HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 16th September 2008

PRESENT: Councillor Tidy (Chairman); Councillor Rogers OBE (Vice Chairman), Councillors Healy, Howson, O'Keeffe, Taylor, Wilson (ESCC); Councillor Martin (Hastings Borough Council); Councillor Davies (Rother District Council); Councillor Hough (Eastbourne Borough Council); Councillor Phillips (Wealden District Council); Mr Ralph Chapman, Chairman, Age Concern East Sussex, Debby Matthews, Director, Southdowns Council for Voluntary Service, Janet Colvert, Chair, Local Involvement Network Interim Core Group

WITNESSES:

Fit for the Future – East Sussex PCTs
Vanessa Harris, Acting Chief Executive
Michael Wilson, Strategy and Projects Manager
Lynne Regent, Director of Development

Mental Health Services – Sussex Partnership NHS Foundation Trust
Lorraine Reid, Executive Director for East Sussex
Andrew Dean, Associate Director Older People's and Forensic Services

Equitable access to primary care – East Sussex PCTs
John Vesely, Head of Primary Care
Leslie Chapman, Project Manager for GP-led health centres

Choice and Booking
John Vesely, Head of Primary Care, East Sussex PCTs
Katharine Horner, Outpatients Manager, East Sussex Hospitals NHS Trust

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Jonathan Ruddock-West, Assistant Director Legal and Democratic Services (substituting for Angela Reid, Head of Legal Services)

1. MINUTES

1.1 RESOLVED – to approve the minutes of the meeting held on 16th June 2008 as a correct record.

2. APOLOGIES

2.1 Apologies were received from Councillor David Rogers, Ms Debby Matthews, Director Southdowns CVS, Mr Ralph Chapman, Chairman, Age Concern East Sussex, Ms Angela Reid, Head of Legal Services.

3. INTERESTS

3.1 None Declared

4. REPORTS

4.1 Copies of the reports dealt with in the minutes below are included in the minute book.

5. FIT FOR THE FUTURE AND MATERNITY STRATEGY

5.1 The Chairman summarised the main developments since the HOSC meeting on 16 June 2008:

- On the 4th September 2008, the Secretary of State announced his decision to reject East Sussex Downs and Weald PCT and Hastings and Rother PCT (East Sussex PCTs) proposals for consultant-led maternity, special baby care and inpatient gynaecology services.
- The decision came with a set of recommendations from the Independent Reconfiguration Panel (IRP) which East Sussex PCTs are expected to take forward.
- HOSC recognises that work on these recommendations is only just beginning.
- The East Sussex PCTs have one month to publish their plan and timescale for taking forward these recommendations.

5.2 Vanessa Harris, Acting Chief Executive, East Sussex PCTs updated the committee and made the following points:

- The IRP report, published on 4th September, is publicly available via the PCTs or IRP.
- The IRP report:
  - strongly supports the PCTs' decision to improve antenatal and postnatal care, and associated outreach services.
  - recognises that change is needed but does not support the PCTs' proposals to reconfigure consultant led maternity, special care baby services and inpatient gynaecology services from Eastbourne District General Hospital to the Conquest Hospital in Hastings and recommends that these services must be retained on both sites.
  - recommends that the PCTs, with their stakeholders, must develop a comprehensive strategy for maternity and related services.

5.3 Ms Harris confirmed that the PCTs have accepted the IRP's six recommendations and that the PCT Boards will formally confirm this decision at meetings next week. The PCTs are committed to working with their stakeholders to develop a plan for taking forward the IRP's recommendations. The PCTs will publish the plan on 3rd October 2008. The PCTs will work with the South East Coast Strategic Health Authority, East Sussex Hospitals NHS Trust and HOSC on this plan.

5.4 Lynne Regent, Director of Development, East Sussex PCTs confirmed that she is leading the work to produce the plan. Ms Regent said that the PCTs will share the emerging thoughts on this with various stakeholders at a meeting on Thursday 18th September 2008.

