KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 4 January 2013.

PRESENT: Mr C P Smith (Vice-Chairman, in the Chair), Mr R E Brookbank, Mr N J Collor, Mr A D Crowther, Mr D S Daley, Mr K A Ferrin, MBE, Mr L B Ridings, MBE, Mr K Smith, Mr R Tolputt, Mr D L Brazier (Substitute for Mr A T Willicombe), Ann Allen, Cllr M Lyons, Cllr G Lymer, Dr M R Eddy and Mr M J Fittock

ALSO PRESENT: Cllr J Cunningham and Cllr R Davison

IN ATTENDANCE: Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Introduction/Webcasting
(Item 1)

2. Declarations of Interest
(Item)

Councillor Michael Lyons declared a personal interest in the Agenda as a Governor of East Kent Hospitals University NHS Foundation Trust.

3. Minutes
(Item 4)

RESOLVED that the Minutes of the meeting held on 30 November 2012 are correctly recorded and that they be signed by the Chairman.

4. Kent and Medway NHS Joint Overview and Scrutiny Committee: Update
(Item 5)

AGREED that the Committee note the report.

5. East Kent Maternity Services Review: Implementation
(Item 6)

Helen Buckingham (Deputy Chief Executive and Director of Whole Systems Commissioning, NHS Kent and Medway), Peter Gilmour (Director of Communications, East Kent Hospitals NHS University Foundation Trust), Dr Neil Martin (Medical Director, East Kent Hospitals NHS University Foundation Trust), Dr Sarah Montgomery (Senior Clinical Advisor, NHS Kent and Medway), Dr Brighton Chireka (GP Clinical Lead for Children Services, South Kent Coast CCG), Laura Counter (Commissioning Project Manager - Maternity Services, NHS Kent and

Medway), and Abina Browne (Head of Midwifery, East Kent Hospitals NHS University Foundation Trust) were in attendance for this item.

(a) The item was introduced with NHS representatives explaining that the report covered the implementation of the changes to maternity services introduced the previous year which the Committee had looked at in detail. One Member of the Committee commented it had been the best example of a review since the creation of HOSC.

(b) One main area of discussion was how the changes were being publicised. NHS representatives explained that the information booklet *'Your Birth, Your Choice'* had been produced and was available in key languages. Midwives were provided with copies to hand out and it was advertised in the GP Bulletin which went to all practices. This provided a link so that it could be downloaded and/or printed on demand. Members expressed the hope that this information would be actively promoted so that people were actively aware of the current arrangements for maternity services. A copy of the booklet was requested by Members and a hard copy left by NHS representatives for later circulation (see Appendix).

(c) There would also be publicity around the formal opening of the new Margate Alongside Midwife-led Unit. This had been pushed back to 8 February from its original date as it had been possible to arrange for Pam Ferris, star of television programme *Call the Midwife*, to attend and formally open the unit.

(d) A Member of the Committee referred to the meetings of early 2012 when the Committee had been informed of issues around midwife numbers in East Kent and asked for an update on recruitment and retention. It was reported that the recruitment campaign had achieved what it had set out to do and that retention was very high compared to other areas. There was an in-house training programme to allow midwives to develop their skills; this was enhanced by the presence of two Alongside Midwife-led Units in East Kent which helped develop skills and experience.

(e) The question of monitoring and assessing performance of maternity services regarding the experience of patients was also raised. It was reported this was something the NHS was working on. Patient experience was important to assess but was difficult to get from purely quantitative information.

(f) There was extensive discussion around births before the arrival of the midwife (BBA). There was clarification provided that although in the last three months there had been 17 BBA across East Kent, as stated in the report, there had been 52 across the whole of last year. Of the two in the Dover area in the last quarter, one birth had been en route to the hospital and the other was a scheduled home birth when the midwife had not been called in time. There was a discussion around the possible causes of BBA occurrence, including problems with service organisation, social circumstances and education of the mother, and transportation. The clinicians attending among the NHS representatives emphasised that BBA was a physiological event that would happen however the services were arranged. It was also added that BBA can be less traumatic for the mother than a prolonged labour in hospital precisely because labour is over quickly in a BBA. It was reported that Kent was not an

outlier nationally on the number of BBA. Members requested additional information on this subject covering – comparative statistics of numbers over the last four years, including whether these were home births, comparisons with other regions, and information of outcomes of BBA. NHS representatives undertook to provide this information to the Committee.

(g) There was also a discussion clarifying the opening times at the Buckland Hospital in Dover. Members were reminded that Buckland provided ante-natal and post-natal services but did not carry out deliveries. The hospitals carrying out deliveries were open 24/7. The opening hours 8am – 8pm Monday to Friday, including Bank Holidays, shortened to 9am – 5pm on weekends, and it was reported that shorter opening hours on Saturdays and Sundays were consistent with how mothers wish to use services. In addition, there was a 24/7 on-call midwife service.

