

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE
29 MARCH 2012

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held at County Hall, Mold on Thursday, 29 March 2012

PRESENT: Councillor R.B. Jones (Chairman)

Councillors: D. Barratt, M. Bateman, D. Cox, V. Gay, H.T. Howorth, D.I. Mackie, D. McFarlane, H.J. McGuill, E.W. Owen and C.A. Thomas

APOLOGIES:

Councillors: A.J. Davies-Cooke and H.T. Isherwood

CONTRIBUTORS:

Executive Member for Social Services, Chief Executive, Director of Community Service, Head of Social Services for Adults, Head of Development and Resources, Service Manager and Fieldwork Service Manager

For minute number 91: Jill Galvani, Executive Director of Nursing, Midwifery & Patient Services; Andrew Jones, Executive Director of Public Health; John Darlington, Assistant Director – Planning; Jackie James, Principal Health Development Specialist and Janet Ellis, Primary and Community Services Programme Manager.

IN ATTENDANCE:

Member Engagement Manager, Learning and Social Care Overview and Scrutiny Facilitator and Committee Officer

90. DECLARATIONS OF INTEREST

Councillor H.G. McGuill declared an interest in agenda item number 3, Betsi Cadwaladr University Health Board.

91. BETSI CADWALADR UNIVERSITY HEALTH BOARD

The Chairman welcomed Jill Galvani, Executive Director of Nursing, Midwifery & Patient Services; Andrew Jones, Executive Director of Public Health; John Darlington, Assistant Director – Planning; Jackie James, Principal Health Development Specialist and Janet Ellis, Primary and Community Services Programme Manager to the meeting who were in attendance to provide presentations on the following areas:-

- Healthcare in North Wales is Changing – update on service reviews
- Locality Developments
- Public Health – Tobacco and Alcohol update

Update on service reviews

The Executive Director of Nursing, Midwifery & Patient Services gave a presentation which covered the following areas:-

- The Triple Aim
- Case for change – the main messages
- Bringing the threads together
- What questions need to be answered?
- Localities and Community Services
- Paediatric Services
- Maternity, Gynaecology & Neonatal Services
- Non-elective General Surgery
- Trauma and Orthopaedics
- BCU Board position
- Next steps – key areas

In response to a question on junior doctors, Executive Director of Nursing, Midwifery & Patient Services said that there was a need to address the high level of funding spent on locum doctors. Significant work was being undertaken to provide training opportunities to ensure junior doctors were being drawn to employment opportunities in North Wales. Executive Director of Public Health said that a significant review on junior doctors had been undertaken over the last 18 months.

Councillor H.G. McGuill asked whether there was flexibility to enable nurses to move around departments depending on the needs of the service areas. Executive Director of Nursing, Midwifery & Patient Services said that there was flexibility to move staff depending on their confidence in a specific service area. The Unions were largely supportive of this.

In response to questions on future funding and the efficiency programme, Executive Director of Nursing, Midwifery & Patient Services explained that the capital funding was well utilised. There was a need for the Health Service in Wales to save £70M in 2012/13 and increased drug costs and staff costs together with ringfenced budgets were adding to the financial pressures. An efficiency programme had been produced to enable savings to be met whilst maintaining a high level of service. The Assistant Director – Planning said that in line with the Medium Term Financial Strategy 6% of the budget since 2010 to 2015 had to be identified as savings.

The Chief Executive said that he and others had recently met with the Chair and Acting Chief Executive of the Local Health Board and recognised that there were significant challenges ahead. High level political engagement was key together with collaborative working across North Wales.

The Executive Member for Social Services asked whether the reduction in senior managers had been considered to meet the level of savings required. Executive Director of Nursing, Midwifery & Patient Services said that there was a voluntary release scheme for employees but this continued to be a major challenge across the National Health Service.

In responding to questions on changes to the National Health Service, Executive Director of Nursing, Midwifery & Patient Services explained that the presentation given to the Committee was a bold statement outlining the significant changes which needed to be made to meet the high level of

savings required. The Chief Executive was confident that his health service colleagues would achieve the funding pressures placed upon them through their efficiency programme.

