Agenda

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

Date Friday 7 December 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		
3	**MINUTES** of the meeting held on 2 November 2007 to be confirmed as a correct record		**1 - 8**
4	**PUBLIC QUESTIONS** The Chairman of the Committee will receive questions from members of the public relating to health issues.		
5	**BUCKINGHAMSHIRE PRIMARY CARE TRUST** 'Preparing Buckinghamshire PCT for the future' Buckinghamshire PCT has recently set out their strategic objectives for the next 3 to 5 years. The strategic objectives focus on addressing the health needs of the local population by improving average life expectancy, reducing health inequalities, enhancing quality and safety of patient services and enabling local people to have a greater voice in shaping local health services and managing their own healthcare.	**10.10am**	**9 - 18**

The plan also identifies key areas for improvement that will work towards achieving the forecast deficit for 2007/2008 of £10m and achieving a run rate balance. The five areas that will contribute towards achieving financial balance are:-

- Acute care - urgent and non urgent(planned)
- Contracting
- Prescribing
- Provider services
- Non acute services

The Director of System Reform for Buckinghamshire PCT will provide more detail around how the PCT is driving these plans forward.

Richard Mills – Director of System Reform Buckinghamshire Primary Care Trust

6 HEALTHCARE COMMISSION - ANNUAL HEALTH CHECK **11.20am** **19 - 52**

The Healthcare Commission is the independent watchdog for healthcare in England. The Annual Health Check is one of the most important of the commission's activities and is aimed at driving improvements in healthcare for the public. The commission measures the performance of each NHS trust in England by assessing the quality of care and the management of resources.

Overview and Scrutiny Committees and patient and public involvement forums are invited to contribute to the Annual Health Check from evidence gathered during the previous year relating to the designated 24 core standards and 13 developmental standards.

A representative from the Commission will discuss what impact the Committee's comments made in the 06/07 Declaration and offer support in preparation for the commentary for the 07/08 Declaration.

Kouser Chaudry, Assessor, South West Region
Healthcare Commission

7 PATIENT AND PUBLIC INVOLVEMENT FORUMS

The Forum Support Officer will update the Committee on key patient issues arising from the Forum's current Work Programmes.

8 COMMITTEE UPDATE **11.50am** **53 - 54**

i. The Chairman will update the Committee on the recent meeting of the Overview and Scrutiny network for the South Central Strategic Health Authority region.
ii. Members will 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.

9 DATE AND TIME OF NEXT MEETING **12.15pm**
Friday 1 February 2008 – 10.00am
Please note this meeting will be held at the Winslow Centre

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

Members

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

District Council Members

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

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 2 NOVEMBER 2007, IN ROOM 6 SOUTH BUCKS DISTRICT COUNCIL, CAPSWOOD, OXFORD ROAD, DENHAM, BUCKS UB9 4LH, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.10 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)
Mrs M Aston, Mrs P Bacon, Mr R Woollard, Mr B Allen and Mr A Oxley

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
Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Ms A Eden, Chief Executive, Buckinghamshire Hospitals Trust
Ms C Eves, Head of Midwifery, Buckinghamshire Hospitals Trust
Dr G Luzzi, Medical Director, Buckinghamshire Hospitals Trust
Mr D Eustace, Divisional Chair of Womens and Childrens, Buckinghamshire Hospitals Trust
Dr J O'Driscoll, Director of Infection Prevention and Control, Buckinghamshire Hospitals Trust
Dr R Shepperd, Clinical Director, Oxfordshire and Buckinghamshire Mental Health Trust
Ms Y Taylor, Service Director of Child and Adolescent Mental Health Services, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr H Cadd and Mr D Rowlands, Aylesbury Vale District Council. Bruce Allen replaced Pauline Wilkinson and Alan Oxley replaced Avril Davies for this meeting.

As Mr M Appleyard was not present at the start of the meeting, it was resolved that Mrs M

Aston should chair the Meeting until he arrived.

MRS M ASTON IN THE CHAIR

2 DECLARATIONS OF INTEREST

Mr Allen declared an interest as a Member of the Hospital PPI Forum.

3 MINUTES

The Minutes of the Meeting held on 5 October 2007 were agreed as a correct record.

4 PUBLIC QUESTIONS

Written responses to be sent on the following public questions which were asked at the meeting:-

Jennifer Woolveridge asked a question about the out of hours service swamping A&E. A Bucks patient had commented that they had failed in providing an adequate level of service.

Alan Oxley asked 2 questions on behalf of South Bucks District Council and a written response would be sent in due course:-

- Dentistry – provision of NHS contracts
- Ambulance – Response times for South Bucks

5 REPORT FROM SOUTH BUCKS GP PRACTICE

It was agreed that this item would be referred to the PCT for a response.

6 SHAPING HEALTH SERVICES REVIEW

The Chairman welcomed Anne Eden (Chief Executive), Dr Graz Luzzi (Medical Director), Ms Celina Eves (Head of Midwifery) and Damian Eustace (Divisional Chair of Womens and Childrens) from Buckinghamshire Hospitals Trust to discuss the Shaping Health Services proposals. Two specific areas that were addressed were Emergency Care and Women and Children Services.

Anne Eden gave an overview. She particularly mentioned that the Trust had a new Board, with 5 new Non Executive Members and a new Chairman. There was also a new Executive Team. She emphasised that the patient's safety was put at the centre of any actions carried out by the Trust. In the last 6 months the Trust had achieved the 98% target for emergency services and the Trust were now looking to the future and putting in place a Strategic Plan for the next 3-5 years. The Trust worked closely with the PCT and it was noted that the PCT provided 86% of their income. One of their aspirations was to become a Foundation Trust. The two main targets to achieve this were quality and management of resources. The Trust is monitored by the Healthcare Commission and last year they had received a good score for Resources but a weak rating for Quality, therefore they were working towards a good score for this year.

Emergency Care – Dr Graz Luzzi

Preceding the presentation on emergency care Dr Luzzi reported that the elective surgery site has been working well and has achieved reductions in the length of stay for patients with length of stay figures showing as lower than the national average. Dr Luzzi gave a presentation on emergency care services. The following points were noted:-

- Surgical Services were reorganised in September 2005 so that emergency surgery and trauma care were provided at Stoke Mandeville Hospital. Whilst emergency care was still provided at Wycombe Hospital, the intention was that Stoke Mandeville Hospital would become a 'Super' Trauma Centre. Emergency patients who attended Stoke Mandeville A&E would be transferred to Wycombe if they needed to see a specialist.
- One of the benefits of organising the Service in this way was to manage the workforce provision more effectively. Because of the Working Time Directive and training accreditation, services would be improved and managed more effectively by having a 'Super' Trauma Centre at Stoke Mandeville Hospital. Doctors were unable to get accreditation unless they had seen a specific number of patients. Emergency services would be strengthened at Stoke Mandeville and specialist services would be strengthened at Wycombe Hospital.
- A Member gave an example of a woman having complications with delivering her second child, who lived closer to Wycombe Hospital. She was taken into A&E and given a blood transfusion. If trauma care was provided at Stoke Mandeville, the situation would be that she could go straight to Stoke Mandeville, which was 16 miles from Wycombe or she could still go to Wycombe, where she would be stabilized and then referred to Stoke Mandeville Hospital. It was difficult to provide for every individual patients pathway and some patients may not do as well by living further away from trauma centres. However, there was good evidence that being treated at the most appropriate place could save lives.
- Wycombe Hospital provided a 24 hour service to stabilise patients before they were transferred for a whole range of services. Blue light services should go to Stoke Mandeville Hospital, Heatherwood or Wexham or Oxford. Emergency patients on the other hand will be transferred to Wycombe Hospital if they need to see a specialist in cardiac (including angioplasty), respiratory and haematology services. It was noted that currently approximately one blue light ambulance delivery per month goes to Wycombe when it should be going to Stoke Mandeville. The Trust is ensuring that the ambulance is clearly briefed on this issue.
- A strategic review of emergency care services had been undertaken by Finnamore Management Consultants which had commented that elective surgery, orthopaedics and haematology were working well, cardiac and respiratory medicine were working well but had capacity issues and acute stroke and cardiac needed some service redesign. Plans were in place to address any further work required and to enhance these services. With regard to cardio services some patients were now going to Wycombe rather than Hammersmith Hospital.
- Members expressed concern about having good signage to hospitals. However this could create confusion amongst the public and it was important to examine the issue before a decision was made as to which hospital should be visited. The issue of re-labelling the service provided at Wycombe Hospital was discussed. The DoH Guidance did not recommend that a service is called A&E that is not supported by a trauma unit such as the case in Wycombe. However, the Trust stressed that services will not change at Wycombe and will infact be enhanced.
- Members agreed that further publicity was required to make it clear what services were being provided at Wycombe and what services were being transferred to Stoke Mandeville, particularly in relation to emergency services. Members unanimously agreed that to change the signage at Wycombe from A&E to urgent care centre would further fuel public confusion. This statement had also been made by the Public and Patient Involvement Forum. The Trust had issued statements to the press but further work was required in getting the message across to the public. A Member suggested issuing a leaflet. In addition it was suggested that Stoke Mandeville could be re-labelled a 'super' A&E and also to emphasise that the specialist services at Wycombe would remain as they are. The Trust responded that they would consider the comments from the Committee further.
- A Member referred to the Wycombe Hospital site which could be modernised. The Trust was working with estate colleagues to modernise facilities. The Trust were already paying

off two PFI initiatives so this would not be pursued as an option for this site, therefore the Trust was looking at how they could access capital.
- The Trust was looking at different models of primary care services that could be provided at Wycombe Hospital.
- Concern was expressed about the survival of the hospital, if patients stopped using Wycombe Hospital it would become less important and it was more likely that the site would be closed. The Chief Executive emphasised that specialist services at Wycombe Hospital were being enhanced and it was important to communicate this to the public. A Member commented that there must have been an increase in the number of referrals to Wexham and Heatherwood Hospitals. Taking into account changes in services over the last 2 years there had been no major decrease in the overall level of activity. It was important however, to build the reputation of the hospital.
- The Ambulance Service was fully briefed about the designation of the A&E Service and that all major trauma patients should go to Stoke Mandeville Hospital.

