimum outcomes for Buckinghamshire residents.

i) Public and Patient Involvement Forum

The Local Forum representative will present the key concerns about accessibility and transportation for both patients and the public.

Ron Newall PPIF

- ii) **Access to Health Strategic Partnership Group** **10.20am** **7 - 12**
 The partnership group last attended Committee in December 2006, and will provide an update on the following five priorities

- Accessibility around relocation and development of primary care services, including out of hours
- The coordination of patient transport resources across South Central Ambulance Trust, Social Services and the voluntary sector
- Shaping Health Services Reorganisation and the Mental Health Trust Reorganisation
- Travel planning for patients - pilot schemes
- Green Travel Plans

**Tracey Ironmonger – Director of Public Health
 Buckinghamshire Primary Care Trust
 Gary Bartlett Service Manager - Strategic Transport
 Services - Buckinghamshire County Council**

- iii) **Patient Transport Services (PTS)** **11.00am** **13 - 18**
 An overview of the current demand for PTS across the County and the main challenges facing the Service.

**Andy Jones - Non Emergency Services Director -
 South Central Ambulance Trust**

- iv) **The Voluntary Sector** **11.20am** **19 - 20**
 The County Community Transport Officer will brief the Committee on the services offered by the voluntary sector and how voluntary organisations are working in partnership to develop services across the County, with particular reference to provision for rural communities

**Richard Maskell - Rural Transport Partnership Officer
 Buckinghamshire & Milton Keynes**

- 5 CONTINUING CARE JOINT TASK GROUP** **11.40am** **21 - 24**
 The scoping document for the Continuing Care Task Group work will be presented to the full Committee for approval.

- 6 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)** **11.50am** **25 - 26**
 The Forum Support Officer will update the Committee on key patient issues arising from the Forum's current work programmes.

- 7 COMMITTEE UPDATE** **12.00pm** **27 - 28**
 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.

8 DATE AND TIME OF NEXT MEETING

12.15pm

September 7th 2007 (10am)

To agree the dates for 2008 (10am).

11 January
8 February
14 March
11 April
16 May
13 June
11 July
12 September
10 October
14 November
12 December

To agree the dates for 2009 (10am)

9 January
13 February
13 March
10 April

*For further information please contact: Clare Gray on 01296 383610
Fax No 01296 382538, email: cgray@buckscc.gov.uk*

Members

Mr M Appleyard (C)	Mr H Cadd
Mrs P Wilkinson MBE (VC)	Mrs A Davies
Mrs M Aston	Mr R Woollard
Mrs P Bacon	

District Council Members

Sir J Horsbrugh-Porter, Chiltern District Council
Mrs W Mallen, Wycombe District Council
Mr D Rowlands, Aylesbury Vale District Council
Mrs M Royston, South Bucks District Council

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 1 JUNE 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.10 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mrs P Wilkinson MBE, Mrs M Aston, Mr H Cadd and Mrs C Willetts

District Councils

Sir J Horsbrugh-Porter

Chiltern District Council

Mrs W Mallen

Wycombe District Council

Mr D Rowlands

Aylesbury Vale District Council

Officers

Mrs C Gray

Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Ms C Langlely, Head of Primary Care, Buckinghamshire Primary Care Trust

Mr D Bradley, Chief Operating Officer, Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust

Mr T Elrick, Operations Director, Harmoni

Ms L Morris, Director of Finance and Business Management, Buckinghamshire PCT

Mr T Travers, Financial Director, Buckinghamshire Hospitals Trust

1 ELECTION OF CHAIRMAN

RESOLVED

That Mr M Appleyard be elected Chairman of the Overview and Scrutiny Committee for Public Health Services for the ensuing year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Mrs P Wilkinson MBE be appointed Vice-Chairman of the Overview and Scrutiny Committee for Public Health Services for the ensuing year.

3 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence were received from Mrs P Bacon, Mr R Woollard and Mrs M Royston (South Bucks District Council). Mrs C Willetts temporarily replaced Mrs A Davies for this Meeting.

4 DECLARATIONS OF INTEREST

There were no declarations of interest for this Meeting.

5 MINUTES

The Minutes of the Meeting held on 11 May 2007 were agreed as a correct record.

6 OUT OF HOURS SERVICES

Caroline Langley, Head of Primary Care Buckinghamshire PCT and Tom Elrick Harmoni Operations Director, gave an informative presentation on the Out of Hours Services, which has been highlighted as an area of public concern in recent months. A copy of the slides was circulated with the agenda papers.

