

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 6 JULY 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.10 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mrs P Wilkinson MBE, Mrs M Aston, Mrs P Bacon, Mr H Cadd and Mrs A Davies

District Councils

Sir J Horsbrugh-Porter

Chiltern District Council

Mrs W Mallen

Wycombe District Council

Mrs M Royston

South Bucks District Council

Officers

Mrs C Gray, Senior Democratic Services Officer

Mr G Bartlett, Service Manager (Strategic Transport Services)

Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Mr N Comley, Team Leader, Transportation Policy and Strategy, BCC

Mr A J Jones, Non Emergency Services Director, South Central Ambulance Trust

Mr R Maskell, Community Transport Officer, Buckinghamshire County Council

Mr R Newall, Locum Forum Representative, Public and Patient Involvement Forum

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence were received from Mr R Woollard, Mr D Rowlands and Ms T Ironmonger (Director of Public Health).

2 DECLARATIONS OF INTEREST

There were no declarations of interest for this Meeting.

3 MINUTES

The Minutes of the Meeting held on 1 June 2007 were agreed as a correct record.

4 ACCESS TO HEALTH

The Committee considered accessibility to services for patients and particularly for relatives and carers. The Committee had made recommendations arising from the Shaping Health Services consultation, agreeing that a Strategic Partnership Group was formed to provide a more coherent approach to forward planning with partners to address accessibility and transportation issues. A range of providers have been invited to this Meeting to inform the

Committee about the Services they currently deliver and how they are working in partnership with other agencies to achieve the optimum outcomes for residents.

(i) PUBLIC AND PATIENT INVOLVEMENT FORUM

Ron Newall, Public and Patient Involvement Forum presented the key concerns about accessibility and transportation for both patients and the public.

- There were three Working Groups; Engagement with the Public, Visits to GP Surgeries and PATH (Prevention and Access to Health Care).
- Access to services were looked at from different angles such as the views of minority groups, cross border issues, awareness of the services and quality of services for chronic diseases.
- They had looked at the Service provided by Harmoni and were pleased that they routinely responded to their comments and to audits.
- The Chairman and Vice Chairman of the Forum meet with the Primary Care Trust Chairman, Chief Executive and Director of System Reform on a monthly basis.
- Services were being monitored closer to the patient with the shift from secondary to primary care.
- The Patient Advice and Liaison Service was excellent.
- There was some concern about the opening hours for community pharmacists, particularly for Chesham.
- Cancer services from Mount Vernon Hospital were no longer being moved to Hatfield. The Forum felt it was important to keep the services locally and are keeping a watching brief.
- The Forum agreed to bring forward visits to GP surgeries in the North of the County because of concerns that had been raised.
- They will also investigate the 'patient journey' from secondary to primary care. This is reinforced by the apparent difficulty in obtaining routine outreach physiotherapy services for patients returning home after hip replacement surgery.

(ii) ACCESS TO HEALTH STRATEGIC PARTNERSHIP GROUP

Gary Bartlett, Service Manager for Strategic Transport Services gave a presentation on the Access to Health Strategic Partnership Group. This was established in March 2006 and the aims of the partnership included:-

- Identifying local priorities and issues relating to access to healthcare services
- Mainstreaming accessibility and support local transport planning through member organisations
- Regularly developing Access to Healthcare Action Plans
- Establishing and overseeing working groups as appropriate.

Gary Bartlett went through his report and during discussion the following points were raised:-

Mental Health issues

- Concern was raised about the closure of Frith Ward and to move services to the Manor Hospital Site in Aylesbury, in relation to transportation issues.
- Members noted that mental health service users would have home visits during their stay in hospital as it was part of their therapy and they would be escorted by staff during this visit.
- Concerns were raised about the Embleton Unit at Buckingham Hospital as some services had now moved to the Red Cross, particularly relating to transport issues.

- The Partnership Group drew in feedback from a whole range of sources and lots of issues were discussed. However, sometimes key issues could be bypassed, for example the Transportation Service had not yet been involved in consultation or joint working regarding the implementation of the 'Putting People First' Programme.
- The Committee expressed concern about the lack of information regarding changes to mental health services and that the Chairman and the Policy Officer should talk to the Chief Executive of the Trust to set up a network of communication between the Trust and the Partnership Group.

Angela Macpherson

- The Committee agreed that a representative of the Access to Health Strategic Partnership should liaise with the Policy Officer on a monthly basis with regard to any changes in health services, particularly with the proposed changes to mental health services.

Angela Macpherson/Gary Bartlett/Neil Comley

General Transport Issues

- The Integrated Passenger Transport Manager was currently reviewing the whole range of transport services for the Council. Therefore it would be a good time to put forward any concerns on transportation issues. Services were being reconfigured for local needs e.g to use buses not being used during school hours.