Continuity of personnel

5.5 When HOSC raised concerns on the continuity of key personnel during the development of the plan, Ms Harris said that Michael Wilson, Strategy and Projects Manager and Lynne Regent, Director of Development were leaving at the end of September but the plan for taking work forward will be ready by then. Ms Harris confirmed that she is liaising with Mike Wood, who is taking over as Chief Executive of East Sussex PCTs in October, regarding longer term support on maternity strategy. She gave her assurance that a robust plan would be in place by the IRP's deadline.

5.6 HOSC recommended that the PCTs engage with all stakeholders in taking forward the IRP recommendations and advised the PCTs that the committee will monitor how this is being achieved and will require regular reports on progress.

Antenatal and postnatal services

5.7 When asked what progress had been made on antenatal and postnatal services, Ms Regent outlined the work of the Maternity Strategy Group which had been meeting over the last few months and is made up of representatives from key organisations and stakeholders. She said the group had been looking at how to implement recommendations on ante and post natal care arising from Fit for the Future, as well as the wider 'Maternity Matters' agenda. The work has progressed to the stage of having a discussion with the PCT Boards in September. Ms Regent confirmed that these areas will now be taken forward within the wider maternity strategy required by the IRP.

Quality indictors

5.8 Michael Wilson, Strategy and Projects Manager outlined progress on quality indicators and said that much of the work completed remains important despite the fact that no major reconfiguration of services will now take place. Two national developments have informed the work. Firstly, the King's Fund 'Safer Births' report which outlined the importance of good information for Board assurance. Secondly, the Royal College of Obstetrics and Gynaecology (RCOG) recommendation that a 'maternity dashboard' of indicators should be used by maternity services to provide staff with effective information.

5.9 Mr Wilson referred to Annex 1 of his paper which presented a range of indicators the PCTs had agreed with the Strategic Health Authority as part of Fit for the Future. He explained that this represents a 'static', year-end presentation. He indicated the PCTs' preference for a 'dashboard' approach as presented in Annex 2 of his paper as this presents a rolling picture against the indicators.

5.10 Mr Wilson tabled two further annexes:

- Annex 3 - Number of maternity unit closures to new admissions during 2006/07 and 2007/08 at East Sussex Hospitals NHS Trust
- Annex 4 – a further development of the 'dashboard' presentation.

5.11 He pointed out that there are gaps in the data because this is work in progress and data streams are not yet in place for all indicators. Mr Wilson explained that he wanted to share the information with HOSC despite this, in order to illustrate the approach being developed. The PCTs are working with East Sussex Hospitals NHS Trust on developing the dashboard approach

5.12 Looking at annex 3 – number of maternity unit closures to new admissions, Mr Wilson explained that the rationale was to present the data in a different way in order to make it easier to understand. The chart shows the number of hours of closure in graphical form. The PCTs are working towards monthly availability of this data, which has historically been produced as an 'end of year' report. The chart shows that in 2007/2008 the situation worsened rather than improved – particularly at the Conquest. The PCTs considered the situation to be unacceptable and this information was useful in addressing the issue with the recruitment of additional midwives. Mr Wilson confirmed that ESHT had no problem recruiting midwives, the additional posts funded by the PCT have been filled and that, as far as he is aware, there are no midwife vacancies beyond the normal turnover level. Mr Wilson confirmed that the PCTs are committed to funding midwives to Birth Rate Plus level and will work with ESHT to reach these newly assessed levels. He also highlighted that midwife to birth ratio is one of the indicators on the dashboard.

Midwife staff/dependency

5.13 When asked to explain the meaning of the term 'dependency' used in the list of reasons for closure and why two categories had been merged, Mr Wilson said that essentially dependency refers to complexity of patient need. He explained that the categories referring to dependency and to midwife staffing are interlinked and therefore these categories had been merged in the latest year's data.