Women and Childrens Services – Damian Eustace

Damian Eustace reported that a decision had been taken to transfer all inpatient work in relation to obstetrics and gynaecology to Stoke Mandeville Hospital. One of the factors for this decision was the shift in population over the last 15-20 years. There was still daytime access to services at Wycombe Hospital such as ultrasound and scans. There was a midwifery led unit at the site. The Unit is currently delivering around 103 babies per annum and is experiencing a drop out rate of 50%. The Unit received over 200 bookings last year. To make the Unit viable approximately 1000 women would need to book. The PCT are aware of the low numbers and the Trust is actively promoting the MLU to GPs and the National Childbirth Trust and second time mothers. Some women who were expecting complicated deliveries or first child deliveries may opt to go to Stoke Mandeville, Wexham Park, Oxford or Banbury, particularly if they needed an epidural.

During discussion the following points were made:-

- There was a discussion about whether the increase in house building in the South East may help the target to be met. If there were not sufficient local demand, services would not be withdrawn. The Trust would devise a strategy to recruit patients such as increasing home births, rural delivery and to sell their Service to GPs. One of the problems was encouraging Aylesbury patients who had a low risk of complications to attend Wycombe Hospital rather than Stoke Mandeville. The target was reliant on patient choice. It was important to focus on second time mums.
- In terms of looking after babies after the birth, Stoke Mandeville would look after sick babies and Wycombe Hospital would have the facility to look after small babies and to help with feeding issues.
- The birthing centre at Wycombe would have alternative birthing options available.

It was agreed that a copy of the Trust's Communication Strategy would be made available to Members. The Chairman thanked officers from the Trust for updating the Committee.

MR M APPLEYARD IN THE CHAIR

7 HOSPITAL ACQUIRED INFECTION

Dr Jean O'Driscoll Director of Infection Prevention and Control gave Members an update on the current situation on the incidences of MRSA and Clostridium difficile in the Buckinghamshire Hospitals Trust.

During discussion the following points were noted:-

- The Trust will be disseminating its learning to other Trusts as an example of good practice following the Healthcare Commission's investigation.
- A Member asked about the day to day monitoring on the wards as some nurses did not feel that it was their responsibility to tell the cleaners what to do. There was a perception that the whole ward was not thoroughly cleaned and often areas were missed such as under the beds and windowsills. The Director reported that cleaning was the responsibility of each ward nurse. Standards were monitored weekly.
- There was concern about nurses leaving the hospital in their uniforms rather than taking them off and changing once they had left the ward. The Director reported that the infection was spread through people's hands rather than uniforms. Scrubs were not allowed outside the theatre and doctors always changed when they were going back into theatre.
- Children when visiting often played on the floor and there was a query about how this was managed. There were controls on the ward during visiting hours, particularly with large families.
- During discussion they referred to the 'old style matron' who had zero tolerance for poor hygiene. Senior nurses now undertook the role of the old matron and would walk their patch to ensure their area was clean. They were empowered to have 'a loud voice' so that standards were met.
- A question was asked about how cases were reported. If the same patient had the infection reoccur whether this counted as one case or two. If the patient relapsed within a month that would be counted as one case, more than one month – two.
- There were signs everywhere reminding people to use alcohol gel and health professionals wore protective clothing if they were in direct contact with the patient.
- The Hospital Trust was well below average in terms of infection outbreaks and was doing well compared to neighbouring Trusts.
- Whilst the committee structure looked bureaucratic it was essential for senior managers to oversee infection prevention as the patient's safety was crucial. This structure had been recommended as an area of good practice.
- Isolation wards, empty wards or side rooms were used when there was an outbreak of infection.

The Committee thanked Dr Jean O'Driscoll and congratulated her on the improvements she had made in preventing infection.

8 CHILDREN'S AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Yvonne Taylor and Dr Rosie Sheppard attended the meeting to present proposals outlining a realignment of services in Buckinghamshire. The Directorate of the Trust's view is that the proposed service model would provide a robust, integrated service across Tiers 3 (Specialist Services) and 4 (Inpatient services) which would enable them to manage clients with the whole range of mental health difficulties in both counties. It will enable the Trust to deliver key targets in terms of performance and quality so that services will support multi-agency working and increased capacity. The implementation process had begun with a single management and operational framework in place across the two counties. Clinical Team Managers, Consultant Psychiatrists have been appointed.

In Patient Services

- Highfield is now providing specialist inpatient services for Oxfordshire, Buckinghamshire and beyond for 11-18 age group. An additional bed with a separate area to allow younger children to be nursed safely opened in May 2007. Highfield was built in 1960s and a £4.1 million bid from the Department of Health had been successful to develop services. The remainder of the investment is already earmarked within the Trust's Capital Programme. The new Highfield would have 18 beds, which should provide ample inpatient capacity in a modern fit for purpose setting for Buckinghamshire, Oxfordshire and regionally.
- Work was being undertaken on developing the Assertive Outreach Service to help

children with complex problems e.g deliberate self harm, exclusion from school, breakdown of home or care placement, drug problems etc. This service would provide high intensity input (4+ contacts a week) delivered in community settings.

Community Services (Tier 3)

- Historically, Tier 3 Services have developed as outpatient based clinics. In order to meet the National Service Framework and Every Child Matters requirements the Trust needs to move to a community based model providing services in a flexible needs led way to provide engagement, timely support and practical help to enable access to services for client groups previously excluded. Children with a full range of psychological problems should be seen through non clinic settings.
- In order to be able to deliver the full range of interventions in a community based service model, the skill mix within the teams needed to be broadened. The role of the Consultant Psychiatrist has been reviewed thought New Ways of Working. Consultants have medical responsibility for their own work and that of junior doctors in training under their supervision. They may provide medical advice to the multi-disciplinary team for their cases but are not responsible for those cases unless formally involved in the care plan. Consultants will continue to be part of locality teams, providing direct care to an agreed number of complex cases. They will have a responsibility to participate in the care of urgent and high priority cases.

During general discussion the following points were noted:-

- The development of Assertive Outreach and Tier 3 Services were complemented and the Committee agreed that young people should be seen away from psychiatric settings wherever possible.
- Tier 3 remodelling had already been completed in Oxfordshire and while the Trust had already made considerable changes to Tier 3 in Buckinghamshire, there was a remodelling process with input from specialist CAMHS staff, Tier 2 staff and other stakeholders. The Trust would start this process in November and Yvonne Taylor and Rosie Shepperd would be pleased to report back to the Committee in the New Year.
- The Care Programme Approach has been implemented across all Tier 3 teams within Oxfordshire and Buckinghamshire so that children and young people being seen by CAMHS and other services would have a care co-ordinator within Specialist CAMHS who would ensure co-ordination across agencies and that the young people and their families were involved in meetings. This would also provide a mechanism to ensure smooth transition (where appropriate) of young people with mental health problems to adult services.
- A Member mentioned some recent research undertaken by Middlesex University about putting ‘children in the centre’ of the services that were provided. This information would be forwarded to Dr Rosie Sheppard.
- In response to a question regarding services at the border of South Buckinghamshire, Yvonne Taylor asked that the Member should take this issue up with Buckinghamshire PCT.

Yvonne Taylor and Dr Rosie Sheppard were thanked for attending the Meeting.

9 WEXHAM PARK AND HEATHERWOOD HOSPITALS CONSULTATION

Antony Rodden, Programme Manager attended the Meeting to update Members on the forthcoming consultation on Wexham Park and Heatherwood Hospitals. Members noted the following points:-

- There was an expectation that there would be some investment in Maternity Services to expand capacity. The Services at Heatherwood Hospital had only been closed for two months as there had been a staffing issue in the Summer.

- The Trust would not jointly consult with the Berkshire PCT in the forthcoming process as it was important for the PCT to consult on commissioning services first and the Hospital Trust could respond to that consultation as well. If there were any further changes that were required by the Hospital Trust, there would be an additional consultation undertaken.
- A series of public consultation meetings had been booked and Members of the Overview and Scrutiny Committee were invited to a workshop on 30 November on the proposed service changes.
- A body of work was being undertaken since the Government report this Summer which looked at wider areas of care than was previously being considered e.g vascular surgery. By working together this can improve the range and quality of clinical services provided.

The East Berkshire Overview and Scrutiny Committee had invited Members from the Buckinghamshire OSC to form a Joint Committee for the purposes of the forthcoming consultation process.The Buckinghamshire representatives on the Joint Committee would be as follows:-

Maureen Royston
Alan Oxley
Pam Bacon
Mike Appleyard (as first reserve for the above representatives)

Antony Rodden was thanked for attending the Meeting and updating the Committee on the consultation proposals.

10 COMMITTEE UPDATE

Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust Board

Pam Bacon had attended the meeting on 26 September 2007 and updated Members as follows:-

- Frith Ward - Since the closure the overall bed occupancy rates for Buckinghamshire acute wards were still running at acceptable levels and there had not been any complaints associated with the closure.
- The slippage on the Capital Programme had been caused by delays in delivering business cases for two major schemes, Park Hospital and Mandalay. The Mandalay scheme has been dropped because the additional capacity was not required.
- The Trust's report on the national community mental health patient survey for 2007 showed that the Trust was in the top 20% with respect to:-

    - Listening and respect from health professionals
    - Giving information about medication
    - Helpfulness of psychological treatments
    - Being involved in care planning
    - Helpful activities in day hospital
    - Giving information about support groups
    - Giving people a say in decisions about their care and treatment

- The Trust was in the bottom 20% for the following:-

    - Listening and respect from Community Psychiatric Nurses
    - Ability to contact care co-ordinators if service users have a problem
    - Providing a phone number of someone to contact out of hours.