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

PCT Involvement

- Harmoni had won the contract for providing an out of hours service for Buckinghamshire in 2004. With the exception of 2 practices that contract with Harmoni directly (Denham Green and Iver Medical Centre), the PCT set up the contract with Harmoni on the GPs behalf. These 2 practices however are included in the overall monitoring figures.
- Previously the PCT held monthly monitoring meetings with Harmoni, which covered service provision, quality standards and complaints. These have now been changed to quarterly because of the improvement in performance. These Reviews are conducted in accordance with National Quality Standards. The PCT is satisfied with the contract held with Harmoni.
- The next review of the Harmoni Contract is October 2007 and the PCT Board are looking to extend this contract for one year.

Harmoni

- If a patient rings up and is semi-coherent and alone, the call handler will pass the call immediately to a clinician to make an assessment. If the clinician believes that if the patient is unsafe they would send for an ambulance or conduct a home visit. If the patient has rung up during GP surgery hours they are asked to contact their GP.
- The Single Point of Access Service (SPA) has been developed to ensure patients receive appropriate care from the most appropriate care team, which should save time on referral and assessment processes. Admissions to Accident and Emergency should be reduced by maximising the skills of community teams and maintaining the patients safety in their own homes. A pilot was currently being conducted in Somerset.
- With reference to the SPA, a Member expressed concern about what hospitals would be used within this Service, as Milton Keynes Hospital was closer to him, than Stoke Mandeville Hospital, which was within the County. He was reassured that Harmoni refer patients out to Milton Keynes Hospital routinely. They use the ambulance guidelines as to which hospital the patient should visit.
- Caroline Langley reported that people in the South of the County and East Berkshire used Wexham Hospital.
- It was noted that there would be future modelling of the community hospital in Buckingham to maximise the effectiveness of its service provision.
- In response to a question regarding whether there was a deadline for patients to receive appropriate care, members noted that Harmoni were in constant contact with their patients. Interventions were usually very quick and if it took any longer then they would be referred to another service. If there were any changes in service provision

they would contact the patient to obtain their agreement. If the patient's condition got worse then another level of care is provided. Most patients do not mind waiting as long as they are kept informed. Their condition is monitored regularly to ensure that they are still safe.

- It was agreed that the figures provided on targets should be broken down to District Council areas and also to include numbers rather than percentages as this gave Members a better understanding of local need.

Action Tom Elrick

- A Member enquired as to how calls for mental health related issues were handled. It was stated that only 2-3% were calls relating to mental health but acknowledged that this was an important issue.
- A commercial report was produced in July with detailed performance. Members suggested that it would be useful for Harmoni to produce an Annual Report and it was agreed that Members should feed in ideas about what information should be included.

Action Policy Officer

- It was agreed that further information should be provided on secondary care in the North of the County, particularly in relation to housing growth and the contract with Milton Keynes Hospital.

Action Caroline Langley

- Targets were sometimes not met because of a rise in call numbers. Work was undertaken to predict demand by looking at previous statistics, for example, there was a large number of calls in December and by liaising with other organisations, such as the Met Office, for example for Hay Fever and breathing difficulties.
- There was a discussion about NHS Direct. One of the aims of NHS Direct was to take a 'cautious' approach and if there were any doubt, NHS Direct would refer the caller to the Out of Hours Service. 5-10% of calls to Harmoni had originated with NHS Direct and 90% of those calls would be logged as the nurse giving advice to the patient. Tom Elrick reported that NHS Direct provided a good service but as they were risk averse, this meant the patient was often referred. NHS Direct were currently reviewing how they worked and were looking to re-launch the Service in 6-12 months.
- In terms of bed availability, Harmoni dealt with a wide area including Hertfordshire, London and St Albans, as the organisation covered this area contractually anyway.
- The unscheduled care strategy was a new vision to have a joined up integrated health service for 24 hours, so Harmoni would not be providing an out of hours service in isolation.
- There was currently limited access to information on patients, except for their own records but electronic patient records would be provided in the future.

The Chairman thanked Caroline Langley and Tom Elrick for attending the Meeting and providing an interesting overview of how Harmoni operated. The Committee agreed that it would be useful to visit the call centre in Aylesbury to see the Service in operation and to have a meeting following the visit to look at this area in more detail.

Action Tom Elrick

7 MENTAL HEALTH TRUST ESTATES PROPOSALS

David Bradley, Chief Operating Officer from the Mental Health Trust attended the Meeting to outline the proposals arising from the Putting People First consultation in 2005.