Councillor D. MacFarlane asked if a copy of recommendation of the recent Wales Audit Office (WAO) report could be provided to the Committee. Executive Director of Nursing, Midwifery & Patient Services explained that the WAO was a separate report to that of the Welsh Royal College report which provided recommendations on the Health Service. This report was published in the public domain and could be made available to the Committee.

Councillor M. Bateman asked whether there was a need to consider continuing with free prescriptions in Wales. Executive Director of Nursing, Midwifery & Patient Services explained that the Health Service, where possible, used local suppliers to ensure best value. The Chief Executive said that there was a need for a review as the cost for free prescriptions was significant.

Locality Developments

The Director of Community Services and Primary and Community Services Programme Manager gave a presentation which covered the following areas:-

- What are localities
- Locality working
- Model of Care
- North Wales Localities
- Flintshire Localities
- Locality Leadership Team
- Where are Local Services Now
- Where are we up to?
- Key deliverables 2011/12
- Work in progress
- Work to date
- Links with TSSA
- Future work
- Engagement and Inclusion

Councillor H.T. Howorth raised concern around the speed in which some opportunities for co-located health services were progressing. The Chief Executive commented on the development of co-located health and social care teams in Connah's Quay and said that consultation was being carried out with the primary health service to co-locate health and social care teams in Flint as part of the regeneration programme. The Committee would be given the opportunity to consider the future shape of the service.

In response to concerns around meeting the needs of patients once they have been discharged, the Executive Director of Nursing, Midwifery & Patient Services reported that an annual survey was carried out to review how the care of out-patients was being met. Copies of that survey could be provided to the Committee.

Councillor E.W. Owen commented on cross border issues and raised concern on patients from Wales having to be treated at the Countess of Chester Hospital. The Executive Director of Nursing, Midwifery & Patient Services explained that there was a need for cross border working with hospitals treating specialist conditions based in England. In response to specific cases she said that she would look into these matters following the meeting.

Public Health – Tobacco and Alcohol update

The Executive Director of Public Health provided a presentation which covered the following areas:-

- Our healthy future
- Tobacco and Alcohol
- BCUHB Approach
- Local Authority
- Summary
- Director of Public Health Annual Report

In response to a question on Council employees smoking outside Council buildings, the Chief Executive said that banning smoking on the Council campus would be difficult to enforce. There would need to be a progressive approach and this would have to be considered with Unions but was not a change the Council was looking to make in the immediate future.

The Director of Public Health reported that initiatives to stop smoking on hospital campuses had been carried out in conjunction with the Unions and support was provided to employees seeking to stop smoking. The change was introduced following complaints from patients having to walk into the hospital with people smoking near the entrances. Feedback following the introduction of the changes had been positive.

Questions from Members

All Members had been given the opportunity to submit questions to Betsi Cadwaladr University Health Board prior to the meeting. A copy of the questions and the responses given are attached at Appendix 1 of the minutes.

The Chairman thanked Jill Galvani, Executive Director of Nursing, Midwifery & Patient Services; Andrew Jones, Executive Director of Public Health; John Darlington, Assistant Director – Planning; Jackie James, Principal Health Development Specialist and Janet Ellis, Primary and Community Services Programme Manager for the presentations and for answering the questions from Members.

RESOLVED:

That the presentations be noted.

92. FINAL DRAFT OF THE SOCIAL SERVICES ANNUAL PERFORMANCE REPORT

The Director of Community Services introduced the final draft of the Social Services Annual Performance Overview report to the Committee to seek any final views and comments before approval by the Executive Member for Social Services.

The final version of the report had been prepared following an in-depth review of current performance by service managers and performance officers and a period of consultation and challenge including a Member Task and Finish Group.

RESOLVED:

That the Committee endorse the final draft of the Social Services Annual Performance Overview report for consideration by Executive.

