Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
17 September 2012 at 10.30am

Membership

Councillors
Sue Saddington (Chairman)
Wendy Quigley (Vice-Chair)
Stuart Wallace
June Stendall
A Chris Winterton
Brian Wombwell

District Members
Trevor Locke – Ashfield District Council
A Paul Henshaw – Mansfield District Council
Tony Roberts – Newark and Sherwood District Council
June Evans – Bassetlaw District Council

Officers
Ruth Rimmington - Governance Officer

Also in attendance
Councillor V H Dobson
Nina Ennis – Project Manager Mansfield and Ashfield Clinical Commissioning Group
Ola Junaid
Ian Fletcher
Deborah Jaines

MINUTES

The minutes of the last meeting of the Committee held on 25 June 2012 were confirmed and signed by the Chair.

It was confirmed that an item on the Sherwood Hospitals Trust would be on the agenda for the meeting in November.

Appointments to the Committee

The committee noted the following appointments to the Committee:-

Councillor June Stendall
Councillor June Evans – Bassetlaw District Council representative

APOLOGIES FOR ABSENCE

No apologies submitted.

DECLARATIONS OF INTEREST

Councillor Sue Saddington declared a personal interest in agenda items 6 and 7 – East Midlands Ambulance Service Change Programme and East Midlands Ambulance Service – Rural Response times; due to her husband being an ambulance driver for the Newark and Sherwood volunteer service.

PROPOSED CHANGES – ASHFIELD HEALTH VILLAGE – UPDATE

Deborah Jaines, COO Nina Ennis Project Manager and Iain Fletcher Head of Communications, representatives of NHS Nottinghamshire County and the Clinical Commissioning group provided members with an update on work being undertaken in relation to the proposed changes to the Ashfield Health Village (AHV). **and consultation feedback.** Proposals had been developed by the Mansfield and Ashfield Clinical Commissioning Group to ensure a local response to the national strategies for Stroke and dementia care. These involved plans to relocate three of the four wards at the AHV and to use the vacated wards for improved daytime services to meet the changing health needs of the people in Ashfield and Mansfield. Plans supported by all NHS Partners. A copy of the briefing to members was attached as an appendix to the report which included an overview of the consultation that had concluded on 9 September 2012; responses to those consultations and the next steps.

A full analysis of the consultation feedback would take place with a first report to the PCT Board on 27 September, together with consultation feedback from an independent project team based at the University of Lincoln. The PCT Board expected to receive detailed consideration of the consultation response in the form of a report and recommendations in November.

The committee heard about the consultation process that had to satisfy four tests; support from the GP commissioners, strengthen patient and public engagement, provide clarity in the clinical evidence base and be consistent with current and prospective patient choice.

Officers thanked members for taking their time to visit the Ashfield Health Village to gauge a better understanding of the proposals first hand.

The following additional information was provided in response to questions:-

- The findings of the Lincoln report would say whether there had been a viable response to the consultation.
- The Health Village would not close as it was required to address pressing health issues i.e. Diabetes and improve daytime services to meet the changing health needs of people in Ashfield and Mansfield. The Centre was already a centre of excellence for Chronic Obstructive Pulmonary Disease.

- Significant efforts had also been made to get the views from the areas bordering Mansfield and Ashfield areas through the use of Citizen's panels that included the Clinical Commissioning Groups facilitating consultations with groups such as MIND and the Alzheimer's Society, discussions which had been recorded.

Members made the following comments:-

- People were cynical these days about consultations.
- There was a stigma attached to the Millbrook hospital that required attention and consideration should be given to the re branding of the hospital.
- Some people did not understand the proposals and therefore not enough had been done to get the message across.
- Local people in Ashfield had the impression that it was a done deal.

Following discussion the Chair asked the committee if they felt that the public had been properly consulted on and that the public interest had been taken into account through appropriate consultation.

Following a show of hands,

- a majority of the committee agreed that there had been proper consultation carried out
- It was further agreed that the committee would receive a report in the future on the findings of the Lincoln report.

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME - UPDATE

David Farrelly Deputy Chief Executive and David Winter Acting Assistant Director of Operations had been invited to provide the committee with a briefing on the change programme being undertaken by the East Midlands Ambulance Service (EMAS).

Mr Farrelly explained that the formal consultation 'Being the Best' had been launched that morning and would run for 90 days up to 17 December 2012. Copies of the document would be circulated to members of the committee. Consultation would include four advertising campaigns in Nottinghamshire to present detailed data. The consultation document proposals to change and develop the way the care and services are provided sought the views of others to help in shaping the future of EMAS.