The following points were made:-

Frith Ward, Haleacre Site

- There were concerns about Frith Ward, which included the state of the building. Work had been undertaken to improve the environment. Clients in Frith Ward were in the ward for a relatively short period with an average stay of 40 days. Some of these clients had been sectioned, whilst other clients had been admitted on a

voluntary basis. These clients had an acute period of problems, which could not be supported by nurses, social workers or psychiatrists. These clients were usually treated with medication and therapy. There are hazards in the building such as fixtures where clients could hang themselves. £1.1 million was required to bring Frith Ward up to standard where there would be no hazards to clients. Therefore the Trust was looking at the most effective way to provide this Service.

- One of the options was to close Frith Ward and to move the service provision to Tindal Ward at the Manor Hospital site in Aylesbury. Discussions were being held about how many beds were required and whether some of these clients needs could be met by community services.
- Many clients stayed in hospital longer because of locum consultants who did not know the local area and therefore took longer to refer the client to the appropriate local community teams. Currently the Trust held no vacancies for consultants in this area; therefore this should mean shorter stays.
- If Frith ward was closed, the clients would be moved to a better environment and funding could be invested in higher levels of nursing care in line with the Putting People First Consultation.
- Members were concerned about the transportation issue for the client's family and friends. The representative from the Patient and Public Involvement Forum also commented on the need to travel to Care Programme Reviews, which were conducted in Slough. David Bradley informed Members that information would be provided on transport links, they had commissioned Dial a Ride to help with transportation although this did not cover weekends and they would also help with the cost of travelling. Taxis could also be provided and the Trust had looked into whether it would be worth investing in a minibus.
- In relation to Service Provision in the South of the County it was noted that the Trust had 28,000 staff, of which there were 121 staff looking after Frith Ward. The vast majority of staff worked in the community all over the County.
- Regarding a question about a shortage of beds, it was noted that more services would be provided in the community so that the client could stay at home. They provided a Crisis Service that could help clients with acute problems. In addition they were also looking at reducing the average length of stay from 40 days to 21 days with the provision of better nursing care.

Embleton Unit, Buckingham Hospital

- There were concerns about the future of the Embleton Unit. David Bradley reassured Members that the Embleton Unit was not going to close but there had been changes to the service provision. David Bradley informed Members that he would get a member of staff to update them on the situation as this was not his area of responsibility.

Action David Bradley

Future Service Provision

- A representative of the Patient and Public Involvement Forums asked about the previous consultation that took place and that there would be a new purpose built site for mental health clients. There was also concern that the move to the Tindal Ward would compromise the rehabilitation service. David Bradley reported that the new build was still in the Trust's plans but it was a major capital scheme and it was hoped that this Scheme would commence next year. However, in the meantime it was important to close Frith Ward for safety and environmental reasons, as it would not be good value for money to re-invest in this ward.
- The Chief Executive of the Trust was looking at the estate owned with regard to mental health services, which included the Manor House Hospital site.

Kimble Unit at Haleacre

- In relation to the Kimble ward at Haleacre in Amersham, this is a small intensive care unit for very acutely disturbed clients, who had all been sectioned, and is currently under review. The Unit only held 10 beds and it was underused. There are

currently 3 patients from Buckinghamshire and 3 from Milton Keynes. 16 people had been admitted last year. The Trust is looking at service provision in Buckinghamshire and Oxfordshire and the best way of providing intensive care. Transport to intensive care units would always be a problem as it was a small, specialist service.

- The general policy was that larger wards provided better clinical provision

The Chairman thanked David Bradley for updating the Committee and it was agreed that he should be invited back in the next few months when there were some proposals on the future of service provision in Buckinghamshire.

Action David Bradley

8 FINANCIAL OVERVIEW

Linda Morris and Tom Travers, the Financial Directors of Buckinghamshire PCT and Buckinghamshire Hospitals Trust attended the Meeting to update Members on the current financial situation for the Trusts. A copy of the slides is available on the following link http://www.buckscc.gov.uk/cabinet_papers/overview_public_health/ph_20070601_agenda.htm.

