NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

15 FEBRUARY 2018

The meeting commenced at 10.00 a.m. in the Civic Centre, Hartlepool

Present:

Chair: Councillor Ray Martin-Wells, Hartlepool Borough Council

Darlington Borough Council: Councillor Newall
Newcastle City Council: Councillor Taylor
Stockton Borough Council: Councillor Povey (as substitute for Councillor Grainge)

Also Present: Mark Cotton, North East Ambulance Service NHS Foundation Trust (NEAS)
Mike Maguire, Chair, DDT Local Professional Network (Pharmacy)
Cara Charlton, Specialist Commissioning Team, NHS England
Liz Rodgerson, Specialist Commissioning Team, NHS England
Julie Turner, Specialist Commissioning Team, NHS England
Sundeep Harigopal, Newcastle Hospitals, NHS Trust
Michael Houghton, North Durham Clinical Commissioning Group
Carol Langrick, County Durham and Darlington NHS Foundation Trust
Philip Davey, County Durham and Darlington NHS Foundation Trust
Andrew Brown, CHS Healthcare
Sean Fenwick, CHS Healthcare
Paul Dunlop, CHS Healthcare

Officers: Durham County Council: Stephen Gwillym
Northumberland County Council: Paul Allen
Stockton Borough Council: Peter Mennear
Middlesbrough Borough Council: Caroline Breheny
South Tyneside Council: Paul Baldesera
Gateshead Borough Council: Angela Frisby
Newcastle City Council: Karen Christon
Joan Stevens, Statutory Scrutiny Officer (HBC)
David Cosgrove, Principal Democratic Services Officer (HBC)

56. Apologies for Absence

Durham County Council: Councillor Robinson.
Gateshead Borough Council: Councillor Green.
Stockton Borough Council: Councillor Grainge.

57. Declarations of Interest

Councillor Taylor Newcastle City Council declared a personal interest as an NHS employee.

58. Minutes of the meeting held on 27 September 2017

In relation to Minute 53 'NEAS – Performance Update' the Stockton BC representative raised the following questions for the NEAS representative: -

Had there been a change in the way stroke patients were treated when NEAS had indicated that they did not need a response including a paramedic;
How many mental health professionals were employed at the Trust;
Had the psychological services reduced;
How many staff had completed the friends and family survey;
How many managers were employed;
How many vacancies did the Trust currently have;
Did staff and managers receive performance bonuses.

The NEAS representative stated that there were no changes to the way stroke patients were treated. In stroke cases the patient needed a scan to assess the extent of the stroke and that could only be done in hospital. Essentially they needed transport to a hospital quickly but not a paramedic. In relation to the questions on mental health professionals and psychological services the NEAS representative stated he would have to provide a written response to the Committee.

The last friends and family survey had over 700 responses and the annual NHS survey was due which would target around 1000 staff. In terms of management, the Trust had recently undertaken a restructure which had been cost neutral. In terms of other staffing, the Trust had recently met its target for paramedics only to be given additional funding from government for additional staffing numbers. The trust was on target to meet the target numbers of paramedics later in the year when their training was completed. In terms of salaries, all staff were on the Agenda for Change pay structure with all directors' remuneration available on the NEAS website.

The minutes of the previous meeting were confirmed.

59. Specialist Services Update - Neonatal Intensive Care

Initial proposals for the Neonatal Intensive Care had been discussed in detail by the North East Joint Health Scrutiny Committee on the 17th December 2015. A number of progress reports have since been received by the Committee. There was a further presentation at this meeting by Dr Sundeep Harigopal, Lead for the Northern Neonatal Network, outlining the background and evidence base for the proposals to reconfigure

Neonatal Intensive Care services in the North East.

The presentation highlighted the following base issues primarily that there were too many Neonatal ICUs for the population and a perceived need to concentrate care in fewer units for better outcomes. This issue had been initially raised in 2012 when there had been support for the proposals from the clinicians involved and the Royal College of Paediatrics and Child Health. The key proposals for the service being that:

- The RVI in Newcastle provide the Quaternary Centre;
- Sunderland provide the NICU for babies born under 26 weeks gestation for the whole region;
- James Cook Hospital in Middlesbrough expand its services to become a viable tertiary neonatal unit; and
- North Tees Hospital NICU would only care for babies over 30 weeks gestation – only Intensive Care and the High Dependency Care would be affected at North Tees.