The proposals included having 13 purpose built hub, with 120 clinicians expected to be at each hub. Staff would start their shift and collect a fully equipped, well maintained and clean vehicle. These would provide a base to for training and support for clinicians and support staff. Clinicians would be instrumental in defining what should be incorporated in the hubs.
The proposed changes were all about improving performance on how quickly they could respond to all life threatening 99 calls. There was no direct link between clinical care and ambulance stations since patients were not treated at ambulance stations, therefore staff travel time would need to be taken into

account. It was important to look closely at staff feedback. The changes to core business would see significant changes for staff in terms of the length of shifts and break facilities that would form part of the rota consultation.

In terms of its estate, there had been meetings with the unions to ensure that everyone linked in to the plethora of change.

It was hoped to receive wide ranging feedback from public meetings to inform the process. The plan for change was expected to take 5 years. Mr Farrelly said they believed that these changes would improve response times in rural and urban areas. It was recognised that there was a lot of work to do to understand the rural areas.

Members were particularly concerned about how the County's rural areas would be covered in all of this. The Chair drew attention to recent newspaper articles that concerned people's bad experiences with the emergency services in the north of the county.

During discussion on this item the following additional information was provided in response to questions:-

- **A recent public meeting had taken place in Retford with one planned for Bassetlaw in November. Detailed maps would be available for areas at the public consultation meetings. Have something in Worksop or Retford to serve rural areas such as Harworth.**

- **Mr Winter commented that when Newark's changed services meant that most were transferred to either Kingsmill or the QMC. The job cycle was usually 1 hour and had progressed to 2 hours, which had led to the deployment of another ambulance and two cars. There would be a focus placed on areas in the north of the county to ensure that vehicles were available.**

- **There would be a meeting held in Newark. There was spare vehicles in and were increasing the number of standby areas. Some areas were already being shared. They needed to look at local needs. The intention was to have a make ready process like the one trialled at Kings Mill.**

- Discussions were in place to look at sharing buildings with other emergency services that would involve the county and districts.

All responses would be considered and the Board would receive a report on the views of the public and staff before a decision was made in January 2013.

EAST MIDLANDS AMBULANCE SERVICE – RURAL RESPONSE TIMES

David Farrelly gave a presentation to the committee on the performance of the EMAS in relation to rural response times in rural Nottinghamshire, a copy of which was appended to the report.

He said that constantly monitoring performance was essential since it was a vital indicator of how well they respond to patient need and how they can ensure standards of care are not only maintained but continuously improved upon.

All NHS ambulance services must respond to 75% of Red emergency calls (the most serious and life threatening) within 8 minutes. Red calls could include patients having a heart attack or experiencing severe breathing difficulties. The quicker a patient receives treatment the better the chance of survival.

For all other calls, ambulance services were not measured simply on time alone, but on how they treat patients and the outcomes of the treatment.

A set of Clinical Quality Indicators allowed EMAS to identify areas of good practice and areas which needed improvement. Using information given to them by the caller the most appropriate response is allocated. If the patient's condition is life-threatening or serious they would receive an ambulance response and a face-to-face assessment would be made. If the condition was non-life threatening a telephone assessment will be made by a skilled clinician who will help direct the patient to the right care (this could be to visit their GP, a minor injury unit, call NHS Direct, or a non-emergency ambulance would be sent to assess the patient face-to-face).

The representatives were able to provide briefing on current levels of performance and answer questions.

He explained that there were improvements to be made and efficiencies to address with a current independent review of resourcing in process. Last year Nottinghamshire achieved both A8 and A19 performance standards of 75% and 95% respectively. Performance for 2012/13 to date was 73.86% - A8 (8 minute response to a minimum of 75% of 999 calls) and 96.74% - A19 (19 minute response to a minimum of 95% of 99 calls – patient carrying capability).

Plans were already in place and deployed to enable A8 and A19 are achieved.

Councillor Wallace requested data on community responders for the Newark and Sherwood area. Newark and Worksop was performing better than the county due the benefits of the cars being gable to treat patients. Standby areas in rural areas had produced better attendance times. There were also more specialist paramedics on hand in the rural areas.

Volunteers were not suitable due to the nature of the job and the possibility of coming into contact with bodily fluids.

Councillor Saddington asked that officers be informed of the meetings in Mansfield and Sutton areas sp that the parish councils could be engaged with.

If sufficient issues and concerns are raised by this briefing, Members may wish to consider undertaking a review of ambulance response times in rural areas.

Following the discussion it was agreed to invite the officers back on 21 Jan 2012 to provide a review of the consultation exercise.

WORK PROGRAMME

The committee would receive a progress report on gynaecology and fractured neck of femur changes, in addition to a briefing on the Sherwood Forest Hospitals Foundation Trust. Cllr Roberts…..

The meeting closed at 12.40pm.

CHAIR