93. QUARTER 3 PERFORMANCE REVIEW 2011/12

The Director of Community Services and Head of Social Services for Adults introduced a report to request that the Committee consider the 2011/12 Quarter 3 service performance reports, note the update on the Strategic Assessment of Risks and Challenges (SARC) contained within the performance reports and note the progress made against the Improvement Target Action Plans contained within the performance reports.

The Director of Community Services and Head of Social Services for Adults gave a short presentation on the performance within each of the service areas, outlining work which had been undertaken to improve performance and areas where improvement was needed, as outlined within each report.

Social Services for Adults

Councillor H.G. McGuill raised concern on the Occupational Therapy Service which was not meeting the needs of the service users. She recognised that improvements had been made to the service but said that more work needed to be done around working with voluntary organisations.

The Head of Social Services for Adults explained the process for dealing with Occupational Therapy referrals which were dealt with by a dedicated team which covered three service areas. The Service Manager explained that a lean review had been carried out around the time spent waiting for an assessment and how to improve this. Each year the Council received around 2,000 referrals but a range of improvements were being introduced together with additional resources to improve the service. The lean review also identified areas of expertise and where it was important to have a skills mix within the teams.

The Executive Member for Social Services confirmed that improvements had been made to the service, but acknowledged that additional resources were required to provide further improvements.

In response to comments on working with the voluntary sector, the Head of Social Services for Adults reported that the Council did work with the voluntary sector.

RESOLVED:

That the 2011/12 Quarter 3 performance reports produced by Heads of Service be noted; and

That feedback on any challenge be provided to the Corporate Resources Overview & Scrutiny Committee.

94. ROTA VISITS

Councillor D. MacFarlane reported on a visit he had undertaken at Buckley Wood. He reported that this was a wonderful facility but raised concern on two gas fires which had been condemned and were in need of replacing. He also reported that improvements were needed to the bathrooms and asked if these works could be carried out as a matter of urgency.

The Head of Social Services for Adults confirmed that these issues would be addressed through the landlord, Clwyd Alun Housing.

RESOLVED:

That the update be received.

95. DURATION OF MEETING

The meeting commenced at 2.00 p.m. and ended at 5.10 p.m.

96. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the press present.

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Chairman

SUMMARY OF DECLARATIONS MADE BY MEMBERS
IN ACCORDANCE WITH FLINTSHIRE COUNTY COUNCIL'S
CODE OF CONDUCT

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE	DATE: 8 MARCH 2012
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MEMBER	ITEM	MIN. NO. REFERS
Councillors H.G. McGuill	Betsi Cadwaladr University Health Board	91.

**Flintshire Scrutiny Committee
Thursday 29th March, 2pm, County Hall, Mold
Topics raised for discussion**

	Question	Response / by whom
1.	<p>A Flintshire resident was admitted to Glan Clwyd Hospital and had an operation in December. A subsequent appointment was received for a clinic in Colwyn Bay although the resident lives in Flint. "Services Closer to the Community" is the message - how are people expected to reach these appointments?</p> <p>Several attempts were made to contact the telephone number on the appointment letter but greeted by answerphone message 'we are experiencing a high volume of calls'.</p>	<p>Whilst Flintshire patients are not routinely sent to Colwyn Bay hospital, when patients phone in to book their appointment, for whichever speciality, they will be offered the first available appointment. In some cases this may be in one of the outpatient clinics held in a community hospital, dependant upon the speciality and clinical need. However if the patient prefers, they are offered the next available appointment at Glan Clwyd or Wrexham.</p> <p>The only exception to this relates to a waiting list initiative, that is currently underway to reduce waiting times for gastroenterology patients, and because of the need to find clinic space urgently to meet the needs of as many patients as possible, then Colwyn Bay is being used in order to address the long waiting times that patients are currently experiencing in this service.</p> <p>The Booking Centre in Ysbyty Glan Clwyd is open between 9.00 and 5.00pm. The staff who work in the Booking Centre are rota'd to ensure that there is adequate staffing during the hours of opening to handle calls. The Clerks work in a buddy system to ensure that patients calls are taken by a clerk experienced within that speciality and also to ensure that all departments are covered.</p> <p>The telephone system in the Booking Centre at Glan Clwyd is able to provide a range of information regarding the length of time taken to respond to a call, how many calls are aborted. Work is now underway following analysis of this information to ensure that where ever possible the telephones are appropriately covered particularly during periods of high call volumes.</p>