Booking statistics

5.14 Mr Wilson confirmed that the booking figures for Crowborough were misleading as the way data is collected does not reflect the process by which Crowborough is chosen by women. However, he explained that the expected standard of care remains the same i.e. women have had an assessment by 12 weeks. Women at Crowborough often choose the unit at a later date in their pregnancy but the system does not pass on information about where her first contact with the NHS occurred e.g. a woman might visit her GP in Kent before 12 weeks and then decide to come to Crowborough. The PCTs are looking at how this data anomaly might be corrected.

Maternity unit closure figures

5.15 When asked to explain the two different total closure figures on annex 3, Mr Wilson explained that this is the result of having different sets of figures reported which had been reached via different reporting routes. Mr Wilson was confident that the issues were resolved in the 2007/2008 figures.

Data availability

5.16 When asked to explain the blank rows in the draft dashboard (annex 4), Mr Wilson explained that the real time system has still to be fully populated. There are national issues around the availability of some data and definitions which need to be resolved e.g. defining what is '1-to-1 care'. He explained that these indicators had been included due to their importance but that it was recognised that systems had to be put in place to collect this data.

5.17 When asked how useful the data would be considering the figures were only available for quarter 1 and it is now the end of quarter 2, Mr Wilson countered that no

data of this type had been available in this way before, as there had been no systems in place to collect it. Drawing together data in this way is therefore an improvement in itself and the quality and timeliness of the data would improve over time.

5.18 Mr Wilson agreed that the data will be used by staff, such as midwife case managers, to influence the development of services e.g. targeting extra support to certain groups via antenatal and community support.

5.19 Vanessa Harris added that the PCTs recognise that there are gaps in the information currently available and that it is a priority for the PCTs to obtain the data as soon as possible.

5.20 HOSC commented that the RCOG dashboard is a fairly recent recommendation and the committee is not surprised at the difficulty in obtaining data. The longer the dashboard is used and worked with, the greater will be its usefulness. Mr Wilson agreed and pointed out that the red, amber, green rating system is designed to make it easier to flag issues for attention. The plan is for the PCTs and ESHT to use the same dataset. This will give a clear, unified approach with joint agreement on thresholds for the red, amber and green ratings.

Thanks

5.21 The Chairman thanked Ms Harris, Ms Regent and Mr Wilson for their contribution. She also wished Ms Regent and Mr Wilson all the best for the future and thanked Mr Wilson, in particular, for his many appearances at HOSC.

5.22 RESOLVED to

(1) Welcome the Secretary of State's response to HOSC's referral and thank all the many people who contributed to HOSC's work on Fit for the Future.

(2) Continue discussion with the PCTs on their plan to work collaboratively with stakeholders on developing new proposals and to monitor progress regularly.

(3) Recommend that East Sussex PCTs consider obtaining the services of an independent expert to facilitate the process of developing new proposals for maternity services.

(4) Update the HOSC monitoring template to remove HOSC recommendations which are no longer relevant, to include the IRP recommendations and to include key data from the quality indicator dashboard.

(5) Request an update from East Sussex PCTs for the HOSC meeting on 27th November 2008, to include the plan for taking forward IRP recommendations (scheduled to be published on 3rd October 2008) and the draft maternity strategy in relation to ante/post natal care and Maternity Matters.

6. JOINT HOSC ON FIT FOR THE FUTURE

6.1 Cllr Diane Phillips summarised the progress of the Joint HOSC on Fit for the Future in West Sussex. The Joint HOSC had decided that the proposals put forward by

West Sussex PCT in conjunction with Brighton and Hove City PCT should be referred to the Secretary of State. No further meetings are scheduled and the Joint HOSC will meet again as and when required during the referral process.

6.2 The Chairman thanked Cllr Phillips, Cllr Rogers and Claire Lee, Scrutiny Lead Officer for their hard work surrounding the Joint HOSC. Their involvement had kept East Sussex HOSC fully informed and membership had ensured that issues concerning East Sussex residents could be raised.

6.3 RESOLVED to:

(1) Note the report and to monitor the progress of the referral process.