(i) LINDA MORRIS FINANCIAL DIRECTOR BUCKINGHAMSHIRE PCT

Linda Morris presented the financial position for 2006/7 and Plans for 2007/8 for the PCT. After the presentation the following points were made through questions asked:-

- The Strategic Health Authority were providing full support to the PCT for historical debt and also providing funding for external consultants to help deliver the financial plan.
- The Health Service in Buckinghamshire received poor per capita funding compared to the North of England, as they were considered to have greater need. However, there was a low uptake for health services in the North of the Country compared to the uptake in the South-East, as the local public were well informed about which services they could access.
- The emphasis was now on community services, the preventative agenda and keeping people out of hospital and treated closer to home. However, it was important to change the infrastructure to provide community support before any changes were made to hospital care.
- Pooled budgets allowed for more effective use of resources. However, budgets were still separated and budgets needed to be joined up for commissioning purposes.
- Out of county services were being looked at to see if these services could be provided more locally, which would be more beneficial for the patient and more economical.
- £10 million had already been identified as savings. Managers were now asked to attend Board Meetings to account for their budgets being overspent. This was a change in culture in how the PCT previously operated, to increase accountability.
- Changes in processes since the merger of the three PCTs last October should help improve financial management, for example there were previously 3 separate ledgers.

(ii) TOM TRAVERS FINANCIAL DIRECTOR BUCKINGHAMSHIRE HOSPITALS TRUST

Tom Travers presented the financial overview for 2007/8 for the Hospitals Trusts. After the presentation the following points were made through questions asked:-

- As it was expensive when patients did not turn up for their appointment, the hospital dealt with this by overbooking on the basis that 5% of patients would not attend appointments.
- There was a National IT Strategy to ensure ease of access, with the ability to choose and book appointments at GP surgeries tailored to individual need. This should be implemented in the next couple of years.
- A big piece of work was being undertaken on reviewing their Estates Strategy. There were a number of fixed financial commitments because of PFI initiatives, which would last for the next 30 years. A Member queried about PFI initiatives being good value for money. In response to this it was noted that all PFI's went through a tough scrutiny process and were compared to undertaking the Scheme through the public sector.
- Maternity services were also being reviewed to provide services outside of hospital and through primary care. Concern was expressed about additional pressures on GPs but this should be avoided by good collaborative working.
- If beds were not utilised there was concern about the building not being used to its full capacity. However, in response to this it was noted that it was better to close off the ward and make savings in staffing costs.

Linda Morris and Tom Travers were thanked for their presentations and invited back in a year's time to update the Committee on their progress.

9 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)

There was no update for this meeting.

10 COMMITTEE UPDATE

The Committee noted the following information:-

- The Continuing Care Group would meet for the first time on 11 June at 10am. Mr Steve Adams would be asked to chair the Group, as a previous Member of this Committee. A representative from the Patient and Public Involvement Forum would be invited to sit on the Group.

11 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is 10.00am on Friday 6 July 2007.

CHAIRMAN

ACCESS TO HEALTHCARE STRATEGIC PARTNERSHIP

PROGRESS REPORT - 25th June 2007

Background

1. The Access to Healthcare Strategic Partnership Group was established in March 2006. The aims of this partnership included: identifying local priorities and issues relating to access to healthcare services, mainstreaming accessibility and supporting local transport planning through member organisations, regularly developing Access to Healthcare Action Plans, and establishing and overseeing working groups as appropriate.
2. The Strategic Partnership has membership from Buckinghamshire County Council Transportation Service, Buckinghamshire Primary Care Trust, Buckinghamshire Hospitals NHS Trust, Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust, and South Central Ambulance Service NHS Trust. In addition, a representative of the BCC Policy Support unit (OSC Team) has recently taken up an invitation to attend meetings. To ensure strategic support for the group both the County Council and the Primary Care Trust have Director level members (BCC - Strategic Director: Planning & Transportation).
3. Based on feedback from consultation leading up to the development of the 2nd Buckinghamshire Local Transport Plan (2006/7-2010/11) the steering group agreed the following short to medium-term priorities:
 - Improving access to primary care services and out-of-hours services
 - Increasing the co-ordination of passenger transport resources across sectors
 - Addressing the accessibility impacts of acute care restructuring
 - Addressing the accessibility impacts of mental healthcare restructuring
 - Integrating appointment and travel planning systems
 - Establishing and promoting workplace travel planning
4. The Strategic Partnership has initially focused on mainstreaming consideration related to access issues as part of the planning process. As a consequence of this the following has been established:

- The main strategic plans for reconfiguration of the local health economy will be presented to the Strategic Partnership so that access issues can be identified and debated at the earliest point
 - Access has been included as a criteria for any business cases developed for the provision of new services and key developments around relocation of GP Practices
 - The BCC Transportation Service now has representation on the planning group overseeing the Bucks Hospitals Trust reconfiguration
5. The Partnership has reviewed each of the 6 priority areas. A review of progress on each of the priority workstrands is provided in Appendix 1.