At a meeting of the NEJHSC in December 2015 (minute number 24 refers) it had been agreed that North Tees would not look after babies less than 27 weeks and that the care of babies born between 27 and 30 weeks would be addressed.

The presentation went on to outline the evidence base behind the clinical recommendations outlined showing the low number of births below 30 weeks – only 62 babies over three years. The numbers of babies that would be affected from the North Tees area that would move to be cared for in Middlesbrough would be 20. The real impact would be 10 babies a year with 10 other cases that would have been cared for in North Tees due to lack of capacity in one of the other three regional NICUs.

In concluding Dr Harigopal stated that there was now an independent review recommending urgent change, there was regional clinical consensus, systems were in place to support the proposals, there was evidence to support the better outcomes in higher volume units and the numbers of babies affected in the North Tees area would only be around 10 each year.

The Chair stated that one of the concerns the Committee had when the proposals were initially put to them was that the recorded outcomes for babies under 30 weeks at Sunderland were poorer than those for North Tees hospital so Members had been somewhat puzzled at the direction of transfer. Some of the birth rate figures for the south of the region also conflicted with the numbers members had previously reported to them. The Chair objected to the intonation that this Committee had delayed these proposals; Members had concerns that needed to be addressed/responded to. Members did object to frequently being told changes were for ‘clinical reasons’ as a device to stop them objecting to proposals that would down grade services in their hospitals.

A Member commented that parents of premature babies would go wherever the best outcomes could be had for their child. Sunderland may have in the past been receiving the babies with the poorest potential outcomes but there had been no evidence base to support that. Members questioned if James Cook Hospital in Middlesbrough had the capacity to be developed to become a viable tertiary neonatal unit; Dr Harigopal confirmed this was the case.

The officer from Stockton BC stated that SBC Scrutiny members had indicated their own concerns at the proposals and were to look at them in more detail, at a local level. The health representatives indicated their willingness to work with Stockton BC in addressing any concerns they may have.

The Chair thanked the representatives for their attendance at the meeting and concluded that the case for change had been well put. On this basis, subject to support from Stockton Borough Council following their individual consideration on the proposals, the Committee had no objection to the proposals.

Decision

i) That the proposals as reported be noted,

ii) Subject to support from Stockton Borough Council, following their individual consideration on the proposals, the Committee had no objection to the proposals, as detailed below:

- The RVI in Newcastle provide the Quaternary Centre;
- Sunderland provide the NICU for babies born under 30 weeks gestation for the whole region;
- James Cook Hospital in Middlesbrough expand its services to become a viable tertiary neonatal unit; and
- North Tees Hospital NICU only care for babies over 30 weeks gestation – only Intensive Care and the High Dependency Care would be affected at North Tees.

60. Specialist Services Update - Vascular Services Review

Representatives from the North East and North Cumbria Specialist Commissioning Unit gave an update on the progress of the North East Vascular Service Review following implementation of the recommendations from the Vascular Society of Great Britain and Ireland in 2016. The presentation restated the clinical case for the recommendations which would be based on three main centres in Newcastle, Sunderland and Middlesbrough. There would be no changes to out-patients services or support for diabetes, stroke, plastics, orthopaedics and gynaecology. Based on patient data from 2016/17 it had been estimated that the changes would affect around 12 patients a week with the main impact being on patients from Durham. Appropriate communication and engagement had

commenced and the proposed timeline for the changes would be completed later in the year.

Members questioned why the change of services were directed from Durham to Sunderland when the number of cases seemed to indicate the direction should be reversed. The representatives commented that there were a range of services at Sunderland that provided significant support to the vascular services, for example, Interventional Radiologists.

The Chair understood that the Commissioning Unit representatives were looking for the support of the NEJHSC but without appropriate representation from Durham CC that would not be possible. Durham CC may wish to review these proposals themselves due to the impact on their residents. The Chair also commented that the Committee would wish to see the results of the consultation and the business case for the proposed service changes.

The Officer representative from Durham CC commented that there had been an initial conversation with the County Council but that Members had requested clinicians to attend to discuss the issues further particularly as there were some differing opinions between NHS Trusts on the proposals.