11 DATE AND TIME OF NEXT MEETING

The date of the next meeting is on Friday 7 December 2007 at 10am in Mezzanine Room 2, County Hall.

CHAIRMAN

Next steps on 'Getting Healthcare Right for the future'

Presentation to Buckinghamshire Overview and Scrutiny Committee
7th December 2007

Richard Mills
Director of System Reform
Buckinghamshire PCT

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Key focus on Sustainability

- We have ambitious plans for our population
- But we are currently consuming more resources - overspend in 06/07 of £21m
- Have an improved situation but still forecasting a £10m overspend in 07/08.
- Greater efficiency, productivity and improved patient care the key to achieving balanced economy

Chief Executive
Janet Fitzgerald
Chair
Stewart George

3 Key messages

- Buckinghamshire PCT is going to provide the best services that we can afford
- Buckinghamshire PCT will provide appropriate services in the right setting to meet patient need
- Our focus will increasingly be on prevention and early intervention

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Key challenges

Demographic and population changes will place pressures on resources including:

- Aging population
- Increase in the burden of ill health due to rising prevalence of obesity, alcohol misuse and physical inactivity.
- Areas of population growth e.g. Aylesbury

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Our patients can expect services to change:

Current	Future
•Perceived limited access to care outside of GP regular opening hours	•Improved access to primary care services through urgent care centres
•Limited range of services in primary care	•Expanded range of services in the community including diagnostics (Xray, ultrasound, blood tests)
•Lack of consistency in referral practices	•Clear and consistent protocols for referral to specialists
•Most elective and non elective activity taking place in the acute setting	•High quality care in the community significantly reducing need for hospital admission and improving health outcomes and improving value for money
•Higher proportion of resources spent on hospital care resulting less investment in preventative services	•Shift of healthcare spend from hospitals to out of hospital care focused on prevention to improve health of population

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Buckinghamshire NHS
Primary Care Trust

Examples of how we will change services

- Urgent Acute Care
- Non Urgent Acute Care
- Prescribing
- New care settings in community
- Role of Practice Based Commissioning

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Non Urgent Acute Care

- Greater range of intermediate services providing a closer link between hospital and primary care and shift of treatments previously done in outpatients
  - Dermatology services in the community
  - Gynaecology / Urology services
- Minor procedures & diagnostic procedures conducted locally where suitable and cost effective
- Appropriate Clinical Challenges / patient pathways
- Choice of hospitals
- Key link with GPs and PBC

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Urgent Acute care

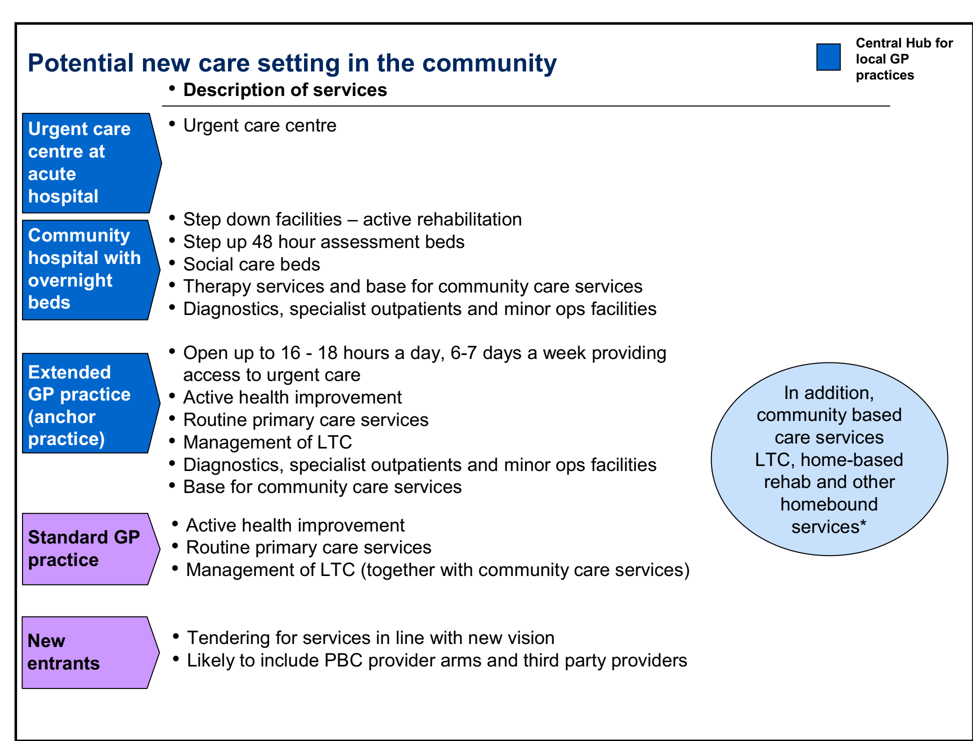
- GP in A & E
- Urgent care centres
- Robust telephone triage to direct patients to most suitable care
- Easier access to specialist opinion through telephone/email advice
- Ensuring easy, visible access to primary care through longer opening hours
- Greater access to diagnostics in primary care (e.g. in a central facility or in "anchor" GP practices) where suitable & cost effective
- Community assessment centres (within community hospitals)
- Expansion of preventative services e.g. falls, LTC management

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Prescribing

- Important part of healthcare provision
- Not just about drugs
  - Reducing deaths from CHD by better screening and use of drugs
  - Guidelines for minor ailments
  - Dressings - efficiencies by bulk buying

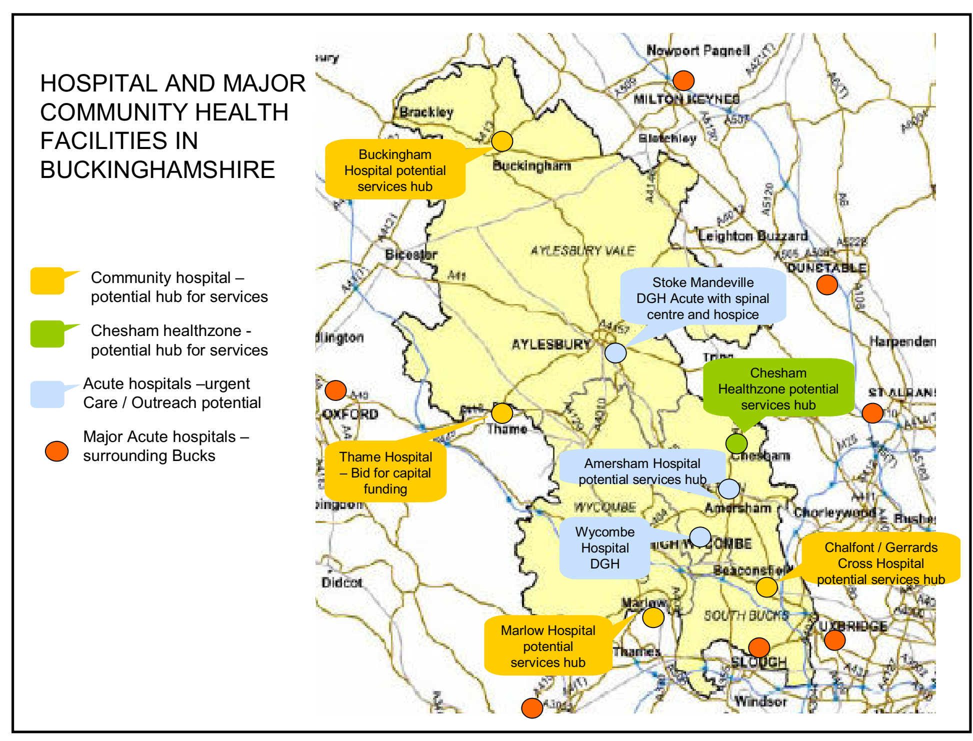
Chief Executive
Janet Fitzgerald
Chair
Stewart George



