

Improvement and Review Commission Minutes

Date: 16 September 2015

Time: 7.00 - 8.08 pm

PRESENT: Councillor R Gaffney (in the Chair)

Councillors Mrs S Adoh, Ms A Baughan, Miss S Brown, H Bull, M P Davy, C Etholen, M Harris, M E Knight, D Knights, A Lee, Ms C J Oliver, S K Raja and R Raja, M C Appleyard* and M Hussain JP*.

*Standing Deputies

Apologies for absence were received from Councillors K Ahmed, Mrs L M Clarke OBE, A D Collingwood and J A Savage

8. DECLARATIONS OF INTEREST

Councillor Ms Shade Adoh declared a non-pecuniary interest in reference to her membership of Healthwatch Bucks as a board member, but remained in the chamber and took part in the debate.

9. MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Improvement & Review Commission held on 22 June 2015, be approved as a true record and signed by the Chairman.

10. UPDATE ON URGENT HEALTH CARE REVIEW RECOMMENDATIONS

Chairman of the Improvement & Review Commission welcomed the representatives of the Health Care providers to the meeting for their further update in respect of the seven recommendations of the Commission's Urgent Health Care Review that related to them.

Welcomed to the meeting were representatives of the Chiltern Clinical Commissioning Group, Bucks Healthcare NHS Trust, Bucks Urgent Care and South Central Ambulance Service.

A Power-point presentation was given outlining the progress made on each of the recommendations made in the Commission's review of urgent health care. The presentation began with a reminder of the National Model of Escalation of Need along with the current campaigns in place locally supporting the Model; 'Health Help Now', Out of Hours Engagement, 'Stay Well this Winter' and the local Primary Care

Strategy now available online, which addressed recommendation 1 of the Commission's review.

In response to recommendations 2 and 4 of the Commission's review (ensuring patient data transfer between the hospital sites was effective and well supported by IT) the new patient administration system 'Medway' was explained along with the online access to 'My Care' records for all involved health and social care professionals.

Similarly the BCCR (Bucks Coordinated Care Record) system had now (initially utilised for palliative care), been rolled out to various severe illnesses, where a single record was held centrally which any agency could access if necessary. Further integration was also planned.

With regard to recommendations 5 & 6 in respect of 'one stop' treatment at High Wycombe (rather than transfer to Aylesbury) and improve waiting facilities at High Wycombe, the new X Ray facility had proved a great success; refurbishment and an improved waiting area, reception desk re-design, and waiting time displays improvements had also been recently implemented or were very soon to go live.

The ability now to cater for patient specific meal requirements and the noting of current medication only once, (without the need to re-note) were acknowledged. Baby changing facilities at Wycombe were in hand.

In respect of recommendation 7; the handover times re Ambulances, the increase in 'Red' demand and the definitions of such were explained, although there was not one overriding factor behind this rise. Use of the 'Early Bird' and 'Halo' schemes was outlined; where ambulance staff worked with GP staff and A&E staff to stop delays. The Council's support with promoting the Community First Responder (CFR) scheme locally was sought.

Relating to recommendation 3 (awareness of existing medical and non-medical needs of patients) Ambulatory Care (whereby patients were treated and released without use of A&E), the REACT (Rapid Emergency Assessment Community Team) and BRAVO (Bucks Reablement & Admissions Avoidance) schemes were explained. Expansion of these services to support the elderly and those with complex needs was underway.

The Trust had invested £126,000 on new equipment at the A&E whilst a re-design of the front entrance was now well underway. As at 1st November the unit would have a senior presence of 10 A&E consultants, seven days a week.

A&E at Stoke Mandeville had performed well against the national target of 95% of patients waiting no longer than 4 hours for admission or discharge. The Care Quality Commission had commended the A&E on progress that had been made since inspectors had visited the year before. High Wycombe MIU performance and satisfaction was high, with 99% of patients being seen within 4 hours.

Members made a number of points and received clarification on various queries as follows:

- The importance of asking patients for details / medication once only was imperative, it was hoped the new IT systems would lead to more 'joined up' communication;
- It was confirmed that usage of A&E facilities was not increasing to the very high levels that was once anticipated, which was evidence that the education with the various campaigns, promotion of 111 etc. was working;
- The nationally approved TRIAGE system operated by the Ambulance Services which targeted life threatening injuries was explained;
- The promotion of a healthy lifestyle with close working with colleagues in Public Health was re-iterated as a very important preventative measure, 1 in 4 people in Bucks did not take enough physical exercise per week;
- The reasoning behind why Buckinghamshire could only support one A&E effectively was explained, as they were based on a ratio of populations of 500,000 and were not a stand –alone facility,. If 2 x A&E were operated at centres of population of 250,000 each, there would not be sufficient expert consultants at each A&E and the quality of treatment would be diminished;
- There was a further consultation starting on the future shape of health services in Buckinghamshire.
- The exemplary work carried out at the High Wycombe Heart and Stroke units was commended, in fact HW Stroke Unit was rated within the best 5 in the country;
- National guidelines were awaited on the provision of urgent care centres. When received consideration would be given to whether such a development would be appropriate for the High Wycombe MIU (Minor Injuries and Illness Unit).

The representatives were thanked for the work and improvements effected in respect of the Review recommendations, along with their attendance and update at this evening's meeting.

It was noted that responsibility for recommendation 9 (improvements to the A4010) was not that of the Health Providers. It was noted that this had been raised with the responsible Highways Authority; Buckinghamshire County Council along with the LEP (Local Enterprise Partnership) to be considered as part of the current discussions on future infrastructure requirements.

11. COMMISSION'S WORK PROGRAMME AND FORWARD PLAN

The Meeting noted the update in respect of the Commission's work programme and the current position with regard to Task and Finish Groups.

The first phase of work of the Budget Task & Finish Group (Strategic Review of Budget) was noted, the Group had been busy during the summer months visiting the Major Projects across the District. The Group's report was due before the Commission at its November meeting for onward referral to November's Cabinet. The second phase of the Group's work; that of scrutinising the emerging budget thereafter, was also noted.

The work of the Local Plan Task and Finish Group and its current focus on the Saunderton Area Action Plan was explained, the meeting held with affected local Parish Councils was noted along with the planned Public Meeting at the Clare Foundation at Saunderton in early October.

No topics were identified on the attached Cabinet Forward Plan for review by the Commission at future meetings.

12. COUNCILLOR CALL FOR ACTION

There were no Councillor Calls for Action.

Chairman

The following officers were in attendance at the meeting:

Peter Druce - Democratic Services
Charles Meakings - Head of Democratic, Legal and Policy Services