



# Buckinghamshire County Council

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## Overview & Scrutiny Committee for Health

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Vice Chairman – Pauline Wilkinson MBE

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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,

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Chairman - Overview & Scrutiny Committee for Public Health  
Cc Pauline Wilkinson Vice Chairman  
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