Areas for Development and Proposals

6. The first year of the Strategic Partnership has successfully mainstreamed accessibility issues, generated effective networks between health and transport and initiated pilot and exploratory work on a number of the key priority areas. There are two areas for development that the partnership must now progress:
- Identifying and quantifying specific access needs
 - Developing systems for access issues to be reported to the strategic partnership
7. In response to the areas identified for development the partnership is pursuing the following:
- The next meeting of the group will be dedicated to analysing current awareness of transport issues and demand. This will include input from the Patient Advocacy and Liaison Service (PALS) to capture issues patients are directly reporting
 - Strengthening the mechanisms for feedback on health related transport issues from local transport consultations, Getting Closer to Communities work and PALS

Authors:

Tracey Ironmonger, Buckinghamshire PCT

Neil Comley, Buckinghamshire County Council

APPENDIX 1

Progress Report - Individual work strands 25th June 2007

Improving access to primary care services and out-of-hours services

- PCT is currently reviewing strategic planning process and framework and developing new strategic plan
- Transportation has called for accessibility impact assessment process to be integrated into all strategic plans and ad hoc locational decision-making
- Have attempted and will continue to try involve GP practices and patient forums in our Community Accessibility Planning Partnership process in all areas across Bucks

Increasing the co-ordination of passenger transport resources

- Exploratory talks have been held between Transportation and Ambulance Trust; some investigation of practice elsewhere in UK
- Three major problem areas requiring further work have been identified: (i) use of (different) computer control systems, (ii) assessment of NHS requirements and compatibility of available supply; (iii) funding, eligibility and contractual agreements
- Further progress is currently impeded by internal bid and Transformation projects, and will be so for at least next three months

Addressing the accessibility impacts of acute care restructuring

- Decision taken to invite Transportation representative to Shaping Health Services Board to consider further transport and accessibility issues relating to restructuring

Addressing the accessibility impacts of mental healthcare restructuring

- As part of the 'Putting People First' restructuring Oxon & Bucks Mental Health Partnership NHS Trust recently announced the closure of the adult inpatient ward closes at Amersham's Haleacre unit and transfer to Aylesbury's Tindal Centre.
- The County Overview & Scrutiny Committee for Health has told OBMH to draw up plans to help families make the longer journeys. (Buckinghamshire Free Press, 10 Jun 2007; [Longer journeys for mental health patients](#))
- OBMH's chief operating officer, has said: "The Trust remains committed to talking to individual patients who have been moved from Frith Ward and their families and carers regarding transport. If families and carers need support with transport they should contact the ward manager." (Buckinghamshire Free Press, 15 Jun 2007; [Mum slams ward closure](#))
- The Transportation Service has not yet been involved in consultation or joint-working regarding the implementation of the 'Putting People First' programme.

Integrating appointment-travel planning

- It was decided to undertake a pilot project to identify an effective process for integrating appointments and travel planning – the new retinopathy diabetic screening service was selected as the pilot.
- The project partners are the County Retinopathy unit and BCC Travel Planning Team
- 21,000 patients in Bucks
- 30% historical non-attendance at appointments under previous arrangements
- 4 centres to be used – Stoke Mandeville, Wycombe, Amersham, Milton Keynes Gen. Hospitals
- The approach agreed consists of the booking centre staff arranging appointments to coincide with available public transport services and sending out travel planning cards with appointment letters; the Transportation Service's role consisted of producing the travel planning cards, and responding to individual requests for personal travel plans; patients have responsibility for obtaining public transport information (online, via telephone, or by post) and arranging their own journeys.
- At the moment the booking centre has had to drop plans to identify public transport availability when booking appointments as there have been serious problems with the software programme for bookings.

- The project partners will also need to develop a full project plan and establish a process for monitoring and evaluating the scheme. They also need to discuss the possibility of including Dial-a-Ride and other community transport services in the scheme.
- In addition to the above, the Transportation Service has created a specific webpage and maps giving information about public transport access to local hospitals on the BCC public website


Workplace travel planning

- Bucks Mental Health Trust has produced a Workplace travel plan for consultation with staff
- Bucks Hospital Trust is in the process of developing a WTP
- The Transportation Service:
 - is in regular communication with NHS organisations and has offered its support as necessary
 - has begun helping the Hospital Trust analyse staff travel patterns by mapping employees home addresses
 - is trying to promote workplace travel planning in the NHS by holding two national workplace travel planning conferences in 2006/7 with invitations to all PCTs across England.