<p>Also regarding Blood Test waiting times, an example blood test required in Feb - now have to make an appointment but the earliest date available was 6th March.</p>	<p>Telephone response times for patients is forming one of the Key Performance Indicators for the Booking Centres and will be regularly monitored over the coming months.</p> <p>There is currently no national target timescale to have blood tests taken, although locally within North Wales we work to a standard maximum waiting time of 3 working days for a routine phlebotomy appointment. As part of ongoing improvements to Health Board services, we are committed to reducing maximum waiting times wherever possible, and this includes phlebotomy services.</p> <p>The current arrangements are variable across North Wales, with phlebotomy services provided in some GP surgeries, and drop in sessions within some community hospitals and booked appointments at others, which can lead to variable waits by location.</p> <p>The Health Board's Pathology Clinical Programme Group provides most, but not all, of the GP / community hospital phlebotomy in the Wrexham / Deeside / Buckley / Flintshire localities, and regular phlebotomy sessions are provided at many practices. To make the service more efficient, the Health Board are moving shortly to a single telephone number appointment system where appointments at many locations can be offered to ensure maximum choice, and to reduce overall waiting. The switch to an appointment-only service at Flint community hospital last year showed immediate improvements in the efficiency for patients in terms of quality / access. In addition, the Health Board will be investing in additional phlebotomists in these localities from June.</p> <p>Practice-specific phlebotomy, is in some cases relatively inefficient and consequently, the Health Board will be focusing on delivering enhanced phlebotomy at defined locations within localities, but there is no plan to remove practice-specific phlebotomy per se, especially where there is a genuine and proven need for that practice population. There have been some discussions of this at the Deeside</p>
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		<p>locality group, and local transport issues / solutions have been discussed in this area.</p> <p>It is recognised that Buckley is a growing community and the practices are generally getting busier. There is a currently a service in Buckley everyday from 8.30 until 1pm .</p> <p>Consequently, the appointment service is being extended, with the aim that alternate (sooner) appointments at other locations can be offered, thereby reducing the maximum wait even further, and it is anticipated that a single appointment system will be implemented across the Health Board in 2012.</p>
2.	<p>There are areas in Flintshire that have been looking forward to the provision of much needed new Medical Centre facilities. Hope and Buckley are two that come to mind. When can we expect these to be built?</p> <p>It is understood that developers are to build and provide the premises and these will then be rented on to the Health Board and in turn to the Practices.</p>	<p>Buckley Health Centre – the Health Board received confirmation of the approval on 29th February, which means that development of the plans can now start. An outline layout of Buckley Health Centre has been produced and a project team will be working with the Developer to deliver the project. Location of the development is Liverpool Rd Buckley. The premises will house 2 GP practices and BCU community services currently housed in the existing Buckley Clinic</p> <p>The development in Hope will provide accommodation for the Hope GP Practice and the HB clinic in Caergwrle. The Developer is currently in negotiations with the DV over a rental value for the development. Once this is received the bid document can be finalised and submitted for approval</p> <p>The developments are constructed and owned by 3rd Party Developers who in these instances lease the accommodation back to both the HB and the GPs - we won't be taking the head lease and then subleasing to the GPs</p> <p>There were four 3rd Party Developments planned in Flintshire, Connah's Quay was completed in 2010 and Mold was completed last week</p>
3.	<p>Why is the same medicine sometimes packaged differently and the pills can be different colour,</p>	<p>Generic medicines are versions of branded medicines made by other manufacturers. These medicines have a 'brand' name (or trade name) and a</p>

size and shape. The two brought to my attention are Omeprazole and Pravastatin Sodium. I am concerned that such changes may confuse a patient.