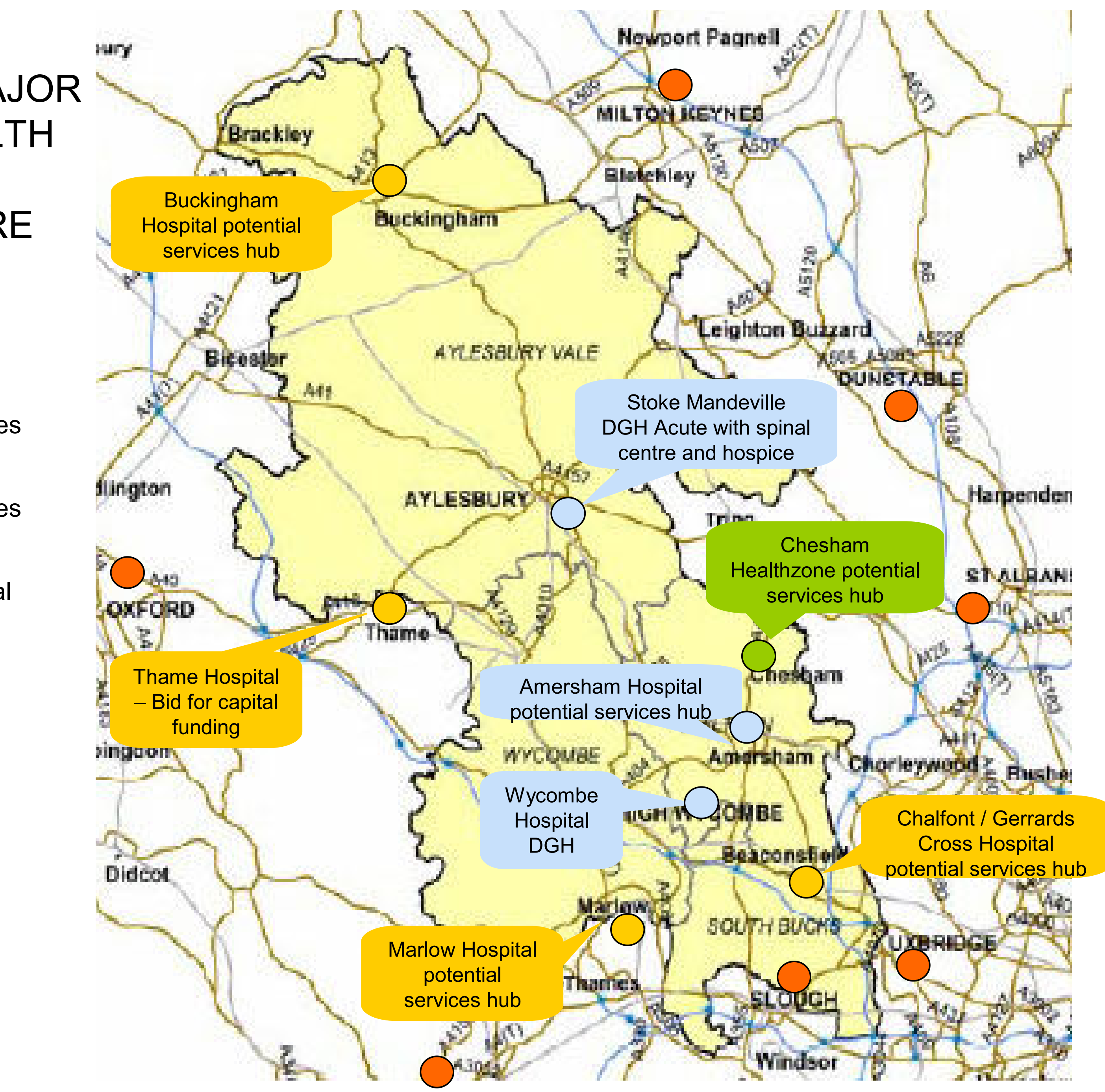
Primary Care Hubs

- Based on existing hospitals or new facilities
- Provide varying range of services including:
  - Intermediate services
  - Therapy services and base for community care services
  - Diagnostics and minor ops facilities

Chief Executive
Janet Fitzgerald
Chair
Stewart George



HOSPITAL AND MAJOR COMMUNITY HEALTH FACILITIES IN BUCKINGHAMSHIRE



Community hospital – potential hub for services

Chesham healthzone - potential hub for services

Acute hospitals –urgent Care / Outreach potential

Major Acute hospitals – surrounding Bucks

Potential bases for Primary Care Hubs

- Chesham Healthzone
  - –Intermediate care
  - –Children's and Families linkage opportunities
- Thame Hospital
  - –Bid for capital redevelopment with GPs
- Buckingham Hospital
  - –Working with local GPs
- Chalfont and Gerrards Cross Hospital
  - –Working with local GPs
- Amersham Hospital
  - –Working with local GPs and Buckinghamshire Hospitals Trust

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Practice Based Commissioning

- Practice Based Commissioning (PBCs) is about GP practices taking on delegated indicative budgets from the PCT to become more involved in commissioning decisions for their patients.
- By building upon practices' knowledge of their patients, it is designed to deliver a higher standard of patient care through improved commissioning, the redesign of services and the more efficient use of resources.
- Every GP practice has been given an indicative budget by the PCT.
- Coupled with greater information on clinical activity, this allows them to review how their patients are using health resources and look for areas of improvement.

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Redesigning services

- Practices then have the opportunity to redesign services that better meet the needs of their patients
- Practices can put forward a plan to redesign services within their indicative budget.
- This plan must be agreed by the PCT in order to assure the quality and value for money of new services commissioned or provided by practices

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Practice Based Commissioning

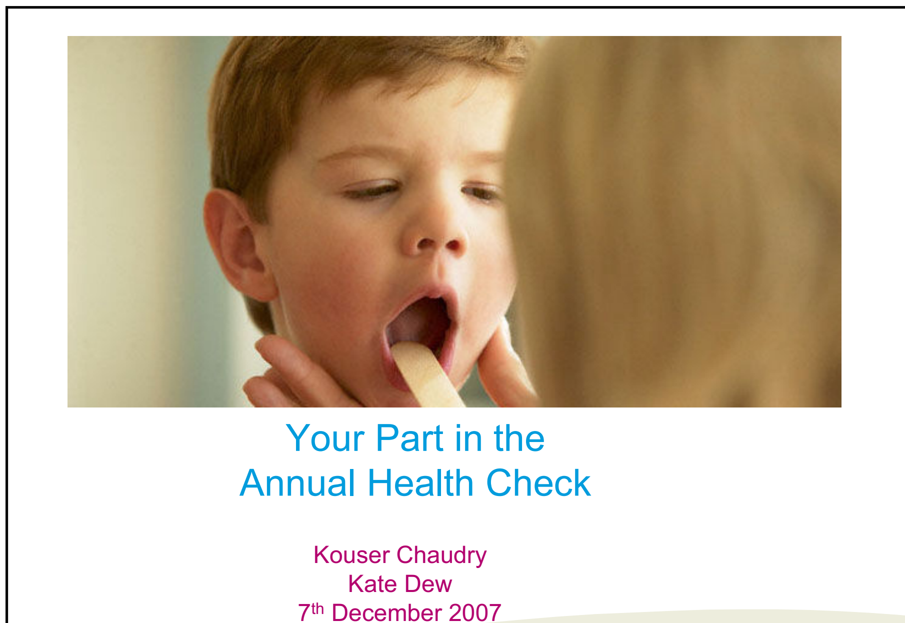
- Three groups in Buckinghamshire
  - Buckinghamshire Primary care Collaborative
  - United commissioning
  - The Practice
- Commisioners, and ….
- …. Providers

Chief Executive
Janet Fitzgerald
Chair
Stewart George

Conclusion

- Developing strategy for improved Healthcare for Buckinghamshire population
- More detail late spring
- More discussion with local groups
- Work to maximise benefit for each area with PBC commissioners and other stakeholders

Chief Executive
Janet Fitzgerald
Chair
Stewart George



Your Part in the
Annual Health Check

Kouser Chaudry
Kate Dew
7th December 2007

Healthcare Commission

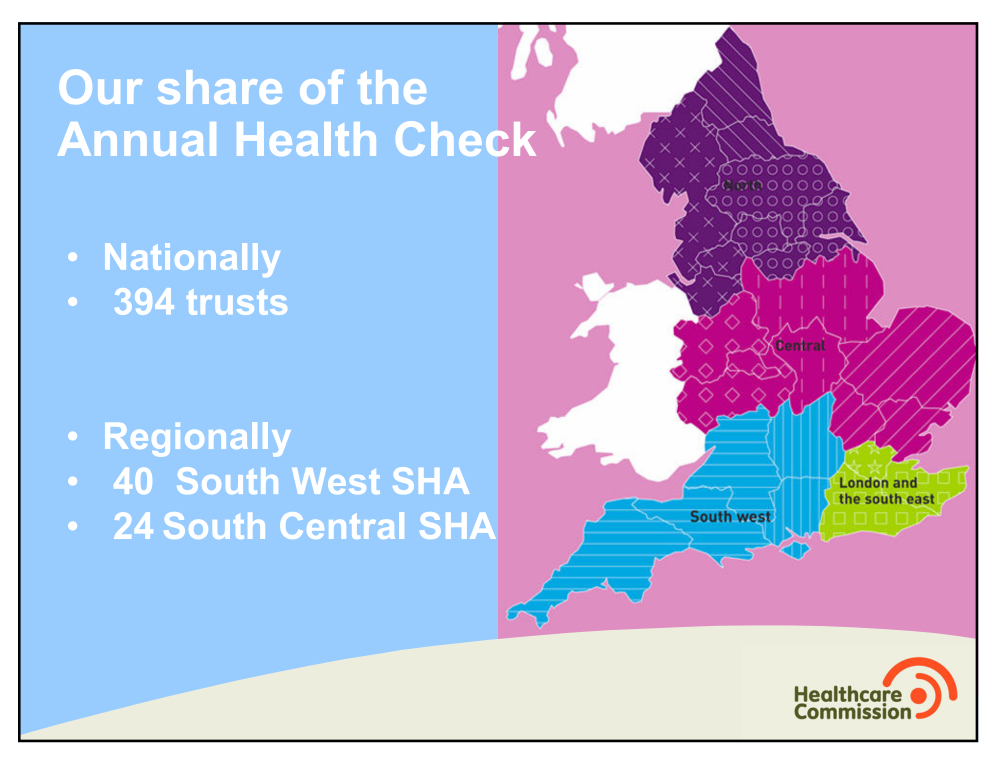
Agenda

1 Engagement in the annual health check

2 The impact in 2006/2007

3 Increasing the impact in 2007/2008

Aim
Better health and better healthcare for everyone
Healthcare Commission


Our share of the Annual Health Check
• Nationally
• 394 trusts
• Regionally
• 40 South West SHA
• 24 South Central SHA
Central
London and the south east
South west
Healthcare Commission

Last Year

2 trusts rated **Excellent** for Quality of Services and **Excellent** for Use of Resources

24 trusts were rated **Weak** for Quality of Services and **Weak** for Use of Resources

Nationally … 2007

19 trusts rated **Excellent** for Quality of Services and **Excellent** for Use of Resources