MENTAL HEALTH SERVICES

7.1 Lorraine Reid, Executive Director for East Sussex, Sussex Partnership NHS Foundation Trust (SPT) gave an update on mental health service developments affecting East Sussex. Her presentation concentrated on the commissioning strategy for working age adults which was the one outstanding strategy when HOSC last received an update in September 2007. Her presentation used a selection of case studies to illustrate various care pathways. Key points included:

Improving access

7.2 Psychological therapy services will be improved through the investment of £3 million over 3 years in the appointment of approximately 50 new workers. The service will be based in the primary care setting and will focus on treating conditions such as anxiety and depression through focused cognitive behavioural therapy. The objective is to de-stigmatise the treatment of these conditions by encouraging GPs to refer people to a primary care based access point where an assessment will be undertaken. The therapy and tailored support, e.g. via wellbeing centres, is designed to improve confidence provide support thus enabling the person to return to work or engage in meaningful activity. However, the number of available skilled workers is currently insufficient and this is being resolved through a training programme with University of Sussex, the first tranche of new workers beginning in Nov. 08.

Crisis intervention

7.3 Crisis workers can be contacted directly or via the person's GP or out of hours service and an intensive care package provided in the home setting, with the aim of avoiding a hospital admission where appropriate. The patient can also be admitted to hospital into a short stay crisis bed for treatment. These beds are specifically designed for short courses of treatment – up to seven days – with the objective of enabling people to return home and resume their normal life more quickly. The treatment will then continue in the home setting.

Early intervention in psychosis

7.4 The early intervention team was set up in 2007 to work with young people (14 to 25) who may be developing symptoms of psychosis. More staff are need to meet the predicted rise in demand. The young person is referred to the early intervention team and the team works with the person and his/her tutor or case worker/family member as

appropriate. Meetings can be arranged in informal settings e.g. McDonalds and the team will undertake an assessment and develop a care plan together with the young person and others as appropriate. The team is able to act as an intermediary between a psychiatrist and the young person if this is the best way to support the young person.

7.5 In conclusion, the service is being staffed by new types of worker who are embracing a more holistic approach to treatment rather than the historical emphasis on treating symptoms. This approach involves providing new services. SPT is aware that the psychological therapy funding comes with challenging targets which must be achieved. The Trust is working with stakeholders to establish this service.

7.6 Lorraine Reid answered questions including the following.

Support for GPs

When asked about support for GPs, Ms Reid said that SPT is aware of their concerns and highlighted the new mental health in primary care service as an example of how these are being addressed. There are approximately 50 referrals a day to this service but currently no treatment arm for the service. The improving access service will fill this gap. A consortium of GPs is currently writing the service specification, which needs to incorporate effective links with primary care and GPs.

Community Psychiatric Nurse numbers

7.7 Ms Reid confirmed that there had been no reduction in the number of Community Psychiatric Nurses and if anything there will be a rise. However, under the model she outlined, there is now a range of different workers with varying roles working with service users and therefore the job title of staff working with service users may have changed. The Community Psychiatric Nurses are likely to focus on users with more complex needs.

Day services reprovision

7.8 When asked about the current day services re-provision, Ms Reid indicated that this was a commissioner-led process and she was therefore unable to comment in detail. However, Ms Reid said that SPT welcomes the move away from segregated care towards personalised care packages. She indicated that SPT is supporting service users through the process of change which would be difficult but which should have longer term benefits. SPT would support the provision of activities such as cookery classes, as part of improving well being and helping service users gain more independent control of their life Ms Reid confirmed that day services are commissioned from the Trust by the PCTs and Adult Social Care.

7.9 Ms Reid confirmed that the second line of her paper should have read ‘change as a means of improvement’.

Appointment panels

7.10 Ms Reid confirmed that SPT involves service users on its appointment panels.

Specialist services

7.11 Ms Reid confirmed that what had in the past been regarded as specialist services would increasingly be more accessible and more widely available in primary care. This will mean that they are less likely to be regarded as 'specialist' services in the future. For example, the 50 new cognitive behavioural therapists will be more accessible and thereby are likely to no longer be termed 'specialist'. People with more complex needs will require treatment by staff with a higher level of training and therefore this type of care is likely to be regarded as 'specialist'.

