

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

23 October 2007

The meeting commenced at 3.00 pm at Owton Rossmere Resource Centre,
Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Reuben Atkinson, Caroline Barker, Mary Fleet,
Geoff Lilley, Gladys Worthy and David Young

In accordance with Paragraph 4.1 of the Council's Procedure
Rules Councillor Steven Akers-Belcher was in attendance as
substitute for Councillor Lilian Sutheran

Resident Representatives:
Mary Green

Also Present:

Councillor Marjorie James – Owton Ward Member
Councillor Mick Johnson, Chair of South Neighbourhood
Consultative Forum
Carl Parker GP/Chair PEC
Ali Wilson, Deputy Director of Health Systems and Estates
Development (Hartlepool and North Tees PCT)
Linda Watson, Hartlepool PCT
Sharon Hagerty, Emergency Care Practitioners Service
Paul Frank, Head of Patient Experience (Tees PCTs)

Officers: Margaret Hunt, Development Manager
Charlotte Burnham, Scrutiny Manager
Denise Wimpenny, Principal Democratic Services Officer

31. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Sheila Griffin,
Michelle Plant and Lilian Sutheran and Resident Representatives Jean
Kennedy and Mary Power.

32. Declarations of interest by Members

Councillors Caroline Barker, Jonathan Brash and Mary Fleet declared personal and non-prejudicial interests in minute numbers 37, 38 and 39.

33. Minutes of the meetings held on 30 August 2007 and 4 September 2007

Confirmed.

34. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

None.

35. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

36. Consideration of progress reports/budget and policy framework documents

None.

37. Any Other Business – Article in Hartlepool Mail re: PCT

The Deputy Director of Health Systems and Estates Development expressed her disappointment relating to a recent article in the Hartlepool Mail relating to the withdrawal of emergency services at the Wynyard Road Primary Care Centre scheduled for discussion at today's meeting. The article had caused a great deal of misunderstanding and the Deputy Director considered that it would have been more appropriate for the matter to be reported following the PCT's opportunity to comment fully on the issue at today's meeting of the Forum.

Recommendation

That the information given, be noted.

38. Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre – Verbal Feedback from South Neighbourhood Consultative Forum of 12 October (*Chair of Adult and Community Services and Health Scrutiny Forum/Scrutiny Manager*)

As part of the Forum's ongoing investigation into the withdrawal of emergency care practitioners services at Wynyard Road Primary Care Centre, which was the result of a referral from the South Neighbourhood Consultative Forum, the Chair of the South Neighbourhood Consultative Forum was in attendance at the meeting to provide verbal feedback in relation to the discussions held on this issue at the South Neighbourhood Consultative Forum on 12 October 2007 to which the Chair of this Forum and the Scrutiny Manager were in attendance.

The Chair of the South Neighbourhood Consultative Forum raised concerns regarding the level of service provision in the south of the town following the withdrawal of the services at Wynyard Road. The Scrutiny Manager referred Members to the suggested questions as outlined in 7.1 and 7.2 of the attached reports that the Forum may wish to put forward to the PCT representatives who were in attendance at the meeting. In view of this, the Chair suggested that items 7.1 and 7.2 be considered collectively.

Recommendation

That agenda items 7.1 and 7.2 be considered collectively to enable representatives from the PCT to answer Members' questions.

39. Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre Scrutiny Referral - Setting the Scene by Hartlepool PCT and North Tees PCT (*Scrutiny Manager*)

40. Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre Scrutiny Referral - Evidence from Key Stakeholders (*Scrutiny Manager*)

As part of the Forum's investigation into the withdrawal of emergency care practitioners services at Wynyard Road Primary Care Centre, the Deputy Director of Health Systems and Estates Development was in attendance at the meeting to provide a presentation which focused on the following areas:-

- (a) The original aims for the Emergency Care Practitioners Services at Wynyard Road Primary Care Centre;
- (b) Rationale for the withdrawal of Emergency Care Practitioners

- Services;
- (c) Future provision of primary care services at Wynyard Road Primary Care Centre.

The Deputy Director introduced representatives from the PCT responsible for the Emergency Care Practitioners and Carl Parker, GP at Wynyard Road Primary Care Centre and also the Chair of the Hartlepool PCT Professional Executive Committee.

Members were referred to the questions (derived from the Terms of Reference for this investigation) as a prompt for discussions with the witnesses in attendance as detailed in the Scrutiny Manager's covering reports.

Discussion ensued in which the following issues were raised:-

- (i) A Member asked what future development proposals were in place to replace the service, how the service could be reintroduced in the south of the town, the reasons for immediate closure and whether the option to suspend the service temporarily had been considered. Members were advised that the service had been suspended in the first instance and an urgent care review commenced across the town. As a result of this some Emergency Care Practitioners obtained alternative employment which was one of the reasons why the service could not continue. The other reasons for the withdrawal of the service were provided which included the safety of patients and patients using the centre as an accident and emergency facility.