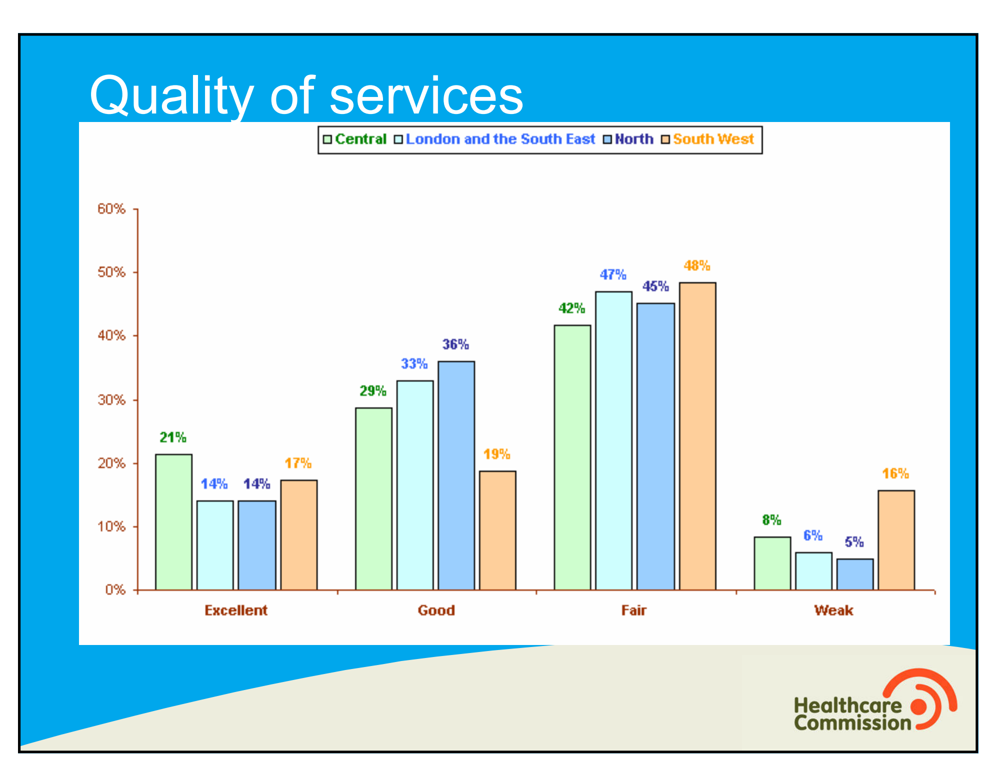
20 trusts were rated **Weak** for Quality of Services and **Weak** for Use of Resources

Regionally … 2007

2 trusts rated Excellent for Quality of Services and Excellent for Use of Resources

6 trusts were rated Weak for Quality of Services and Weak for Use of Resources

Healthcare Commission



Local results

- Buckinghamshire Hospitals NHS Trust

  WEAK GOOD
- Buckinghamshire PCT

  FAIR WEAK
- Oxfordshire and Buckinghamshire Mental Health Partnership

  FAIR GOOD
- South Central Ambulance Trust

  FAIR GOOD

Involvement in regulation ……the annual health check

Third parties….

- Patient and public involvement forums (PPIFs)
- Overview and scrutiny committees (OSCs)
- Foundation trusts' board of governors (FTBs)
- Strategic health authorities (SHAs)

Involvement in regulation… annual health check 2006/2007

We received a total of 1469 commentaries:

- 394 from patient and public involvement forums (100%)
- 625 from overview and scrutiny committees (99%)
- 58 from foundation trust boards (93%)
- 392 from strategic health authorities (99%)

Involvement in regulation… annual health check 2005/2006

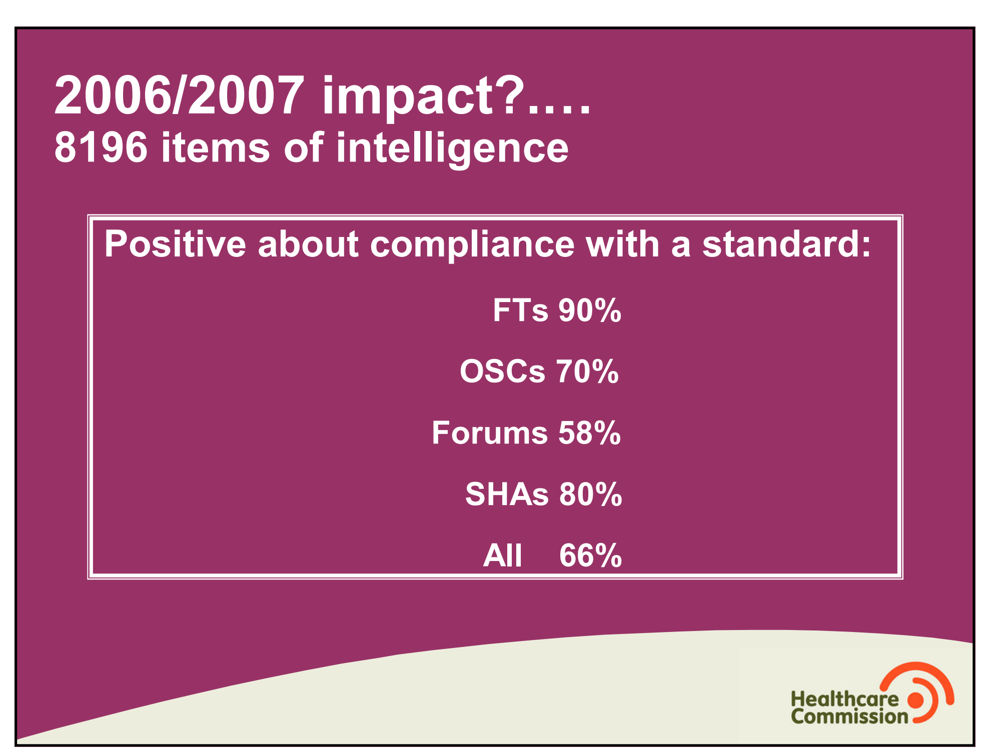
- **Assessment managers:** read commentaries and allocated them to an analyst
- **Analysts:**

1. Assessed the commentary for data quality
2. Extracted items of intelligence that could be applied to one or more standards
3. Defined the items as positive or negative
4. Gave the items a weighting

2006/2007 impact?….
1469 commentaries

Data Quality :	Low	Medium	High	no comment
FTs	22%	34%	10%	33%
OSCs	34%	41%	6%	19%
Forums	21%	55%	19%	4%
SHAs	41%	30%	4%	25%
All	32%	42%	9%	17%

Healthcare Commission



2006/2007 impact?….

8196 items of intelligence

Weighting :	Low	Medium	High	Items
FTs	44%	50%	7%	306
OSCs	50%	44%	6%	2229
Forums	50%	43%	7%	4379
SHAs	58%	38%	4%	1282
All	51%	43%	6%	8196

2006/2007 impact?.... most commented on standards…

C 17 Involvement (17%)
C 18 Equality of access (8%)
C 4a Healthcare associated infection (6%)
C 6 Cooperation with other organisations (5%)
C 21 Environment & Cleanliness (5%)

Buckinghamshire PH OSC

Commentary Report

- Buckinghamshire PCT
- Buckinghamshire Hospitals NHS Trust
- Oxfordshire and Buckinghamshire Mental Health Partnership Trust
- South Central Ambulance Trust

examples of poor quality commentary

C4a – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year–on-year reductions in MRSA

The Governors have been particularly impressed by the low incidence rate of MRSA recorded at the hospital.

C17 - The views of patients, their carers and others are sought and taken into account when designing, planning, delivering and improving health care services.

The forum feels that the PCT is committed to patient and public involvement in principle however; this is not always effective in practice.

C6 – Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met.

Overview and scrutiny committee: *Overall, the Trust appears to co-operate effectively with other Trusts and social care organisations.*

example of high quality commentary

C4a – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year–on-year reductions in MRSA

The use of an antibacterial gel is mandatory for staff and visitors in various parts of the hospitals. The use of the gel is promoted actively and mostly complied with. Effective warning signs and the promotion of the use of the gel are in place in major parts of ****Foundation Trust. It is a recognised fact that staff need to keep vigilant with regard to visitors entering the wards and using the gel. It is a matter of effective on-going education and promotion of the usage of the gel. The Director of Nursing has visited the wards and assessed the use of the gel. The numbers of MRSA and other bacterium patient findings have significantly fallen. Where necessary, patients are barrier nursed and effective and clear notices are in place to make the relatives and other visitors aware of the correct procedures. The Governing Council is kept up to date with current statistics. This is reviewed when necessary. Recently a new nurse specialist in infection control has been appointed. Every effort is made, wherever possible, to maintain a strong vigilance in effective infection control.

Increasing the impact for 2007/2008…

The most useful commentaries:

- gave information in a clear and concise way
- related to one or more standards
- made specific reference to issues covered by a standard
- contained supporting evidence from a range of sources
- included detailed information, for example: dates, outcomes

Annual Health Check 2007/2008
Key dates
21st April 2008 - Midday 30th April 2008 – submission of declarations
16th May 2008 - trust declarations made public
October 2008 - results of annual health check published
Healthcare Commission

Thank you
Kouser.chaudry@healthcarecommission.org.uk
Healthcare Commission

Core Standards Assessment

Thank you for your commentary on your trust's core standards declaration. We invited third parties – patient and public involvement forums, overview and scrutiny committees and foundation trusts' boards of governors to comment and they responded well. We really appreciate the hard work that went into providing commentaries that produced so much useful intelligence. This report is in response to requests from the third parties for individual feedback.

How we used the commentaries

In 2007, we received 1469 comments from third parties.

Data quality

We make a general assessment of the evidence found in the whole commentary/declaration. Most commentaries will be given a medium score for data quality. The table below outlines the 'criteria' we use to award a higher or lower data quality score. The higher the data quality score applied to a commentary the more impact it will have, however commentaries given a low data quality score will also contribute to the overall risk assessment profile of a trust. **NB** If the commentary merely states that the 3rd party has no comment to make on any of the standards, it will not be given a data quality score.