7.12 People on a care pathway will be treated at the primary care level where possible, as this is less stigmatising, but if the condition worsens the patient will access specialist care. It is termed a 'stepped' model of care. As 1 in 4 people will need help for a mental condition during their lives, it is important that the first 'step' of mental health care is widely available within primary care.

Student places for mental health nurses

7.13 Ms Reid confirmed that she is not aware of any reduction in mental health nurse student placements.

Lewes prison expansion

7.14 Andrew Dean said that decisions regarding any extra resources at the prison would be made by the PCTs as commissioners. He explained that SPT does not provide in-reach services to prisoners as mental health services are provided by the Prison's in house team. However, SPT does provide medical (consultant) input for that team. The PCT has indicated the level of medical input may need to be increased and discussions are underway regarding this. Sussex Partnership Trust also provides prison in-reach which involves transferring prisoners to hospital in a timely way.

7.15 RESOLVED to

(1) Request a written briefing from commissioners to clarify the strategy and model as regards the day centre re-provision, anticipated access to activities and the involvement of stakeholders and service users.

(2) Request an update on mental health services for adults at HOSC on 19th March 2009, to include an update on prison services.

8. <u>OLDER PEOPLE'S MENTAL HEALTH SERVICES – REPORT BACK FROM HOSC TASK GROUP ON BEECHWOOD UNIT, UCKFIELD AND MILTON COURT, EASTBOURNE PROPOSALS</u>

8.1 Councillor Beryl Healy, Chairman of the Task Group summarised the Group's conclusions and commended the recommendations. Cllr Healy drew HOSC's attention to the fact that at the time Milton Court beds return to Eastbourne and Beechwood Unit closes, there will be a need for further discussion and communication with local stakeholders.

8.2 When asked about the future plans to provide services for the ageing population of East Sussex, Mr Dean said that SPT was acutely aware of the age profile of the

county and the implications of that profile. He stated services would combine to redesign to meet the needs of the ageing population. Part of this was the redesign of the inpatient/community services and expected need for inpatient beds will continue to reduce as community services expand.

8.3 Mr Dean admitted that SPT had underestimated the degree of misunderstanding which had arisen out of plans for the Beechwood Unit. Local people had misinterpreted the news as meaning the closure of Uckfield Community Hospital. The PCT has made it clear that there is no intention to close the hospital and SPT has confirmed that it intends to keep community services and day services and build on these at Uckfield Community Hospital.

8.4 RESOLVED to

(1) Note the Task Group's final response and recommendations as outlined in appendix 1.

(2) Request an update on progress on community and inpatient care for older people with organic mental health needs in September 2009.

9. EQUITABLE ACCESS TO PRIMARY CARE

9.1 John Vesely, Head of Primary Care, East Sussex PCTs summarised progress on the procurement of GP-led health centres. Mr Vesely was accompanied by Lesley Chapman, Project Manager. Key points included:

- 40 organisations attended the first bidders' day in June. These included GP practices and community pharmacists. Issues were raised about the Memorandum of Information (MOI) and, as a result, the PCTs decided to re-advertise and issue a revised MOI.
- Another bidders' day was held and, following this, the PCTs received expressions of interest from 29 organisations.
- Following the issue of pre-qualification questionnaires a total of 16 were returned from 10 organisations (some were interested in bidding for both services).
- The PCTs are still in the process of shortlisting and the evaluation criteria for the final tenders are being refined.
- Tender invitations will be issued to no more than 5 potential providers for each service week commencing 22nd September 2008.