The GP highlighted the reasons behind locating the centre in the south of the town, the operational difficulties running the service from these premises and the problems encountered in trying to ensure people used the service appropriately. The Deputy Director referred to the need to ensure that appropriate diagnostic premises were available and the national steer in relation to patient safety. In relation to access to facilities, it was recognised that this was still an issue and the current hospital site and town centre was suggested as a possible location. The Trust was currently exploring a range of other options including the rapid response service, access to facilities, access to GP services as well as patient needs.

- (ii) Was the Emergency Care Practitioner Service at the Wynyard Road Primary Care Centre comparable to other models in the country and, if so, what lessons could be learned from them? It was reported that other PCTs had experienced similar problems. There were difficulties recruiting doctors to the area and the issues relating to the prescribing rights of paramedics was also a problem.
- (iii) A Member sought clarification in relation to the role of the rapid response team and whether this was intended to support people with a history of ill health? The PCT representative advised that the Rapid Response Team was initially set up for over 65s or chronically ill,

however, there had recently been a change to include younger people.

- (iv) It was understood that the PCT had received considerable funding due to the levels of health deprivation in Hartlepool and concerns were expressed that the service was seen as a substitute for accident and emergency by the residents in the south of the town. Would it not be more beneficial to consider providing a number of core GP practices to provide a better service? The Deputy Director advised that the service was not intended to be a substitute for accident and emergency and there were various definitions and perceptions of urgent care. Wynyard Road was chosen because the PCT recognised that needs of local people were significant and that there was low provision of GP services in the area and this would build upon current practice and improve services. Patients did not have to register to use this service. However, because of the mechanisms available to the PCT to increase numbers of GPs in the area, residents would need to register with the practice to make providing more GPs viable.
- (v) The Chair of the South Neighbourhood Consultative Forum commented that whilst it was reassuring robust systems were in place to ensure patient and practitioner safety, disappointment was expressed regarding the reasons for the withdrawal of the service. In response, the Deputy Director acknowledged that the Emergency Care Practitioner Service had not been successful, however, pointed out that other services had continued to operate.
- (vi) The Forum indicated their concerns relating to the lack of communication with the public and the PCT's failure to advise this Forum of the withdrawal of services. The Deputy Director reported that a press release had been issued and sought the Forum's views in relation to future communication strategies. The Forum indicated that they had still not received any formal notification that the service had been withdrawn and that this was not in-keeping with the Trust's statutory obligation to consult on significant changes to service. The Forum made clear its belief that the level of consultation since the withdrawal of service was not acceptable and represented a clear failure on behalf of the PCT. This was acknowledged by the Deputy Director.
- (vii) An Owton Ward Councillor commented on the major health issues in the area and questioned how this facility could fail to be safe. Concerns were also expressed that the potential risks had not been identified prior to the establishment of the centre, that the explanations provided relating to the reasons for the withdrawal of service were not acceptable and that local residents had been denied the service unless they registered with the GP at the centre. The possibility of poaching of patients and the expectance of residents on low incomes to travel to access these services in future was also a concern.
- (viii) In relation to planned additional services, had there been any

involvement of residents on what those services might be? In response, the GP explained the structure of the emergency care practitioner service, the differences between the emergency care centre and a GP surgery and the original aims and objectives of introducing the Emergency Care Practitioner role in Hartlepool, details of which were outlined in Appendix A to the report. With regard to accessing GP services, there was a requirement for patients to register in order to provide patient choice as well as to safeguard the patient. Reference was also made to the role of the Connected Care Steering Group in the delivery of services.

- (ix) Members discussed the out of hours service, the role of the rapid response team, the use of NHS direct and the feasibility of GP's sharing patient information records electronically.
- (x) When would health care provision be stabilised/finalised? It was reported that services were under constant review and that the PCT was currently engaged in procuring additional GP services for the area. The Deputy Director suggested that a further meeting be convened to include all parties in attendance at today's meeting to determine how to constructively communicate the services available to the public. Reference was made to the PCT's public consultation, communication plan and prospectus which would highlight the PCT's clear statement with regard to health care provision.
- (xi) Members sought assurances that lessons had been learnt and that the future planning process would prevent a reoccurrence.
- (xii) Members questioned whether the PCT felt that this service could have been continued in some form and whether all possible avenues had been exhausted in trying to achieve this. The Deputy Director and the GP categorically stated that there was no way in which ECP services could be run from the Wynyard site.

In response to the Scrutiny Manager's request for clarification relating to the date the service was withdrawn, the Deputy Director confirmed that the service had been withdrawn on 20 November 2006 and the press release issued on 17 November 2006. Dissatisfaction was expressed that there had not been any other form of notification to service users that the service had discontinued.