A whole commentary is likely to be given a high, or low score if:	
High data quality	• It relates to the timescale of the Annual Health Check • Shows regular involvement of the forum (visits or inspections) • Contains detailed information such as dates and outcomes • Makes reference to evidence to substantiate comments that can be produced if requested
Low data quality	• Outside of the Annual Health Check timescale • Evidence is unavailable or incomplete • Contains incomplete measures of outcomes • Suggests that the information on the trust performance is not based on concrete facts

In 2007, across all the 3rd parties, 9% of commentaries were given a high data quality rating, 42% a medium rating, 32% a low rating and 17% fell into the 'no comment' category.

What we did with the intelligence we extracted

In 2007 8,196 items of intelligence were extracted and used because they related to one or more of the standards. These might be a single sentence or several paragraphs. **NB** Not all information from the commentaries will be used; if it cannot be applied to a standard(s) or relates to a period of time outside the annual health check timescale, it will not be coded.

Each item was then defined as either **Positive or Negative** intelligence in relation to the trust's compliance with the Standard. In 2007 66% of the items of intelligence were positive about a trust's compliance with a standard.

Weighting the intelligence

Analysts then apply weighting scores to each item of intelligence according to the strength of relationship that the item has with a particular core standard, its coverage of the trust (whole/service) and how well it was supported with evidence. Again the default position is to award a medium weighting. The table below sets out the 'criteria' used to award a higher or lower weighting.

The higher the weighting score applied to an item of intelligence the more impact that item will have, however items of intelligence given a low weighting score will also contribute to the overall risk assessment profile of a trust.

An item of intelligence is likely to be given high or low score if:	
High weighting	• It makes specific reference to compliance or non compliance of the trust to a particular standard and has a clear evidence base for this opinion • The statement/intelligence covers the entire scope of the referenced standard • The statement is representative of the whole trust
Low weighting	• The statement confirms compliance or non compliance with the standard, but there is an absence of supporting evidence • It covers a small aspect of the standard • The statement is not representative of the whole trust • It merely quotes the standard

In 2007, across all the 3rd parties, 492 (6%) of the items were given a 'high' weighting, 4180 (51%) a 'low' weighting and 3524 (43%) a 'medium' weighting.

In 2007 we also introduced nuggets, a new category for comments that would have a significant impact on likelihood of non-compliance with a standard. Twenty two items of intelligence from PPIF commentaries (relating to 16 trusts) and six from overview and scrutiny committee commentaries (relating to 4 trusts), fell into this category.

Core Standards Assessment

Third party feedback for Buckinghamshire PCT Buckinghamshire Public Health Overview & Scrutiny Committee

Summary of items of intelligence extracted from your commentary

Trust code and name	5QD - Buckinghamshire PCT			
Healthcare Commission region/area	South Central			
Data quality rating of the commentary as a whole	Medium			
Number of items of information extracted from commentary	11			
Number of items of information by strength of relationship to standard	**High:** 1	**Medium:** 7	**Low:** 3	**Nugget:** 0
Core standards commented on	C6, C13a, C15a, C15b, C17, C22c			

Core Standards Assessment

Third party feedback for Buckinghamshire Hospitals NHS Trust Buckinghamshire Overview and Scrutiny Committee

Summary of items of intelligence extracted from your commentary

Trust code and name	RXQ - Buckinghamshire Hospitals NHS Trust			
Healthcare Commission region/area	South Central			
Data quality rating of the commentary as a whole	Medium			
Number of items of information extracted from commentary	12			
Number of items of information by strength of relationship to standard	**High:** 3	**Medium:** 3	**Low:** 6	**Nugget:** 0
Core standards commented on	C1a, C4a, C6, C8a, C17, C18, C19, C20b, C21, Developmental Standards			

Core Standards Assessment

Third party feedback for Oxfordshire And Buckinghamshire Mental Health Partnership NHS Trust Buckinghamshire Overview and Scrutiny Committee

Summary of items of intelligence extracted from your commentary

Trust code and name	RNU - Oxfordshire And Buckinghamshire Mental Health Partnership NHS Trust			
Healthcare Commission region/area	South Central			
Data quality rating of the commentary as a whole	Medium			
Number of items of information extracted from commentary	5			
Number of items of information by strength of relationship to standard	**High:** 0	**Medium:** 2	**Low:** 3	**Nugget:** 0
Core standards commented on	C6, C16, C17, C18, Developmental Standards			

Core Standards Assessment

Third party feedback for South Central Ambulance Service NHS Trust Buckinghamshire Public Health Overview and Scrutiny Committee

Summary of items of intelligence extracted from your commentary

Trust code and name	RYE - South Central Ambulance Service NHS Trust			
Healthcare Commission region/area	South Central			
Data quality rating of the commentary as a whole	Medium			
Number of items of information extracted from commentary	2			
Number of items of information by strength of relationship to standard	**High:** 0	**Medium:** 2	**Low:** 0	**Nugget:** 0
Core standards commented on	C18, C19			

Using what we have learnt from previous annual health checks

Top tips for third party commentaries

From the perspective of the Healthcare Commission

The most useful commentaries:

- ✓ are written in a **clear** and **concise** way
- ✓ contain information relevant to the **current** annual health check
- ✓ **clearly relate** to one or more standards
- ✓ **clearly state** whether the third party thinks that the trust is **compliant** with the relevant standard
- ✓ contain **supporting evidence** from a range of sources
- ✓ include **detailed information**, for example: dates, outcomes
- ✓ clearly demonstrate the **involvement of the 3rd party**
- ✓ use full names **avoiding** use of **acronyms**
- ✓ **focus** on commenting on the **standards** rather than criticism of the content of standards and the system of assessment

It helps if third parties:

- ➢ have regular interaction with the trust
- ➢ have access to trust reports that highlight patient concerns e.g. patient survey reports, PALS reports, complaints reports
- ➢ have attended board and other trust meetings where these issues are discussed
- ➢ are familiar with current legislation and trust policies on relevant issues such as safety, equality
- ➢ have carried out their own surveys and reviews
- ➢ have witnessed first hand whether policies and initiatives are being implemented
- ➢ have been involved in the development of new initiatives
- ➢ feel able to challenge trusts and influence change

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
Vice Chairman – Pauline Wilkinson MBE

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Ref	MA/am
Date	23rd March 2007

Dear Janet

Healthcare Commission
Core Standards Assessment Annual Health check 2006/2007

The Buckinghamshire Public Health Overview and Scrutiny Committee is pleased to offer comments on the performance of the Buckinghamshire Primary Care Trust within the above process. The main body of commentary will focus on the work undertaken with the newly formed Buckinghamshire PCT (October 2006) as opposed to detailed commentary on each of the three former PCTs in the county. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of work undertaken during the past year. Specifically, members have recently undertaken a review of food provision in community hospitals to enable detailed commentary for the health check. Any future work will take account of the core standards where appropriate.

The following comments are now offered:-

Second Domain – Clinical and Cost Effectiveness
Standard C 6 Healthcare organisations co-operate with each other and social care to ensure that patients' individual needs are properly managed and met

i) Although the PCT has membership to a number of Partnership Boards with local authorities and others, recognises engagement at senior level, and welcomes the joint appointment of the Director of Public Health, the OSC considers that this approach is not reflected throughout the organisation. The Access to Health Strategic Partnership board, (established as a result of OSC concerns about the lack of partnership working to improve accessibility to services for the public), has delivered very little. As a partnership group, the OSC recognises that the PCT is not wholly responsible for this outcome, but would have expected issues such as the reconfiguration of GPs surgeries to have been raised in this group, which might have highlighted the implications of the closure of the Elmhurst surgery in advance and avoided significant public concern. However committee recently was encouraged by the implementation of this approach in recent discussions around the proposals concerning Benjamin Road surgery.

ii) Recent case studies submitted to the OSC by social care have raised concerns about the management of patient care (Continuing Care) in Buckinghamshire, resulting in disagreement over boundaries of care which in certain cases have caused patients confusion and distress. The OSC is encouraged that the PCT recognises that there is a need for closer working and co-operation with social care and welcomes the forthcoming review by the joint OSC for Health and Adult Services into Continuing Care.

Fourth Domain – Patient Focus
Standard C13 a) Healthcare organisations have systems in place to ensure that staff treat patients their relative and carers with dignity and respect.

Recent visits to community hospitals to review the provision of food, demonstrated that in general patients were treated with dignity and respect. As part of the rehabilitation role of the hospitals, patients were encouraged to regain their independence in eating and drinking by staff and volunteers. At Thame hospital in particular, members were encouraged to see that all patients were dressed and talking while they waited for food to be served and no one was left in bed on the day of the visit.

Standard C15a) Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet

Members from the OSC recently visited three of the five community hospitals in the Buckinghamshire PCT area to review the provision of food. The hospitals visited were Thame, Chalfont and Gerrards Cross and the Waterside unit at Amersham.
The general consensus of food provision and standards in all three hospitals was good although there were some particular excellent examples of food provision and patient care. Members were particularly impressed by the provision of meals at Waterside. The process involves steaming the meals that are brought into the hospital plated up.

Members were told that the six requirements of the Better Hospital Food Programme have been introduced and the trust reviews the analysis of food hazards regularly. Appropriate policies are in place to ensure food is prepared and distributed safely.

Staff are fully trained in hygiene standards to ensure food is properly cooked. Patients were offered a choice of meals. This was particularly varied at Waterside, but not satisfactory and variable at Gerrards Cross with patients having to choose two days meals at a time.

All vegetarian and other dietary requirements were catered for. It was noted at Waterside that Asian families brought food in for their relatives but it was ensured that it was served immediately and not heated.
The OSC fully endorses the system introduced at Waterside in terms of delivering choice and safe preparation, based on the evidence of the meal and from talking to the ward manager and patients, but is concerned that costs might be prohibitive.