Oxfordshire & Buckinghamshire Division

Non Emergency Patient Transport
Service
Buckinghamshire

South Central Ambulance Service 
NHS Trust

Overview


- Provides transport service for patients travelling to & from hospitals for
- Outpatient appointments
- Day hospitals
- Admissions
- Discharges

South Central Ambulance Service 
NHS Trust



Service Level Agreements with NHS Trusts


- Buckinghamshire Hospitals NHS Trust
- Milton Keynes Hospital NHS Trust
- Oxfordshire & Buckinghamshire Mental Health NHS Trust
- Buckinghamshire PCT NHS Trust
- Oxfordshire Consortium NHS Trusts

South Central Ambulance Service 
NHS Trust



Resources in Buckinghamshire

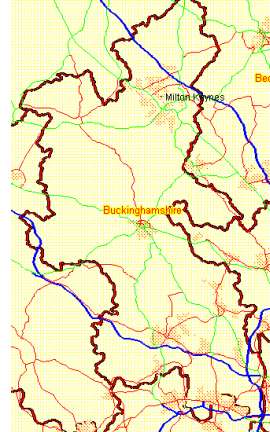
- 70+ employed part time & full time staff
- 30 vehicles
- 27 voluntary car drivers working a variety of days
- Access to approved local taxi companies
- Access to approved private providers

South Central Ambulance Service 
NHS Trust

Operating Area

- All of Buckinghamshire + parts of Herts, Beds and Oxfordshire into main treatment centres

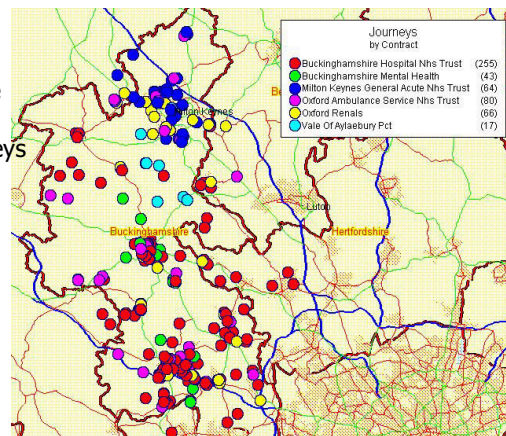
- Stoke Mandeville Hospital
- High Wycombe Hospital
- Amersham Hospital
- Milton Keynes Hospital
- Buckingham Hospital
- Community Hospitals
- Various Day centres
- Renal units at Milton Keynes & High Wycombe



South Central Ambulance Service **NHS**
NHS Trust

Example of daily work

Tuesday 19th June
2007
525 patient journeys





Pressures Faced

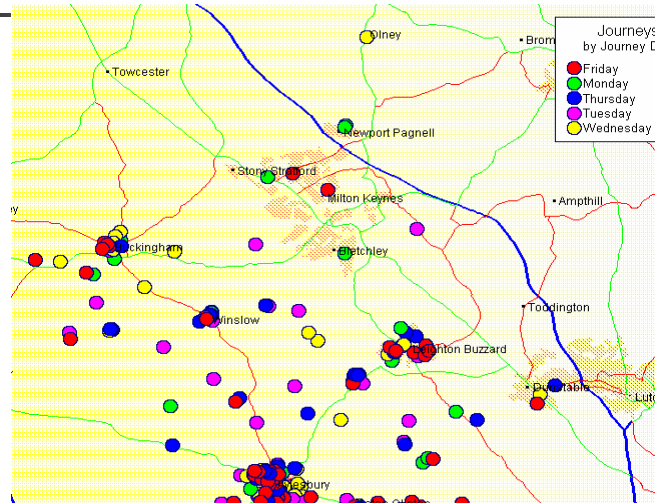
- Need to discharge patients quickly to alleviate bed pressures
- More on the day requests
- PTS only presently provide 8-6 service, need for out of hours service.



Opportunities for partnership working

- Possible sharing of resource with BCC from outlying areas (see map)
- BCC vehicles available to NEPTS when not required (1100-1400)
- Standardised booking / planning system
- Central Resource centre to plan and co-ordinate all Patient Transport and Social service journeys

Weekly Journeys to Aylesbury, Amersham & High Wycombe



■ ANY QUESTIONS

Overview and Scrutiny Committee. - Transport to Health Services

Richard Maskell

Community Transport Officer for Bucks County Council

Rural Transport Partnership Officer for Buckinghamshire Community Action.