9.2 John Vesely and Lesley Chapman answered questions including the following.

9.3 Mr Chapman clarified that 'other' organisations listed are in fact 'independent sector organisations'.

Devonshire ward site

9.4 John Vesely said that no site had been identified yet because it was the PCTs' intention for bidders to put forward suggestions. The indication is that a number of organisations who attended the bidders' day already had a site in mind but these are not yet known to the PCTs. The PCTs have indicated to bidders that the centre is expected to be operational by April 2009 and bidders' ability to meet this timescale will be one of

the considerations in awarding the contract. Mr Vesely said that in many ways the centre would have relatively straightforward needs in terms of accommodation which would make it feasible to set up quickly. He agreed that the timescale was ambitious but that the April 2009 deadline would be used as a benchmark.

9.5 When asked whether there would be the potential to integrate the centre with the proposed Eastbourne town centre re-development, Mr Vesely said that the proposed area for the centre did include the town centre and this could be considered by bidders. However, the PCTs plan to award a contract for five years and proposals may involve longer timescales which bidders believe are necessary in order to recoup capital costs expended on premises.

Description of service

9.6 Mr Vesely confirmed that it is intended that the centres become a focus for other services over time, but are not intended to be polyclinics. They are clearly defined as GP led health centres with key features being extended opening hours, a walk-in service and bookable appointments in areas with a transient population and high health needs requiring extra primary care input.

Planning process

9.7 When asked about the impact of the planning process, Mr Vesley said that the PCT realises it is a tight time scale and the planning process may be an issue in its achievability as the providers will be expected to comply with the necessary regulations. However, some of the bidders already have sites and it is expected that they will be able to secure planning permission. He agreed that the PCT has to be careful about trading off quality against timescale.

Hastings and Rother primary care developments

9.8 Mr Vesely confirmed the Station Plaza development in Hastings is on schedule. He also confirmed that the Silverhill clinic development, also known as the Upper St Leonards Primary Care Centre, is also on programme, with discussions with GPs currently underway. The Arthur Blackman clinic is being developed for the PCT's own provider services.

GPs extended opening hours

9.9 Mr Vesely confirmed that there had been over 50% take-up by GPs of the local enhanced scheme. Guidance had recently been issued on the national directed enhanced scheme running to April 2010. This has very specific criteria and appears more onerous than the PCTs' scheme. The PCTs are undertaking a comparison of the two schemes and will then involve GPs in discussion about how to move forward. There are concerns amongst GPs about the demands of extended opening hours and the consequent disruption to practice arrangements, which may not have been fully recognised. There is a need to provide a proper service during extended hours, which includes support staff so that GPs are not operating in isolation. The arrangements must be sustainable.

9.10 There are concerns about how the patient need for extended hours was determined. The results of a national patient survey were used as the only readily

available source but this has been criticised for being unrepresentative and not indicative of real need.

Communication between GP led health centre and patient's GP

9.11 Mr Vesely confirmed that if a patient registered with a GP visits the walk-in service, the centre is required to notify the patient's GP within 24 hours about treatment administered and any recommended follow-up. It would then be the responsibility of the practice where the patient is registered to action this follow-up. Mr Vesely pointed out that this procedure is already in place between hospital clinics and GPs. Mr Vesely recognised that follow-up is difficult for non-registered patients but a role of the GP-led health centres will be to signpost people to other services and where possible book them in there and then. These patients will also be encouraged to register with a GP.

Patient and Public Involvement

9.12 Lesley Chapman explained that the PCTs had organised focus groups early on in the development of the proposals and overall there had been a lot of support for the plans. The PCTs have an engagement strategy in place and local groups have been offered a presentation from the PCTs, although take-up has been low. The PCTs intend to involve a service user representative in the tender evaluation process. There is an expectation that the public and patients will be involved in the ongoing development of these services as the centres are not intended to be static in terms of what they offer. Mr Chapman believed that the original focus group participants have been kept informed but agreed they will need more information once providers of the service have been confirmed.

9.13 RESOLVED to

(1) Note progress and request an update report at HOSC on the 19th March 2009. This will cover the chosen service providers' approach and also monitor progress towards meeting the East Sussex Downs and Weald PCT's target of opening the Devonshire ward centre by April 2009.