Generally the diets in all three hospitals were well balanced. Patient feedback revealed they were generally pleased with the provision of food they received.

Standard C15 b) Where food is provided, healthcare organisations have systems in place to ensure patient's individual nutritional, personal and clinical dietary requirements are met. Including any necessary help with feeding and access to food 24 hours a day.

Meetings with dieticians and catering staff provided evidence that patients' individual needs were taken into consideration via nutritional screening and a robust planning process supervised by the dietician.
Help with feeding was, in two hospitals, denoted by a red tray system and at Thame hospital the servers sat down to eat their meal with patients and so were alert to any situation requiring help.
Regarding 24 hour access to food this was generally available although OSC reported that at Gerrards Cross the service was limited.

Fifth Domain – Accessible and Responsive Care.
Standard C17. **The views of patients and their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.**

i) The PCT demonstrates good public and patient involvement in some areas but the OSC considers there remains room for improvement. For example, the evidence from the management of the public consultation relating to the closure of Elmhurst GP surgery demonstrated the need for a more detailed business case to be presented prior to public consultation, which addressed all potential key issues raised by the major stakeholders. The OSC were pleased to be invited to make a contribution to this process and note that this has resulted in the development of a template to be completed by GPs for future proposals. Accessibility to the new surgery and impact on the disadvantaged in the community were unresolved issues which required frequent follow up by the OSC. This has resulted in the agreement by the PCT to commission a piece of work to evaluate the impact of the closure on the community which can be used for future learning. The OSC welcomes this action and believes this could contribute to improved service planning.

ii) The staff consultation document which proposed service reconfigurations to achieve financial objectives was not shared with the OSC prior to its release in August 2006. The publication of the document caused great public and media concern which the OSC believes could have been more effectively managed in partnership with key stakeholders.

iii) The OSC remains extremely concerned that the PCT has to date not demonstrated that it has offered the local public the opportunity to be fully engaged and informed about progress with the proposed Healthzone at Chesham. This has been raised on numerous occasions with the trust and to date the OSC has not received a clear response.

Final comment

Stemming from this, the wider issue of strategic planning and development of community services remains high on the OSC's agenda as there appears to be no cohesive plan to address delivery of local services and little evidence of the engagement of key stakeholders in the process. This opinion has been corroborated by both the current PCT management and the Strategic Health Authority.The OSC is however, encouraged to see the beginnings of strategic planning in place and welcomes the opportunity to be party to the process, but is keen to see progress and clarity in order to avoid the repetition of Elmhurst surgery and the Chesham healthzone.

Yours sincerely,

Mike Appleyard
Chairman - Overview & Scrutiny Committee for Public Health
Cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
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Ref MA/am
Date 23rd March 2007

Dear Julie,

Healthcare Commission
Core Standards Assessment Annual Health Check 2006/2007

The Buckinghamshire Overview and Scrutiny Committee for Public Health (PHOSC) is pleased to offer comments on the performance of the Oxfordshire and Buckinghamshire Trust within the above process. Due to the nature of the work undertaken by the PHOSC during the past year there are only a small number of standards where it is appropriate to make a commentary. Comments are based to a large extent on the evidence gathered from the committee's Review in to the management of Eating Disorders and focus specifically upon the delivery of services in Buckinghamshire. Future work will ensure that the core standards are taken into account where appropriate.

The following comments are now offered:

Second Domain – Clinical and Cost Effectiveness
Standard C6 Healthcare Organisations cooperate with each other and social care to ensure that patient's individual needs are properly managed and met

The Review into the Management of Eating Disorders highlighted the importance of mulit agency working to ensure patient's needs are properly managed. The report emphasises the importance of partnership working specifically between CAMHS, the PCT, schools and the voluntary sector to encourage early identification but it was noted that whilst there is engagement at some levels, this is not always evident to users of services and a clear care pathway is not communicated effectively. The lack of communication between services themselves, for example GPs and CAMHS, and between services and members of the public, means that parents and carers are often unclear how to access support for their child.

Developmental standard
D2 a) Patients receive effective treatment and care that conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and national guidance on service delivery
During the Review into the Management of Eating Disorders the committee noted that the CAMHS managers were very clear about the NICE guidelines for the treatment of bulimia and anorexia and was content that steps were being taken to implement them.

Fourth Domain - Patient Focus
C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate inform patients on what to expect during treatment care and after care.
Based on evidence gathered during the review of eating disorders in the Aylesbury Vale area the committee were encouraged that this standard was met in specific localities. Evidence showed that once patients had been diagnosed and were receiving treatment the outpatient clinics provided an intensive package of care, individual help and family support.

Fifth Domain – Accessible and Responsive Care
Standard C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
The Oxfordshire and Buckinghamshire Mental Health PartnershipTrust has demonstrated good patient and public involvement in consultation. (Review of Psychological Therapies) although the PHOSC would advocate earlier engagement with scrutiny and the PPIFs in this process. The OSC welcomes the recent moves by the Trust towards more openness and regular meetings to share information and participate in planning as there has been a concern around the unsatisfactory length of response times to previous consultations which the OSC has raised with the trust. (Mental Health of Primary school children).The recent recruitment by the trust of a PPI officer is welcomed and seen as a positive move to build closer links with the public service users and carers.

Standard C18 Healthcare Organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.
The review into the management of Eating Disorders revealed the CAMHS services across Buckinghamshire had developed unevenly and this had resulted in different provision in different areas. This was further reflected in the CAMHS district audits for Aylesbury Vale and Wycombe and endorsed by trust management when interviewed. The PHOSC was however pleased to learn that the trust has identified special interest clinicians who will receive referrals from any part of the county to enable more equitable access to the same service and a more consistent approach.

Yours sincerely,

Mike Appleyard
Chairman - Overview & Scrutiny Committee for Public Health
cc Pauline Wilkinson Vice Chairman

Angela Macpherson Policy Officer

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
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Ref MA/am
Date 23rd March 2007

Dear Anne

Healthcare Commission
Core Standards Assessment Annual Health Check 2006/2007

The Buckinghamshire Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the Buckinghamshire Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of work undertaken during the past year. Any future work will take account of the core standards where appropriate.

The following comments are now offered:-

First Domain – Safety.

Standard C1 a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents

Since the report published last year by the Healthcare Commission following outbreaks and deaths from Clostridium Difficile at Stoke Mandeville Hospital, stringent plans and precautions have been put in place by the trust to ensure patients' safety is treated as paramount. Regular meetings between the OSC and former acting Chief Executive Alan Bedford, have taken place including public scrutiny meetings where reports and updates were provided and the OSC welcomed an early opportunity to meet the new Chief Executive. The OSC has been told that incidence of both MRSA and C Diff have reduced since action plans for each have been introduced. The action plans are regularly monitored and updated and the OSC notes that specific actions have included the review of the antibiotic policy, the review of isolation facilities and a thorough evaluation of cleaning procedures. The OSC is satisfied that in general robust plans are in place that have been developed from a thorough analysis of the incidents.

Ward visits at both Stoke Mandeville and Wycombe hospital have recently been conducted with Public and Patient Involvement Forums to gain first hand experience of the implementation of the action plans. (PPIF reports March 2007) From these visits and discussion with staff and patients, the OSC understands that the trust has learned

lessons from the previous incidents, taken on board the issues from the Healthcare Commission's report, and is taking the necessary steps to contain the spread of hospital acquired infections.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

Ward visits to Stoke Mandeville and Wycombe hospitals generally reflected good practice in place for minimising the risk of hospital acquired infections. This was evidenced by plentiful supplies and placements of soap and alcohol gel dispensers. However observation revealed that in some cases staff were not using gel between contact with patients nor were the public asked if they had used it on entering the ward. Regular audits and spot checks would be recommended to ensure the action plan is being implemented at all levels.

There was clear communication of hygiene procedures to both staff, patients and visitors to wards with the use of leaflets and posters although it was noted that these were only in English. In order to provide accessible information to all, the OSC would therefore advocate that consideration is given to ethnic minority groups when literature is produced.

The OSC was informed that standards of cleanliness have improved significantly since the report. This has also been confirmed to the OSC Chairman by the new Chief Executive (meeting February 2007) Staff are satisfied with the contract cleaning staff and a fast reaction team is available if staff require it The employment of infection control nurses have raised the profile of hygiene and cleanliness and are seen as a positive contribution by staff and patients alike. The OSC is confident that these measures will reduce the risk of health care acquired infection providing they are rigorously implemented and monitored.

Second Domain – Clinical and Cost Effectiveness

Standard C6 Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met

Last year the OSC commentated that the Trust demonstrated little evidence of working with other organisations, especially those in the community and had urged the Trust to liaise with partners specifically in the provision of transport to healthcare because of changes in the location of services. The Trust is now represented on the Access to Health Strategic Partnership group, formed in July 2006, but progress and outcomes remain slow in this area. However the OSC has recently been encouraged to learn of closer working with the ambulance trust. (Shaping Health Services meeting March 2007)

Third Domain – Governance

Standard C8 a) Healthcare organisations support their staff through having access to processes which permit them to raise in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management they consider to have a detrimental effect on patient care on the delivery of services

The Healthcare Commission's report into the C Diff outbreaks at Stoke Mandeville hospital revealed that staff did not feel they were able to escalate concerns to senior management. Evidence from recent interviews with staff reflected that there had been a shift in culture since the report and that staff believed they had adequate access to senior management and if necessary to the Chief Executive and could raise with them effectively any problems of infection control which might require their action.

Fifth Domain – Accessible and Responsive Care

Standard C18. Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Access to acute hospital services continues to cause concern to patients and public. . The involvement of the OSC since Shaping Health Services has resulted in the formation of a partnership group (Access to Health Strategic Partnership) to remedy this situation by bringing all interested parties together to discuss the issues involved. However the OSC remains concerned as to the output of this group and the commitment of organisations to plan ahead jointly and share strategy to deliver improvements for the public.