Notes to accompany presentation:

- Key changes in the location of the health service provision and the difficulties of accessing the service using only public transport.
- Findings from public consultation, conducted by Buckinghamshire Community Action through the Market Town Vision and Parish plans, consistently highlight that access to medical services is a top priority.
- A study of the home addresses of patients from the South of the County who were using the mental health clinic in Amersham hospital and the transport problem they would experience accessing a clinic in Aylesbury.
- Present provision of Community Transport across the county. Dial-a-Rides, Community Buses, Voluntary Car Schemes and good neighbour schemes.

Aylesbury Vale has seven voluntary Care Schemes mostly based in a village but generally they will only serve the people of that village. One community bus serves Winslow Town and the surrounding villages.

Aylesbury Vale Dial-a-Ride covers almost the whole of the Vale and is supported by The Leighton Buzzer which serves the villages in Bucks within a radius of five mile from Leighton Buzzard.

Chiltern District has two voluntary car schemes and two community buses. Chiltern and South Bucks Dial-a-Ride serves both Districts.

Wycombe District has four voluntary car schemes two of which also have community buses in addition a community bus and Wycombe Dial-a-Ride.

South Bucks has two voluntary car schemes and a community bus and is served by Chiltern & South Bucks Dial-a-Ride

- A Vehicle is being used by Chiltern & South Bucks Dial-a-Ride specifically for Hospital Transport. The demand for the one to one service for the longer journey was recognised two years ago when this vehicle was purchased. The aim is for a one stage journey to health care.
- This year Chiltern District Council provided a vehicle specifically for Hospital Transport driven by volunteers and managed by Chiltern & South Bucks Dial-a-Ride. It began operating in April this year.

A meeting is planned to co-ordinate the alternative transport providers in the District.

Wide publicity preceded the start of this service. To date there are eleven volunteer drivers.

- Community Buses, their continuing expansion. Nearly all of the Community Buses are based in the larger villages however a few such villages have recognised the benefits of these vehicles and are aiming to provide their own.

**Overview and Scrutiny Draft Scoping Paper
Continuing Care for Older People in Buckinghamshire**

Subject of the Review	The delivery of Continuing Care for older people (65 and over) in Buckinghamshire
Key Question	How is continuing care being provided for older people in Buckinghamshire?
Anticipated outcomes	<p>A comprehensive, evidence-based report that establishes a clear understanding of how continuing care is currently being provided for older people in the County.</p> <p>The review will make recommendations for addressing any areas that require improvement.</p>
Reasons for undertaking the review, including where the ideas have come from	<ul style="list-style-type: none"> • National research has identified a major under funding of continuing care, exacerbated by a demographic shift towards an elderly population • Buckinghamshire has an increasingly elderly population and is therefore likely to have an increasing demand for continuing care services • Continuing care is the responsibility of both the NHS and local authority and both are experiencing significant financial pressures • Members have been made aware of the concerns of public and practitioners about current and future provision of continuing care services
<p>What is the potential impact of the review on</p> <ul style="list-style-type: none"> • The people of Buckinghamshire • Equality issues • Helping the council achieve its main priorities • Adding value to the organization 	<p>The review could:</p> <ul style="list-style-type: none"> • Improve the quality of life for vulnerable older people and their carers • Identify and make recommendations to improve partnership working between social services and health • Highlight any issues of particular or specific concern for residents from minority groups
Link to local priorities	<p>Buckinghamshire County Council's Corporate Plan objectives:</p> <ul style="list-style-type: none"> • 4a In partnership, help adults and older people to maintain their independence and quality of life • 4b Assist those who need our support to have greater choice and control of their lives <p>The review links to the Sustainable Community Strategy, to local District Council Community Plans and to the PCT's Strategic plan due to be published in September 2007</p>
Key Issues for the review to address	<ul style="list-style-type: none"> • What is the national framework and direction of travel for continuing care and how is this translated into the local picture? • Identify the drivers for change for the key groups of stakeholders ie:PCT, BCC and acute trust • How are the NHS and County Council working at the strategic level to plan for the provision of high

Overview and Scrutiny Draft Scoping Paper Continuing Care for Older People in Buckinghamshire

