

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE**  
**9 September 2014 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor P Allan  
Councillor R Butler  
Councillor J Clarke  
Councillor Dr J Doddy  
Councillor J Handley  
Councillor C Harwood  
Councillor J Williams

### **Nottingham City Councillors**

Councillor G Klein (Vice- Chair)  
Councillor M Aslam  
Councillor A Choudhry  
A Councillor E Campbell  
Councillor C Jones  
A Councillor T Molife  
Councillor E Morley  
A Councillor B Parbutt

### **Also In Attendance**

Julie Brailsford - Nottinghamshire County Council  
Jane Garrard - Nottingham City Council  
Martin Gately - Nottinghamshire County Council  
Tony Athersmith - Head of Area, East Midlands, Arriva  
Derek Laird - Director of Operations, Arriva  
Shaun Deasey - GEM Contract Manager  
Neil Moore - Director of Procurement & Marketing Dev, Mansfield & Ashfield CCG  
Mo Rahman - Chief Pharmacist, Nottingham University Hospital NHS Trust  
Stewart Newman - Head of Urgent Care, Nottingham City CCG  
Pauline Hand - NHS 111 Programme & Ops Director, Derbyshire Health United  
Donna Clarke - Evidence & Insight, Healthwatch, Nottinghamshire

## **MINUTES**

The minutes of the last meeting held on 9 September 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair of the meeting.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors B Parbutt (other) and E Campbell (other City Council business)

## **DECLARATIONS OF INTERESTS**

None

## **PATIENT TRANSPORT SERVICES**

Mr Derek Laird (DL), Director of Operations (UK), Arriva Transport Solutions Ltd (ATSL), gave a presentation to the committee detailing the Contract Performance Review Report. The contract was now two years into a five year term. The current performance was at a level short of expectations, the service review plan had been revised and DL, who had been in post for four months, was keen to present the achievements and improvements of Key Performance Indicators (KPI's) since January 2014.

Following the presentation the additional information was provided in response to questions: -

- A number of external factors had impacted on performance. The average age of patients had increased and with an ageing population would continue to do so.
- A number of vehicles had already been replaced to cope with the increase in stretcher cases (50%) and wheelchair users (35%). Future vehicle requirements were being considered.
- A patient notification system had been introduced, a call to the patient to clarify if the service was still required to help reduce the number of aborted journeys. Patients not ready at the pickup time had a knock on effect to other patients. Promotion of 'online booking' system for patients to reduce the amount of phone calls. Currently looking at the most appropriate business system options to notify patients of delays to the service, patients were asked when booking how they wanted to be contacted. 'On time' patient arrival at hospital had been improved and increased by 19%, wards were informed if a patient was going to be late.
- There had been the introduction of a dedicated discharge co-ordinator post. Data on patient discharge was now available and systems on A&E and the wards informed who was making the most 'on the day' discharges. Wards needed to be booking transport in advance and then cancelling if not required. Arriva needed to be part of the discharge pathway plan and were working with the hospitals to forecast planned discharges.
- The introduction of a renal co-ordinator post and the use of trained voluntary drivers had improved the service to renal patients.
- The use of private taxi companies is not specific to Nottingham/shire. Arriva had a clear Service Level Agreement with taxi companies used. The drivers

were approved, subject to the required checks and received training; patients that used taxis were the most mobile. Voluntary Car Service had been introduced to reduce the use of taxis and third party providers.

- Transport Operators worked with the Highways Agencies to identify delays on the roads and journey planning was arranged around quieter periods if possible. The current traffic delays around Nottingham (caused mainly by the tram works) had not been factored in to the report. Robust plans were in place for the winter period, the main priority would be getting the hospital staff into work.
- It had taken too long to recruit key members of staff. The recruitment and retention of staff had been a problem with a lot of staff moving to EMAS. Staff training, support and supervision had been improved to help with this.
- The pilot of a feedback 'App' that allowed patients and their relatives to feedback their experiences of the service had been introduced. No national standards or Key Performance Indicators (KPI's) were available to compare Arriva's performance to, although KPI's were not always representative of good patient experience.
- Arriva managers worked in the hospitals and were working with the discharge co-ordinators to improve the service.