All

- A pilot project was being undertaken to identify an effective process for integrating appointments and travel planning using the new retinopathy diabetic screening service.
- As there were serious problems with the software programme for integrated appointment-travel planning, a proposal was made whether a public transport leaflet should be sent with the hospital appointment card and that this be investigated. Bus timetables were held at the Hospital reception, but the journey had already been made.

Gary Bartlett/Tracey Ironmonger

- Further information should be provided in local magazines e.g Parish magazines as it was a very good way of communicating on these issues. Local Members would be a useful source of information on the relevant magazines and contacts. Richard Maskell reported that Bucks Community Action had a database of publications which could be used by transportation.

Gary Bartlett/Neil Comley

- As part of the Pathfinder Initiative, one of the projects that was being considered was demand responsive transport.

(iii) PATIENT TRANSPORT SERVICES (PTS)

Andy Jones, Non Emergency Services Director – South Central Ambulance Trust gave an overview of the current demand for Patient Transport Services across the County and the main challenges facing the Service. The Service provides transport services for patients travelling to and from hospitals for outpatient appointments, day hospital appointments and admissions and discharges. They have a number of Service Level Agreements with a number of NHS Trusts and have just won a big contract which will mean a big increase in Service.

During discussion the following points were made:-

- One of the pressures faced was that the Service does not include out of hours, it covers from 8am to 6pm. They were looking at whether to extend the service to 8-9pm although this had budgetary implications.
- There was a standardised booking/planning system with a Central Resource

Centre to plan and co-ordinate all Patient Transport and Social Service journeys.

- Members asked the Trust to provide more information on cross border services, particularly South Bucks and Berkshire

Andy Jones

- Voluntary drivers did not do any lifting or provide any medical assistance so those people that were transported were not high risk. This was because of insurance purposes. If a driver wanted to learn life saving skills the Trust were happy to take them through the programme.
- Taxis and ambulances were very expensive compared to this Service.
- There was a rule that there had to be a medical need to transport the patient.

(iv) THE VOLUNTARY SECTOR

Richard Maskell, the County Community Transport Officer briefed the Committee on the services offered by the voluntary sector and how they were working in partnership to develop services across the County, with particular reference to provision for rural communities.

During discussion the following points were raised:-

- This Service filled the gaps where core transport was not running and community transport needed to be provided.
- There were 30 alternative transport providers.
- Wendover Community Car was an example of good practice. The funding was raised independently by the community themselves and it carries 3,200 passengers a year. The vehicle was also wheelchair accessible.
- He was currently working with Princes Risborough to buy a modern community bus which would hold 16 passengers, buggies and wheelchair.
- 178 people responded to a survey stating that they would use a community bus service if it was provided.
- As part of the pathfinder initiative, the County and District Councils were looking at areas of joint working. One of the projects that they were considering was demand responsive transport and whether there were ways to be more efficient and effective in the planning and co-ordination of transport.
- Most journeys were within District areas and did not cross over borders.
- Dial a Ride journeys had to be booked in advance.
- One off funding had been provided for a Dial a Ride Service to provide transport at the weekends which was well used.
- There was a shortage of voluntary drivers for Chiltern Dial a Ride particularly to provide transport out of normal working hours.
- Advertising for drivers was undertaken via the radio and local press. Once a driver was recruited, they usually became very committed to the service.
- Voluntary Car Schemes drivers used their own cars and were covered by their own insurance. It was agreed that the insurance issue should be looked into further and the likelihood of claims being made against the Council.

Richard Maskell

The Chairman thanked the visitors to the Committee for attending the meeting. It was agreed that the Policy Officer would liaise with the Providers about a follow up session to take place in approximately 6 months to monitor progress.

Angela Macpherson

5 CONTINUING CARE JOINT TASK GROUP

The scoping document for the Continuing Care Task Group work was approved by the

Committee.

6 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PIIF)

The Forum Support Officer updated the Committee on key patient issues arising from the Forum's current work programmes.

7 COMMITTEE UPDATE

The Committee noted the following information:-

- The Chairman and the Policy Officer were organising a Meeting with the Mental Health Trust regarding the Embleton Unit and would report back to the Committee.
Angela Macpherson
- Margaret Aston would report back on the Chesham Health Zone following the PCT Board Meeting. A broad timeline had been set with a completion date of September/December 2009.
Margaret Aston
- A briefing paper would be sent to Members on the positive work being undertaken by Harmoni.
Angela Macpherson
- Some concern was expressed about the merging and upsizing of GP practices and the lack of consultation. If this continued, this was an issue that the Committee should discuss.
- A Member had attended a Meeting in Green Park regarding physiotherapy services, where it was noted that services were being reduced. This would have an impact on the vulnerable and the elderly. It was agreed that the Committee should have an update on this situation, particularly in relation to the Continuing Care Joint Task Group.
Angela Macpherson

8 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is 10.00am on Friday 7 September 2007.

CHAIRMAN