



Meeting JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE  
Date Tuesday, 24<sup>th</sup> June 2008 (commencing at 10.00 am)

**membership**

Persons absent are marked with `A`

**COUNCILLORS**

**Nottingham City Councillors:-**

Emma Dewinton  
Michael Edwards  
Penny Griggs  
Eileen Heppell  
Ginny Klein  
Tony Marshall  
A Andrew Price  
A Mick Wildgust

**Nottinghamshire County Councillors:-**

Reg Adair  
Mrs K Cutts  
A Pat Lally  
Ellie Lodziak  
Sue Saddington  
Parry Tsimbiridis  
Chris Winterton  
Brian Wombwell

**Also in attendance**

County Councillor Edward Llewellyn-Jones

**ELECTION OF CHAIR**

Councillor Winterton was elected Chair of the Joint Committee and Councillor Klein Vice-Chair.

## **MEMBERSHIP**

The membership of the Joint Committee as set out above was noted.

## **MINUTES**

The minutes of the last meeting held on 13 May 2008 were agreed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Wildgust and Lally.

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Councillor Saddington declared a prejudicial interest in the following item because her husband is a volunteer ambulance driver and her daughter works at the Queen's Medical Centre.

Councillor Llewellyn-Jones and Councillor Klein each declared a personal interest in the same item, because of children working locally as nurses. Councillor Tsimbiridis declared a personal interest in the same item because his daughter works for Mansfield Mencap.

## **PATIENT TRANSPORT SERVICE**

George Gray from East Midlands Ambulance Service (EMAS) and Ian Ellis and Tony Madge from Nottinghamshire County Teaching Primary Care Trust (Notts tPCT) attended in connection with this item.

Mr Gray gave a presentation on EMAS's patient transport services, which provided over 300,000 patient journeys in Nottinghamshire in 2007/08, using a variety of means depending on the needs of the patient. He responded to points raised by members, which included:

- The 10-11% of journeys which were aborted, probably as a result of poor communication. Mr Gray referred to the plans to set up a one-stop-shop, which it was hoped would improve communication.
- Delays in the journey home from hospital while patients wait to be issued with drugs. Mr Gray said he would discuss this with commissioners.
- Delays on the journey to hospital, leading to patients' anxiety and being late for appointments. Mr Gray referred to the service's complex logistical problems.
- Escorts having to travel separately. Mr Gray said that the purchaser decided whether an escort should travel with a patient or not. He would discuss this with commissioners.

- How volunteer drivers were recruited and trained. Poor communication with volunteer drivers. The mileage rate of 40p per mile was seen as low. Mr Gray explained that drivers were recruited through press and poster advertising, were CRB checked and trained. They provided transport to ambulant patients and did not provide any physical assistance. Changes in future commissioning arrangements may discourage volunteers.
- Confusion for patients because hospitals commission the service and EMAS delivers it. Mr Gray referred again to the plans for a one-stop-shop.

Mr Ellis gave a presentation on the PCT's role as a commissioner of patient transport services both from EMAS and local taxi firms. He offered to talk to service providers to ensure that they were fair in the way they made transport available to escorts; and to look at the PCT's contracts with acute hospitals in relation to patients waiting for drugs to be issued. There was concern about the lack of information on patients' experience at Nottingham hospitals. Mr Madge offered to feed back to Nottingham City PCT, and explained that while the patient transport contract was between EMAS and NUHT, he was responsible for the quality of services. He said that the Department of Health needed to be clearer about its plans for commissioning.

#### **WORK PROGRAMME 2008/09**

The programme of work for 2008/09 was noted. The suggestion was welcomed that at the December meeting, voluntary organisations working with chronically ill people be invited to share their experience.

The meeting closed at 12.15 pm

**CHAIR**