**The Committee requested that Arriva returned in six months for a further report on performance.**

### **NOTTINGHAM UNIVERSITY HOSPITALS PHARMACY DELAY UPDATE**

Mr Mohammed Rahman, Chief Pharmacist from Nottingham University Hospital NHS Trust presented a briefing to the committee on the latest position on NUH pharmacy delay. Mr Rahman had previously given a presentation to the committee in May 2014 in relation to improving the pathway for patients leaving hospital and delays waiting for medicine in hospital pharmacies.

Following the presentation the additional information was provided in response to questions: -

- Outpatient's pharmacy was an external company. Out patients were free to leave the hospital and take their prescriptions to their own GP. The pharmacy is run by NUH and all of the profit was put back in to help improve the service.
- Recruitment and retention of pharmacists was a concern. A large amount of applications were received from University students but only so many students could be trained to post diploma. Eight out of nine of the junior pharmacists had been retained. There was a need for post diploma pharmacists to be recruited; to recruit nine and retain them would be a challenge. Locums would fill the gaps but at £50.00 per hour (£500.00 per day) were costly.
- In order to continue with improvements, other factors not directly influenced by pharmacy needed to change. Doctors doing their ward rounds would inform a

patient that they were being discharged that day but it would be another 2 or 3 hours after the round finished before the Doctor had the opportunity to populate the prescription. Working towards a pharmacist transcribing the prescription prior to the day of transfer of care.

**The Committee requested that Mr Rahman returned in six months for a further report on pharmacy waiting times, when it was hoped that the data on patients who took their prescriptions to their own GP would be available.**

### **NHS 111 PERFORMANCE (UPDATE)**

Mr Stewart Newman, Head of Performance at Nottingham Clinical Commissioning Group and Pauline Hand, NHS 111 Programme and Operations Director, Derbyshire Health United presented to the committee an update on the performance of the NHS 111 Service with particular reference to workforce changes.

Following the presentation the additional information was provided in response to questions: -

- The delay in calls being answered within 60 seconds and the delay in speaking to a nurse within 10 minutes required improvement. Only a quarter of calls required nurse intervention and the call back time of 10 minutes were not being met but the nurses would monitor the call list to prioritise call backs.
- The call advisors received training via NHS Pathways, software used by all NHS 111 providers. This was followed by 20 hours shadowing an experienced call advisor and the call advisor then shadowed them for 20 hours. Levels of competence were constantly being monitored.
- Staff sickness absence levels were very high. A staff survey was undertaken in January 2014 and concluded that they had been through a very difficult 6 month but the improved training and early intervention was helping to reduce the absence rates.
- A large number of calls were received regarding emergency dental care. A lack of emergency dental provision was impacting on the service. The public perception was that GP's were free but dentists incur a charge.
- Currently agreeing the level of resources required to support the direct transfer of calls from mental health patients to a skilled Mental Healthcare Practitioner. This service would be delivered by the end of the year.
- Staff were not pressured to meet targets, post training they were skilled in answering questions and arriving at the appropriate solution.

**The committee requested that Mr Newman and Pauline Hand returned in six months for a further update on NHS 111 performance.**

Following this agenda item Councillor Dr J Doddy and Councillor E Morley left the meeting.

## **NEW HEALTH SCRUTINY GUIDANCE – KEY MESSAGES**

The committee discussed the new Health Scrutiny Guidance published by the People, Communities and Local Government Division of the Department of Health in June 2014. The following points were raised:-

- There was a need to encourage the media to attend the meetings to publicise the work undertaken by the committee.
- Suggested that for a trial period a member of the NCC communications team attended the meetings and produced subsequent press releases.
- Members were keen for their constituents to know about the work that the committee undertook, but there was also concern that it may bring a lot of personal medical issues to their door.

## **WORK PROGRAMME**

Following today's meeting the following items would be added to the Work Programme:

- Development in Adult Mental Health Services (following the consultation).
- Development in Mental Health Services for Older People (following the consultation)
- Out of Hours Services for Emergency Dental Provision.

The meeting closed at 12.25pm.

Chairman