

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

WEDNESDAY, 25 SEPTEMBER 2013

PRESENT:- Councillors Nicky Sewell (Chair), Steve Allsopp, Andrew Bennett, Alan Bishop, Roderick Bluh, Michael Bray (Vice-Chair), Mary Friend, John Haines, Derique Montaut, James Robbins and Julie Wright.

Cherry Jones (SBC), Paul Bearman (CCG), Jennifer Howells (NHS England), Julie Hughes (NHS England), Nerissa Vaughan (GWH), Kevin McNamara (GWH), Heather Mitchell (SEQOL), Val Vaughan (Equalities Advisory Forum), Carolyn Bell (GWH), Gill May (CCG) and Sue Wald (SBC).

Apologies for absence were received from Councillors Wayne Crabbe and Rochelle Russell and Dr. Peter Crouch.

24. Declarations of Interest

The Chair reminded Members of the need to declare known interests in any matters to be considered at the meeting.

25. Public Question Time

Rosemary Philips asked a question regarding patient data sharing between health partner organisations and other relevant service agencies. Kevin McNamara, Great Western Hospitals NHS Foundation Trust, responded to Ms Philips' question. Mr McNamara also responded to a second question put by Ms Philips regarding the improvement of the format of correspondence between the hospital and its visually impaired patients to make such correspondence more legible to the patients concerned.

26. Minutes

Resolved - That the minutes of the meeting held on 16th July 2013 be confirmed and signed.

27. Great Western Hospitals NHS Foundation Trust - Stroke Care

The Committee received a report of the Chief Executive at the Great Western Hospitals NHS Foundation Trust, apprising members of key issues and developments in relation to stroke care at the Hospital. Carolyn Bell, Unscheduled Care Project Manager at the Hospital, presented the report and responded to members' questions on the following issues:

- the symptoms of a transient ischemic attack (TIA)
- the timeframe for the development of a document to provide a clear joint care plan for patients
- the key national indicator for improved stroke care by caring for patients in a dedicated stroke unit
- specialist stroke therapy and the position in relation to patients who might not have not received all the specialist therapies within the specified 72 hours

timeframe

- the implications of the reported slow increase in stroke numbers and the reasons for the increase
- the national early supported discharge initiative
- the TIA service and the management risk factors
 - arranging intervention in order to reduce the risk of full stroke
- the accuracy of the patient risk factor assessment

It was agreed that information requested by members during the course of the Committee's consideration of this item should be forwarded to the Scrutiny Officer for distribution to Scrutiny Committee members.

Resolved – That the report be noted.

28. Ophthalmology at Great Western Hospital

The Committee received a report of the Chief Executive of the Great Western Hospital NHS Foundation Trust responding to concerns previously expressed by members regarding appointment delays and other problems in relation to the Hospital's Ophthalmology Department. The Chief Executive presented the report, expanding on the range of conditions and procedures carried out by the Ophthalmology department, the increasing demand for those services and the measures being taken by the Hospital Trust in relation to its "Eyes To The Future" project and to improve the quality of ophthalmic care going forward.

Following her presentation of the report, the Chief Executive responded to members' and health colleagues' questions on the following issues:

- the growth in the demand for the service and the numbers of patients overdue a follow-up appointment
- the terms of reference for the review of the hospital's ophthalmology service and the input of the Royal College of Ophthalmologists to the review
- recruitment and staffing levels within the department
- the format of correspondence between the hospital and its visually impaired patients
- the specific implications for the ophthalmology service of age-related macular degeneration and the related increase in demand for social care services

Resolved – (1) That the report be noted.

(2) That a further report be made to the Committee meeting in April 2014 on the outcomes of the review of the ophthalmic care at the Hospital.

(3) That the independent advice and input to the review provided by the Royal College of Ophthalmologists be made available to members of the Committee for information.

(4) That, as part of this service provider's regular update reports to the Committee, members be kept apprised of recruitment issues within the Hospital's Ophthalmology department.

29. NHS Swindon CCG Joint Winter Planning Report

The Committee received a report of the Patient Involvement Manager with the

Clinical Commissioning Group (CCG) providing an update on the approach of the Swindon health community to the production of the winter plan. Paul Bearman of the CCG introduced the report, placing it in the context of NHS England guidelines for winter planning and the increasing demand that an aging population places on health services. Mr Bearman advised that the draft winter plan was currently being reviewed by the area team and that all stakeholders would be engaged in the winter plan development process in advance of the adoption of the plan before the end of October.

Following his presentation of the report, Mr Bearman, with Gill May, the CCG's Director of Nursing, responded to members' questions on the issues raised, including:

- member and health colleague reservations regarding the delivery and the effectiveness of the NHS "111 service" and winter planning in relation to the provision of that service
- the implications of no additional funding allocations being made available locally to support winter planning for urgent and emergency services
 - the process utilised to determine additional funding allocations and the fairness of the treatment of Swindon in comparison with other areas
 - the apparent "disincentive" of targeting of financial resources to areas of greatest concern and under-performance

Resolved – (1) That the report be noted.

(2) That the finalised Winter Plan be submitted to the next meeting of the Committee for consideration.

(3) That the Chair be authorised to write to the Secretary of State for Health advising of members' concerns regarding the lack of transparency of the decision-making process for the allocation of funding to ensure safety and sustainability of urgent and emergency care and, in particular, the apparent disparity in the funding given to lower performing areas and that made to better performing health regions, including Swindon.

30. NHS England Direct Commissioning Objectives

The Committee received a report from NHS England on the changed commissioning arrangements in the NHS and providing an update on the objectives of the NHS England commissioning responsibilities. The report set out the objectives that NHS England's Bath, Gloucestershire, Swindon & Wiltshire Area Team had established for its areas of Direct Commissioning.

Jennifer Howells and Julie Hughes of NHS England presented the report to the Committee, taking members through each Area Team's direct commissioning responsible areas and placing each area of service commissioning in the context of:

- national priorities for 2013-15
- expected outcomes of implementing national guidance locally in 2013-2014
- the 2015-16 "end state ambition".

The presentation also introduced members to the NHS England direct commissioning objectives and expanded on the practical implications of implementing the plans.

Resolved – (1) That the report be noted.

(2) That the commissioner and provider update to be submitted to the January 2014 meeting of the Committee be utilised to keep members apprised of issues relating to the provision of Armed Forces health services.

31. Commissioner and Provider Updates

Further to Minute 11, the Committee received update reports from the following Commissioners and Providers:

- Great Western Hospitals NHS Foundation Trust
- SEQOL
- Avon and Wiltshire NHS partnership Trust
- NHS Swindon Clinical Commissioning Group.

Resolved – (1) That the reports be noted.

(2) That a position statement be made to the January 2014 meeting of the Committee regarding the development of the long term cancer strategy for Swindon and the development of the radiotherapy service.

32. Work Programme

The Committee received a report of the Director of Law and Democratic Services regarding the development of its work programme for 2013/14.

Resolved – That the Committee's updated work programme, detailed in the report, be noted.

33. Chair's Announcement

The Chair remarked on a recent London to Paris charity cycle ride and on behalf of the Committee congratulated Kevin McNamara and the team representing the Hospital on their success in raising £18k for the Children's Emergency Department.