10. CHOICE AND BOOKING

10.1 John Vesely, Director of Primary Care, East Sussex PCTs and Katharine Horner, Out-patient Manager, East Sussex Hospitals NHS Trust were in attendance.

10.2 Mr Vesely gave a summary of the situation surrounding Choice and Booking and included the following key points:

10.3 The PCTs had hoped that the rate of Choice and Booking referrals would have risen to 53%/54% by now. However, the Hastings and Rother PCT rate was currently at 35% and East Sussex Downs and Weald PCT at 32%. Shortly after March there had been an initial improvement to 40% but this had gradually fallen back.

10.4 The Strategic Health Authority has set a very challenging target for PCTs to reach 75% by December 2008, thus sending a clear message that a big improvement is needed.

10.5 Mr Vesely explained that East Sussex PCTs had specifically rejected going down the route of using a referral management system which they believe is against the spirit of Choice and Booking as it detracts from the patient/GP relationship. Referral management systems are being used by other PCTs and are often responsible for the higher rates of referral by Choice and Booking seen in other areas. There is pressure for PCTs to move to these systems if their referral rates are low. Brighton and Hove City PCT has introduced a referral management system and their rate of referral has increased to over 50%.

10.6 Mr Vesely explained that slot availability is still an issue for East Sussex GPs trying to use the system, although technical issues have largely been resolved. The commitment of GPs to Choice and Booking remains an issue but the PCTs have now been able to identify distinct groupings of practices with different levels of usage. Now that technological issues have been resolved and are no longer a factor in the differences, the PCTs plan to target individual practices with low usage, using special measures. Mr Vesely explained that some practices with a 0% rate had not signed up to the scheme at all, as it remains voluntary.

10.7 Mr Vesely and Ms Horner answered questions including the following.

Rural GP performance

10.8 When HOSC suggested that rural GPs were better performing on Choice and Booking referrals and asked whether this was down to a better choice of hospitals, Mr Vesely did not believe this was so. He suggested that the reason could be that rural practices tend to have a number of practice branches and therefore tended to have stronger management systems and more support from practice managers.

Low referral rates from Lewes GPs

10.9 Mr Vesely explained that this might be influenced by the fact that many referrals were made to Victoria Community Hospital which did not qualify in Choice and Booking. However, similar conditions could apply with Uckfield GPs who would refer patients to Uckfield Community Hospital but still have higher choice and booking rates, therefore this could not fully explain the low rates. Mr Vesely suggested that the different rates were more likely to reflect the different levels of effort practices put into Choice and Booking. He emphasised that there should be no technical issues preventing GPs using the system now.

Selling Choice and Booking to GPs

10.10 Mr Vesely said that, at the end of the day, Choice and Booking is voluntary and the PCTs cannot force GPs to take up the system although, if they choose not to, patients may be disappointed. GPs have been offered a range of support services, improved IT and also the slot availability has improved. The PCTs are developing new strategies to persuade GPs to raise the usage levels of Choice and Booking. If these moves fail, moving to a referral management system will be considered although the PCTs believe this would be a backward step.

10.11 Mr Vesely admitted that the paper referral system worked effectively, but indicated that Choice and Booking was intended to be, and is, an improvement on that system. GPs with higher rates of referral tend to see the system as an enhancement

despite glitches. Patients may not realise that Choice and Booking is an option so may not yet have seen benefits.

10.12 Mr Vesely explained that the PCTs have worked with East Sussex Hospitals NHS Trust and a panel of GPs to resolve issues regarding the Directory of Services which had prevented GPs accessing slots. He pointed out that a new issue had been identified in that some GPs had not renewed the smart cards which give them access to the system. This is the GPs' responsibility but the PCTs are assisting in order to resolve this quickly. Mr Vesely suggested that many of the GPs did not identify Choice and Booking as a priority 12 months ago when other initiatives such as practice based commissioning were also being introduced and he hoped that they could prioritise it more now.