The Chair concluded the debate indicating that at this point the Joint Committee would wish to see the evidence from the business case and the consultations. Durham CC would also need to give their consideration to the matter before it was reported back to this Joint Committee.

Decision

That the discussions be noted and the proposals reconsidered by the Joint Committee after consideration by Durham County Council's health scrutiny committee and provision of the consultation responses and business case to this Committee.

61. Community Pharmacies / Use of Pharmacies for Minor Ailments and Other Services

The representative from the North East Pharmacies Local Professional Network gave a presentation on Community Pharmacies and the use of pharmacies for minor ailments and other services. There were 618 pharmacies across the region with over 1.6m recorded visits to pharmacies across the whole of the UK each year. While there was the inverse health care law – those in affluent areas have the best access to the best health care services – community pharmacies tended to buck that trend with access to a community pharmacy within a 20 minute walk being available to 99.8% of people in deprived areas against the national figure of 89.2%.

The presentation outlined the community pharmacy referral service which was now part of the 111 NHS service. This had commenced towards the end of 2017 and some 400 pharmacies across the North East were signed up to service. There had been some 419 referrals to the service over

Christmas period with some 3250 referrals in total to date. Of these referrals only 5% of patients were then referred into clinical services.

There were a number of pharmacies offering a Minor Ailment service, though none presently in the Tees area. In Gateshead, Newcastle and North Tyneside this was a commissioned service.

The region still suffered some very stark health inequalities and locally there is a ten year change in life expectancy from one end of Marton Road in Middlesbrough to the other. The same applied to Ormesby Back.

The presentation outlined the Tees Healthy Living Pharmacies services which were now being seen as a gold standard for rest of UK. The presentation concluded with a video produced by the British Heart Foundation on how good pharmacy services could have an effect on heart patients care.

Members commented that many patients aware that paracetamol would not normally be prescribed by their GP were buying it in supermarkets and then taking too much at home. The Pharmacies Local Professional Network representative indicated that this was a concern shared by many pharmacists when it was sold without the correct advice.

A Member noted that not all pharmacies were taking part in the 111 service. The representative commented that the same could be said of GP Practices. There were some concerns being expressed around staffing but the 400 that had signed up showed it could be successful. The referrals from 111 could include minor ailments advice or consultation appointments.

Attention was also drawn to the value of the Pharmacy First service and it was noted that it is not commissioned in the Tees Valley. Members were interested to know why this was the case and agree that it be explored through this Committee in the coming year.

Decision

i) That the presentation and comments be noted.

ii) That the use of the Pharmacy First Service be explored through the North East Joint Health Scrutiny Committee.

62. NEAS NHS Foundation Trust – Quality Account 2017/18

The North East Ambulance Service NHS Foundation Trust (NEAS) representative gave a presentation on the Trust’s Ambulances Response Standards. The representative commented that for some time paramedics and clinicians were somewhat frustrated that the measures were simply based on a ‘clock stopping’ approach and after representations to the Secretary of State, new measures had been introduced in October 2017. The new categories are now: -

Category 1 – time critical life threatening events – an average response time of 7 minutes with a 90% response time of 15 minutes.
Category 2 – potentially serious conditions - an average response time of 18 minutes with a 90% response time of 40 minutes.
Category 3 – urgent problems not immediately life threatening - 90% response time of 120 minutes
Category 4 – non-urgent; needs telephone or face to face assessment – 90% response time of 180 minutes.
Specialist response calls in hazardous areas or specialist rescue or mass casualty calls have no response measures.

These new national response targets to apply to every single 999 patient for the first time and should lead to faster treatment for those needing it to save 250 lives a year. There would be an end to "hidden waits" for millions of patients and there would be new standards to drive improved care for stroke and heart attack patients. The standards were those against which the service would be commissioned

The new targets did, however, require the Trust to reconfigure its fleet and staff. Previously a single responder could 'clock stop' the old Red 2 calls but now the measure was met when the conveying response arrived. Assessment now had to be made as to what was the most appropriate response to send to each call. With both category 3 and 4 calls having the 90% monitor more ambulances were going to be needed with crews. The changes to the structure of crews and shifts would be shared with the Joint Committee at a future meeting.