'generic name' (drug name). For example paracetamol is the generic name for a widely used pain killer. 'Panadol' is the name one company gives to its brand name of paracetamol.

All medicines are produced by companies who are subject to tight controls on quality. In fact, many of the manufacturers of generic medicines are owned by large pharmaceutical companies who make branded products.

The Health Board uses generic medicines because they are usually less expensive and can contribute to significant savings for the NHS. Also using the correct drug name (generic) on the prescription is safer practice. Savings made in this simple way can be used to benefit patients with no change in the effectiveness of treatment.

Generic forms of the same medicine may look different from the brand and each other but they are as safe and effective as branded medicines. The patient / carer should be encouraged to speak to their local community pharmacist if there are concerns regarding changes in appearance to the usual preparation they receive.

Generic medicines are:

- Identical in action to the branded equivalent
- Not inferior to branded medicines
- As safe and effective as branded medicines
- Good value for money

The Local Enhanced Scheme (LES) for GP prescribing has a section on generics, where certain products are targeted and for 2011/12 we're aiming for £1.5M savings from the list of drugs compiled. Over the years we will have saved millions through the use of generics as it is an ongoing issue with patent expiries. In 2012/13 we have the potential of saving over £2m across BCUHB as atorvastatin, a cholesterol lowering drug comes off patent.

There are patient information leaflets available and if patients are switched by the pharmacy team they will either have received a letter via the GP practice or will have been in for an appointment to review their medication.

		<p>If there are any further specific issues, as a CPG we're happy to provide a further explanation of our strategy and all the schemes proposed are endorsed by the CPG Board and the Local Medical Committee. We have a patient representative on our CPG Board and attendance by Community Pharmacy Wales representative.</p>
4.	<p>Are qualified staff available to ensure that people who are admitted to A & E at Wrexham Maelor Hospital at weekends? (e.g. having suffered a stroke) have access to the most appropriate treatment to ensure the best possible chance of recovery regardless of the time of day/night.</p>	<p>Staff in the Emergency Department at Wrexham Maelor are fully trained to deal with stroke patients appropriately and BCU achieve very high levels of compliance with the acute stroke bundle. We currently undertake thrombolysis Mon to Fri 9-6. However we are in the process of implementing a North Wales rota of stroke experts using telemedicine, training is underway and we will be doing 24/7 thrombolysis from 30th April.</p>
5.	<p>Regarding Deedoc, please confirm what services are offered at Deedoc during evenings and weekends and the procedures in place to access the service for Flintshire residents.</p>	<p>To clarify the details Deedoc no longer exists; it is now part of the North Wales GP Out of Hours service within BCUHB – East Division.</p> <p>Patients across North Wales access the service by calling one number 0300 123 55 66. All callers are given the option of being transferred to a Welsh or an English speaking call handler. Once the call has been received by a call handler, the system is as follows:</p> <ol style="list-style-type: none"> 1. Call handler logs the call on the system with the demographics and a brief description of the presenting problem. 2. A Triage Nurse will call the patient back to discuss the problem further and decide on the most appropriate action to take. This might be: <ol style="list-style-type: none"> a. Self Help Advice or referral to a Pharmacist; b. Referral to ED, if appropriate; c. Provide the patient with an appointment at the Centre of their choice (Wrexham or Deeside in the East) d. Arrange for a home visit to be carried out. <p>The two bases are open as follows:</p>

		<p>Wrexham (which is co-located in the ED Department in Wrexham Maelor Hospital): Monday to Thursday 18.30 hours through to 08.00 hours the next morning; weekends 18.30 hours Friday through to 08.00 hours Monday and all day/night on Bank Holidays.</p> <p>Deeside (which is located in Deeside Community Hospital): Monday to Friday 18.30 hours through to 23.00 hours; weekends and Bank Holidays 08.00 – 23.00 hours. Overnight - from 23.00 hours through to 08.00 – the service provides cover to the Deeside residents from the Wrexham base and the Central base (based in Ysbyty Glan Clwyd).</p>
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