Directory of Services

10.13 Katharine Horner explained that East Sussex Hospitals NHS Trust had refined the Directory of Services over the past few months. This had made it easier for GPs to use and access the right clinics for patients. There are now few incidents of patients being referred to the wrong clinic. ESHT has published as many slots as possible for Choice and Booking although there were a few specialities which could not be published. Ms Horner said that concurrent operation of paper referrals and Choice and Booking did not help the slot availability situation but ESHT wholeheartedly supported Choice and Booking.

Referral management system

10.14 Mr Vesely said that using a referral management system would be voluntary but peer group pressure would be exerted as the system only works if all use it. A referral management system would make the GPs life simpler administratively but only if they accepted the involvement of this third party. A move to a referral management system would be seen as a retrograde step.

Impact of 18 week wait target

10.15 Mr Vesely indicated that a number of factors had contributed to the issues around slot availability, but that '18 weeks' had impacted on the number of weeks of slots which could be published. High referral rates in 2008/2009 so far had compounded the problem. However, he said that recent data shows that 78% of paper referrals received did have a slot available on Choice and Booking which shows that slot availability is not an issue in many cases. Mr Vesely suggested that the best action is to reduce the number of paper referrals. To that end the PCTs have selected Ear Nose and Throat as the first specialty where paper referrals will be eliminated. This approach is the last strategy open to PCTs to improve Choice and Booking rates.

10.16 Ms Horner added that there are no slot availability problems with Ear Nose and Throat but that currently only 29% of referrals are via Choice and Booking.

Publicising Choice and Booking to patients

10.17 HOSC suggested that a further strategy open to the PCTs was to publicise the availability of Choice and Booking to patients in order to encourage them to ask their GPs to use it for their referral. Mr Vesely agreed that the patient could play a role in

influencing the usage of Choice and Booking. Information for patients has been added to the action plan now that technological issues have been resolved and there is no reason why GPs should not be able to use the system.

10.18 RESOLVED to

(1) Note the latest position on Choice and Booking and request an update on the situation at HOSC on the 19th March 2009.

11. SCRUTINY REVIEW OF STROKE CARE

11.1 Councillor Angharad Davies, Chairman of the Review Board, summarised progress on the review of stroke care services. It was noted that Councillor John Barnes had joined the Review Board as the East Sussex PCT Boards' co-optee and Councillor Martyn Forster has joined the Review Board as the Adult Social Care Scrutiny Committee's co-optee.

11.2 RESOLVED to

(1) Endorse the objectives and scope of the review.

12. INDIVIDUAL HOSC MEMBERS' ACTIVITIES

12.1 It was noted that South East Coast Ambulance Trust is holding an open day 10am to 4pm on 19th September 2008 at Lingfield Race Course and HOSC members are very welcome.

12.2 It was also noted that the Trust has offered to host a visit for HOSC members to one of their new depots and to their dispatch centre (for those members who haven't already visited). Arrangements will be circulated to HOSC members.

12.3 Councillor Sylvia Tidy

- Meeting with South East Coast Ambulance Trust (29 July). This covered the estates strategy which is looking at the way ambulances are cleaned and re-stocked. This issue is being added to the HOSC work plan for 2009.
- Meeting with Irene Dibben, Chair of East Sussex Hospitals NHS Trust (14 August). Discussion centred on the Trust's Foundation Trust application progress and developing the relationship between the Trust and HOSC.
- PCTs' Patient and Public Involvement Day (8 September). This included discussions on stroke services and commissioning, as well as sessions by the SHA on their regional vision and NHS constitution.

12.4 Councillor Diane Phillips

- 'Shaping the future' event by South East Coast Ambulance Trust (15th September). This centred on the Trust's future plans and strategies.

12.5 Councillor Phillip Howson

- Plans to attend the South East Coast Ambulance Trust event in Surrey on 3rd October 2008.

12.6 Councillor Ruth O'Keeffe

- Continuing research with Claire Lee on issues surrounding the Mental Health Capacity Act.

12.7 Councillor Angharad Davies

- Attended the East Sussex PCTs' update meeting on the GP-led health centres.

The meeting ended at 1.15pm.