Standard C19. **Healthcare organisations ensure that patients with emergency healthcare needs are able to access care promptly and within nationally agreed timescales and all patients are able to access services within national expectations on access to services.**

Recent reports from the trust have confirmed that the trust is currently not achieving its national target of 4 hours waiting time in Accident and Emergency. The Chief Executive has highlighted this as an area requiring urgent attention. Work is in progress with the ambulance service to ensure patients are taken to the appropriate unit to avoid unnecessary impact on waiting times but it is acknowledged that there needs to be significant improvement in this area. At the time of reporting, the OSC is unclear as to the trusts plans to meet this target.

Sixth Domain – Care, Environment and Amenities

Standard C20 b) Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

The OSC witnessed on recent ward visits that there are few mixed wards present in the trust. In Wycombe, bays are mixed if patient turnover is high but incident reports are completed if this is the case. There are issues around unisex toilet, showering and

bathing facilities in wards 20 and 22 at Stoke Mandeville which are not considered ideal by the trust and the OSC as this arrangement does not respect the patients' privacy and dignity. The trust recognise that this is not ideal and are proposing allocate and signpost toilet facilities for single sex usage.

Standard C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non- clinical areas that meet the national specification for clean NHS premises.

The design of Wards 12a and 12b at Wycombe (visited March 2007) should be noted as unsuited to purpose. Specifically there is no physical way of restricting entry from the staircase landing which represents a potential hygiene risk. Because of this it is difficult to position soap and gel dispensers and these could easily be missed before entering the wards. Extra vigilance is therefore required by staff to monitor patients and visitors due to the inappropriate design of the building which positions the nurses room at one end of the corridors, to the extent that nurses have repositioned their stations awkwardly in the middle of narrow corridors.
At Stoke Mandeville hospital the older wards 20 and 22 lack sufficient toilet, bath and shower facilities. Despite the fact that some patients are bed bound on this ward, there is only one toilet between 20 patients, one shower and one bath which could impact on the delivery of hygiene and cleanliness standards.

Developmental standard D12 b) Healthcare is provided in well-designed environments that are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections

The OSC was encouraged by the PFI building at Stoke Mandeville hospital on a recent visit to ward 10. The ward made excellent provision for medical assessments, included an isolation bay and maintained high standards of cleanliness in line with the recent action plans. The OSC has been informed of the plans for the development of women's and children's services at Stoke and anticipates similar high standards to be upheld in these areas.

Whilst the OSC is generally pleased to see at first hand the implementation of the action plans around hospital acquired infections, there is concern that due to the high cost of implementing the plans and in light of current financial constraints, that the levels of investment will not be maintained and that standards might deteriorate in the future.

Yours sincerely,

Mike Appleyard Chairman - Overview & Scrutiny Committee for Public Health
cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
Vice Chairman – Pauline Wilkinson MBE

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Date 23rd March 2007

Dear Will

Healthcare Commission
Core Standards Assessment Annual Health check 2006/2007

The Buckinghamshire Public Health Overview and Scrutiny Committee (PHOSC) is pleased to offer comments on the performance of the Ambulance Trust within the above process. It has been somewhat difficult for the PHOSC to comment on many of the core standards due to there being little match in those standards and the work undertaken by the OSC during the past year.
I would also like to note that the specific piece of work involving the PHOSC, namely the monitoring of the 60 minute call to needle Thrombolysis target, has occurred since the formation of the new South Central Trust and therefore the commentary does not refer to the Two Shires Trust. The PHOSC will ensure that any future work will take account of the core standards where appropriate.

The following comments are now offered:-

First domain – Safety
Standard C4(d) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely

. In Oxfordshire drugs are centrally stored with a robust stock monitoring system whereas in Buckinghamshire all drugs are kept on station and stock control is managed via a circular email system. Concern was expressed that this could result in potential difficulties in resource allocation in an emergency that could impact on a patient's safety. The members of the committee were told that a different system of medicines storage is being implemented by the trust

Third Domain – Governance
Standard C11 Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are
a) appropriately recruited, trained and qualified for the work they undertake;
b) participate in mandatory training

The national target of 60 minutes call to needle for Thrombolysis was identified since the formation of the South Central trust, as an area of underachievement in Buckinghamshire, mainly resulting from a lack of trained staff to deliver the service. In comparison to other counties across the trust Buckinghamshire had only a handful of trained staff. This was identified previously as an area of non-compliance, but a robust training plan is now in place to ensure targets are met. It is impressive that this has been swiftly implemented and will be completed by the end of March 2007. The PHOSC was encouraged to note that the trust was quick to identify the issues and put in place a plan to address them. A professional training programme is in place and regularly undertaken to ensure this target will be achieved. Members from the PHOSC recently attended a full day's training and were impressed by the rigorous screening procedure used by means of the pre-hospital thrombolysis checklist.

Fifth Domain – Accessible and Responsive care
Standard C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales and all patients are able to access services within national expectations on access to services.

Due to a number of historical and geographical reasons, the Trust is currently underperforming against the national A8 target in Buckinghamshire with achievement ranging between 60 to 75% against a target of 80%. Whilst the situation is of concern, the OSC has been reassured to see evidence of a gradual improvement in performance with actions and investment in place to address the situation. It is an area that the OSC intends to regularly monitor, particularly with the advent of Call Connect which may have a further detrimental impact on achievement of targets.

The PHOSC has been encouraged since the formation of the South Central Ambulance Service to note a willingness and openness from management to proactively share information and business planning on a regular basis and a commitment to deliver results which build on best practice procedures.

Yours sincerely,

Mike Appleyard
Chairman - Overview & Scrutiny Committee for Health
Cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Agenda Item 6:
Healthcare Commission Annual Health check

Areas for comment for 2007/2008 where the OSC has had involvement could include the following:

PCT

- the development of their strategy
- the progress with Chesham healthzone
- management of GP provision across the patch
- Partnership working with the county council on pooling budgets – specifically for continuing care
- Progress in implementing the recommendations in the Eating Disorders review
- Partnership working with other trusts to ensure best use of premises i.e.: Embleton unit in Buckingham
- Out of hours provision – members visit to Harmoni
- Moving forward with the partnership work on accessibility to health care
- Output of the Countywide Public Health Strategy group
- Financial management

Hospitals Trust

- The ongoing management of hospital acquired infections
- Financial management
- Food provision at Stoke Mandeville – member visit
- Achievement of A&E waiting time targets
- Plans for Wycombe A&E/ urgent care centres

Mental Health Trust

- Closure of Frith ward at Amersham and move to Tindal site
- Management of individual patients requirements in the process
- Inclusion of OSC in future planning for Manor House site – member visit
- OSC inclusion in closure of Kimble ward at Amersham and move to Oxford
- Progress in implementing recommendations from eating disorders review
- CAMHS strategy
- Partnership working in the 'Access to healthcare' strategy group

Ambulance Trust

- Achievement of national targets – specifically the category A response time
- Communications – specifically around the relocation of the Deanshanger call centre
- Partnership working in the 'Access to healthcare' strategy group

Public Health Overview and Scrutiny Committee

Chairman's Update

South Central Health Overview and Scrutiny Committees

The South Central Strategic Health Authority area covers the following counties, Buckinghamshire Oxfordshire, Hampshire, Berkshire and the Isle of Wight.

Health Overview and Scrutiny committees in this area total 13 and have come together to form a network that meets approximately once a quarter.

Their remit is to

- Share information about planned health scrutiny work and outcomes from local health scrutiny reviews.
- Review regional or specialist health services that impact on residents of member authorities
- Provide the opportunity for the Strategic Health Authority to communicate with the health OSCs on a regional level as a group.

The recent meeting held on 26th November covered the following issues:

1. The performance of the Strategic Health Authority against the key targets set by the Department of Health; for example management of hospital acquired infections, cancer services, A&E, smoking cessation Ambulance performance etc
2. The NHS next stage review 'Our NHS our future' lead by Lord Ara Darzi. The SHA have started to engage with the public and stakeholders on their views of the future for the NHS in the region. The role of OSC involvement in this process was discussed. The SHA are keen to see the PCTs involve OSCs in their programme of stakeholder involvement with a view to receiving comments by June 2008.
3. The Strategic Health Authority reported that each PCT had been tasked with producing a comprehensive plan, by the end of November, for the use of community hospitals in their area.
4. The Ambulance trust presented the group with their latest performance figures and plans for the future development of the service.
   Buckinghamshire is performing comparatively well in the region with the highest Category A call to patient within 8 minutes, performance of all counties at just over 70%.
   The Chief Executive believes that the current stock of vehicles in Buckinghamshire is slightly imbalanced and this will gradually move

towards higher numbers of RRVs (rapid response vehicles manned by a paramedic) as opposed to the current prevalence of 2 man ambulances.

5. Specialist Commissioning.

   Some health services are of such a specialist nature with small numbers of patients requiring them, that they are commissioned on a regional basis rather than by an individual PCT and in some cases provided at regional or even national centres of excellence. There are approximately 35 of these services in all and some examples are

   - Specialised cancer services
   - Specialised burn care services
   - Cystic fibrosis services
   - Specialised renal services etc

   It was agreed by the group that where there are proposed changes to the provision of these services the group would be well positioned to review the situation and report back to the OSCs on a county basis.

   The next meeting will see a more detailed analysis of the current services and areas for potential reconfiguration.

6. Next meeting:

   The next meeting will be held in Buckinghamshire and will focus on the following

   - The role of the SHA and its interaction with scrutiny
   - Specialist Commissioning
   - Next steps in the Darzi review ‘Our NHS our future’
   - An overview from the Alzheimer’s Society on the increasing incidence of dementia