Following a request for clarification on how long the service had been operational before safety concerns were identified and the number of problems identified before the issue became critical, Members were advised that it was not an issue of the number of problems it was in relation to the severity. With regard to the time period, it was reported that the Trust were aware of the problems from week commencing 13 November 2006.

The Chair of the South Neighbourhood Consultative Forum invited representatives of the PCT to the next meeting of the South Consultative

Forum to explain the reasons for withdrawal of the service.

The Chair thanked the PCT representatives for their attendance and responding to the Forum's questions.

Recommendation

That the information given, be noted and discussions be used to assist the Forum in completing the scrutiny investigation.

41. Pathways to Healthcare – Provisional Timeline for Scrutiny Engagement *(Scrutiny Manager)*

The Scrutiny Manager reported that a meeting had been held with the Director of Strategic Service Development of North Tees and Hartlepool NHS Trust regarding the Forum's involvement in key milestones and project themes over the seven year development of the Pathways to Healthcare programme. The Forum would be involved in the following project themes as briefly outlined in the report:-

- (a) Planned Care
- (b) Unplanned Care
- (c) Long Term Conditions
- (d) Step Up/Step Down
- (e) Women and Children
- (f) Diagnostics

A provisional timetable was included in the report which would be re-visited in early 2008 due to NHS compliance with Purdah

Recommendation

That the Scrutiny Forum's involvement in the Pathways to Healthcare Programme, be noted.

42. LINKS (Local Involvement Networks) *(Director of Adult and Community Services)*

The Development Manager was in attendance at the meeting and provided an update on the development of a LINKS Scheme within Hartlepool. Reference was made to a copy of the report considered by Cabinet on 1 October 2007, attached at Appendix 1. The report highlighted the policy content to the development of LINKs and a summary of the current guidance which included:-

- The role of LINKs
- The role of the host organisation
- Proposed procurement process

- Role of the expert Advisory Team

Appendix 2 to the report provided the Department of Health's briefing document relating to Planning Local Government Networks and contracting a host organisation for LINKs. Appendix 3 detailed the membership of LINKs and Appendix 4 provided a draft timetable.

Members were advised that an event was scheduled for 16 November which would include discussions on the background to LINKs, progress made to date and the town's needs. It was envisaged that the scheme would be operational by April 2008.

Discussion ensued in which the following issues were raised:-

- (i) In response to questions relating to funding arrangements for the scheme and how the funding would be allocated, the Head of Patient Experience working on behalf of the Tees PCTs advised that funding figures were not available at present. It was anticipated that the funding allocation for Patient and Public Involvement Forums would be reallocated into Local Involvement Networks. Reference was made to governance arrangements, accountability and the requirement of scrutiny to allocate the monies appropriately if there were joint procurement arrangements.
- (ii) Members commented on the value of the Patient and Public Involvement Forums and the skills and expertise of members. Members were advised that the excellent work of the PPI in Hartlepool was recognised and there would be involvement from people with experience.
- (iii) Was there a transition period for the withdrawal of PPI's and introduction of LINKs and when would the governance arrangements be available? The Head of Patient Experience advised that the Local Government Bill was currently being debated in the House of Lords which would determine if there was a need for a transition period. Further guidance should provide further clarification on governance arrangements.
- (iv) A Member expressed concern relating to the loss of a PPI system which worked extremely well. The Forum was advised that both schemes could not be supported. It was envisaged that the NHS and local authorities would benefit from LINKs and assistance would be provided in developing the scheme. It was about building upon the invaluable work of the PPI, shaping the scheme locally, working together and encouraging as many local people and organisations as possible to be involved.
- (v) The tight timescale for the introduction of LINKs was highlighted. Members were encouraged to feed their comments into the consultation document by 21 December 07, a copy of which would be despatched to the Forum under separate cover.

Recommendation

That the contents of the report, be noted.

43. Presentation on the Role and Activities of the Tees-Wide Patient Experience Team – Covering Report (Scrutiny Manager)

The Scrutiny Manager advised Members that the Head of Patient Experience, on behalf of the Tees PCT's, had been invited to the meeting to deliver a presentation in relation to the role and activities of the recently established tees-wide patient experience team.

The Head of Patient Experience provided an overview of the services to the 4 PCTS on Teesside:-

- Patient and Public Involvement (PPI)
- Patient Advice and Liaison Service (PALS)
- Complaints
- Priorities in relation to patient experience
- How relationships would be built/maintained with key stakeholders

Recommendation

That the information given, be noted and contact details of the Head of Patient Experience Team be forwarded to the Forum under separate cover.

JONATHAN BRASH

CHAIRMAN