	<p>quality continuing care services that will meet future demand?</p> <ul style="list-style-type: none"> • How do the NHS and County Council work at an operational level to provide continuing care? • What is the experience of patients (clients), carers and families who have received or are receiving continuing care?
<p>Methodology</p>	<p>The work will be undertaken by a working group of members drawn from the Adults' Services OSC and the Public Health OSC.</p> <p>Members will gather information to seek answers to the Key Issues through a series of meetings and visits across the County.</p> <p>The review will focus on gathering evidence that provides a clear picture of patient and carers experiences of the delivery of Continuing Care across the county.</p> <p>As this is a complex area it is recommended that the approach will focus on the main care settings highlighted in a paper published by the Alzheimer's Society (2004), namely:</p> <ul style="list-style-type: none"> • The home environment • The hospital (acute) and community hospital environment • Nursing and residential care home environment <p>This will enable members to interview a range of health and social care professionals, patients and carers in each setting and form a clear picture of how continuing care is being delivered in the respective settings for people with differing and complex conditions.</p>
<p>Background Research</p>	<ul style="list-style-type: none"> • An information pack summarising guidance, key recent documentation and legislation will be circulated after initial meeting • New guidance from Department of Health due to be released June 2007 • Additional background research, statistical data etc may be identified during the evidence gathering process and will be circulated to members accordingly
<p>Evidence Gathering</p>	<p>National Picture: An overview of the national situation will be presented at 22/6 meeting from IDeA identified area of good practice. (Southwark)</p> <p>Local Framework: Judith Dean of the Buckinghamshire PCT and Rita Lally</p>

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	<p>of Buckinghamshire County Council will present how the national picture is translated into the local framework at the meeting on 16th July.</p> <p>Local Delivery in Practice: Evidence of the experiences of local people will be sought through targeted publicity and partner evidence such as through the Patient Forums. Letters to be sent to stakeholders to canvas views that could contribute to the review In addition, evidence will be gathered through meetings with:</p> <ul style="list-style-type: none"> • NHS officers from the PCT, Acute Trust and Mental Health Trust • BCC officers working in the area of continuing care • Voluntary Sector organisations ie: Age Concern, Help the Aged, Carers Bucks • GPs • Private care providers • Public sector providers ie: Fremantle Trust
Press & Publicity	<ul style="list-style-type: none"> • Press release at beginning of review to encourage public to contribute • Use website and Bucks Times for updates • Explore use of voluntary sector and patient forums newsletters • Interim update to press • Final release interviews with chairman • Leaflets to be distributed post review • Scrutiny champions website
Timetable	<p>See Gantt Chart attached. Estimated date for report at Cabinet - February 2008</p>
Reporting mechanism	<p>Cabinet /NHS trusts board meetings (PCT, OBMH, BHT)</p>

Buckinghamshire In House Forum Support Organisation

Report to Overview & Scrutiny Committee – July 2007

Buckinghamshire Primary Care PPI Forum

At their recent AGM members agreed a work plan for 2007/8. items include:

- Engagement with the public – to liaise with patient/voluntary/support groups and raise awareness of Forum activities. Forum recently had a stall at local village day.
- Visits to service providers –visits to GP surgeries currently taking place and it is anticipated this programme will be extended to include community hospitals
- Provision and Access to Healthcare to include preventative health measures
- To continue to take an active part on PCT current projects

Oxfordshire & Buckinghamshire Mental Health PPI Forum

Bucks members have recently held a meeting in public to hear views on the imminent closure of Frith Ward at Haleacre Unit in Amersham Hospital and will be contacting PCT regarding possible consequences for Bucks patients.

South Central Ambulance PPI Forum

5 project meetings have recently taken place to discuss the future of control rooms – their number, location and costs.

From: Aston, Margaret
Sent: 13 June 2007 09:27
To: Macpherson, Angela
Subject: pct

REPORT FROM THE BOARD MEEETING OF THE PRIMARY CARE TRUST ON TUESDAY 12th JUNE. 2007 BY MARGARET ASTON.

In questions from stakeholders I asked how the Chesham Health Zone project was progressing and was told that the scheme was supported by the PCT. They were working with the GP's, it would be a GP led project and they were looking for 3rd party partner for funding. I also asked about Community Hospitals and was told that the PCT were looking at how to best utilise these facilities to work with the local communities and in two cases were looking for capital funding to bring the hospitals up to date.

The final accounts would be signed off at the beginning of July.

The Buckinghamshire Health Community Information Management & Technology Plan was discussed . Further work on this was in progress.

The closure of the Benjamin Road Surgery, High Wycombe was approved unanimously and thanks were expressed to the O&S for their support .

Further work was being done on the Community Pharmacy Enhanced ~Services.

In the Finance Report the Trust are planning to meet year end breakeven with the 0.5% contingency plus 0,5% surplus. Milton Keynes have withdrawn £600,000 funding for Head Injuries as they do not use this service only in a very minimal way.