In terms of the Quality Account, the NEAS representative indicted that the proposed quality measures would be based around -

1. Early recognition of sepsis – as at the end of December 81.6% of staff had been trained and it was expected that the target of 95% would be met before the end of March. In relation to the compliance with the sepsis care bundle, the target of 40% had been exceeded and stood at 61%. Work was ongoing on developing further tools on sepsis recognition.

2. Cardiac arrest – the trust had implemented the Resuscitation Academy's ten steps and significant investment in new technology had been made with new defibrillation equipment in all ambulances. In the year to November 2016 there had been 304 successful Return of Spontaneous Circulation (ROSC). In the year nine months to August 2017 this had improved to 394, an average of 10 additional successful Return of Spontaneous Circulation each month.

3. Long waits – all ambulance trusts had suffered a deterioration in response times resulting from increasing demand, staffing pressures, increased travel times and waits resulting from increased pressure across the health system. There had been enhancement of real time performance feedback for call handlers and the procedures for reviewing the processes

for managing patients who had fallen and experienced long delays.

4. Safeguarding referrals – the trust had been working on improving the quality of its safeguarding referrals and was partially on track to achieving its aims and would be looking towards enhancing the audit process, improving training and developing a pool of safeguarding champions.

The priorities for 2018/19 would include a continuation of the work on sepsis, cardiac arrest and delays with a focus on patients who fall receiving some initial support. Other potential areas for monitoring including improving mental health pathways, improving end of life care and issues around frailty i.e. falls, dementia and emergency care plans.

A Members suggested that mental health issues should replace safeguarding going forward. There was also significant concern at the situation around long waits among the public that needed to be addressed.

The Chair commented that while the response to the new categories required the ‘conveying’ responder, single responders in cars were often very quick to get to patients and could start treating any casualty before the ambulance arrived. The NEAS representative commented that the response would be based on what the patient needed. A first responder may be able to start CPR or similar treatment but the measure would require the attendance of the most appropriate vehicle to convey the patient.

The Chair acknowledged the issue and commented that it would be wrong to be unfair to NEAS on the statistics when they were getting responders there within the timescales. The Chair indicated that he would wish to see single responders maintained by NEAS and would wish to know if any policy decision was taken on removing them in the future.

The NEAS representative commented that there was no intention to stop sending a particular response. Managers and commissioners knew what the demand was and what was needed to address patient needs. If there was a gap then NEAS would look to what was needed to fill that. The service was getting 42 more paramedics but at this time there was no certainty that would be enough. More may be needed or how and when they worked may need to change to meet the demands the service now faced. The NEAS representative referred to the Carter Review of Community Hospital Services in Liverpool and the efficiencies that had come out of that review. The review had now moved on to Ambulance services and that may bring forward new ideas on service provision. There were, however, different service models across the country, for example, in the Midlands every two man crew included one paramedic; we did not have that in this region. If that was something that was needed there would be significant costs associated with that.

The Chair thanked the NEAS representative for the presentation and responses to Members questions. The Chair indicated that, with the Joint

Committee's support, he would submit a formal response to the Quality Account Consultation. Members supported the suggestion.

Decision

1. That the presentation and comments be noted.
2. That the HBC Statutory Scrutiny Officer be delegated, following consultation with the Chair, to formulate a response to the North East Ambulance Service NHS Foundation Trust Quality Accounts 2017/18.

63. Expressions of Interest for Chair/Vice Chair – 2018/19

It was reported that the current Chair and Vice-Chair's term of office was due to come to an end in June 2018. Therefore, expressions of interest for the position of Chair and Vice-Chair for the 2018/19 Municipal Year were sought. Formal appointment of both positions will be at the June meeting of the Committee.

The Chair commented that he would be happy to pass the position onto any Member that wished to take the role. If there were no expressions of interest the Chair indicated that he would not wish to see the position remain vacant and would, should the Joint Committee agree, continue in the role.

Decision

That the member authorities of the North East Joint Health Scrutiny Committee consider the issue of nominations to the position of Chair and the two vice-chair positions of the Committee.

64. Chairman's urgent items / Any other business

None.

The meeting concluded at 12.25 p.m.

CHAIR