(h) The Chairman proposed the following recommendation:

- The Committee thanks its guests for their contribution, asks them to take on board the points raised in the meeting and looks forward to updates in the future.

(i) AGREED that the Committee thanks its guests for their contribution, asks them to take on board the points raised in the meeting and looks forward to updates in the future.

6. Audiology
(Item 7)

Helen Buckingham (Deputy Chief Executive and Director of Whole Systems Commissioning, NHS Kent and Medway) and Kallie Heyburn (Associate Partner - Child Health and Maternity, Kent and Medway Commissioning Support) were in attendance for this item.

(a) Members had before them reprints of NHS reports on audiology provided to the Committee in 2009 along with a new report providing updated information. It was explained to Members that given the state of transition in commissioning services, it may be that some questions would need to be taken away by NHS representatives for answers subsequent to the meeting.

(b) NHS representatives explained that in the past the Committee had been informed about long waiting times for audiology services in Kent but that a concerted effort had been made to tackle this problem. All adult patients were now seen within 6 weeks for assessment and 18 weeks for treatment. Anecdotal evidence was given of waits longer than 18 weeks and NHS representatives asked for details of any instances to be given to them so they could look into it.

(c) The 6 week target in paediatric audiology was being met in West Kent. In East Kent, there had been an increase in the number of referrals and length of waiting times at some clinics. A fourth audiologist was being recruited to cope with this issue. Members requested further detail on the breakdown of the length of waiting times for paediatric audiology services in East Kent over the

three months listed on p.58 of the Agenda. NHS representatives undertook to do so.

(d) The issue of maintaining hearing aids was discussed. A Member reported that Age Concern provided services in Folkestone and Hythe. The same Member reported that one provider requested hearing aids be sent by post for maintenance, which was not seen by the Member as the safest way to deliver maintenance services. The walk in service provided at Darent Valley Hospital was praised. The response was given that Hi Kent also provided maintenance services and that for a lot of people maintenance services closer to home and not at a hospital was more appropriate. NHS representatives undertook to provide further information on maintenance services.

(e) In response to a question about the quality assurance of services, it was reported that all providers of NHS services would be registered with the Care Quality Commission, and this included those in the independent sector providing NHS services, but information would need to be provided separately about the quality assurance of other providers.

(f) The question of financing was discussed. NHS spend on audiology services was roughly comparable in West and East Kent, at £6.6 million in the former and £6.7 million in the latter. The contracts were a mix of block contracts, service level agreements and cost per case. This meant the number of independent providers with contracts did not mean an increase in overall costs and that this enabled patient choice. Work was continuing on coding which would make it easier to separate the money spent on adult and paediatric audiology in the future. Some Members expressed the view that a single provider would be less fragmentary than numerous providers and provide a more coherent service.

(g) In response to a specific question, it was explained that the definition of hard to reach service users varied on the service under discussion.

(h) Concern was raised by Members about the impact of loud music in clubs and through headphones on people, particularly young people. The question was raised whether any work had been done mapping a potential future increase in the need for audiology services as a result of the damage possibly caused by loud music. The assessment of need was reported as being core to the future commissioning of services and NHS representatives undertook to provide information on the trends identified for audiology services.

(i) It was reported that the Clinical Commissioning Groups (CCGs) in East Kent had recently determined that they would commission audiology services collaboratively in the future and South Kent Coast CCG would lead on this service. This commissioning would include examining issues of accessibility. The offer was made to return to the Committee when these plans had been developed.

(j) The Chairman proposed the following recommendation:

- That the Committee thanks its guests for their contribution and the information provided, and looks forward to updates in the future.

(k) AGREED that the Committee thanks its guests for their contribution and the information provided, and looks forward to updates in the future.

7. South East Coast Ambulance Service NHS Foundation Trust: Performance Update

(Item 8)

Geraint Davies (Director of Commercial Services, South East Coast Ambulance Service NHS Foundation Trust), Chris Stamp (Senior Operations Manager, South East Coast Ambulance Service NHS Foundation Trust), Helen Medlock (Associate Director of Urgent Care and Trauma, NHS Kent and Medway) were in attendance for this item.

(a) Representatives from South East Coast Ambulance Service NHS Foundation Trust (SECAmb) apologised for the lateness of the report submitted to the Committee. The main issue which the Trust wished to bring to the attention of the Committee was recent performance against their key performance indicator of responding to all Category A calls within 8 minutes 75% of the time. Across Kent and Medway, only 74% of Category A calls were being reached within 8 minutes. The key challenges to overcome in improving this were twofold.

(b) Firstly, there was the rural nature of the Weald. This was being addressed by strategically looking at demand and ensuring the right resources were available at the right places. An additional 28 paramedics and technicians had been recruited and a further 28 were being sought. There had been an increase in the number of community first responders in the Weald and Single Responder Vehicles (SRVs) were being put in places like the White Rabbit in Maidstone as Maidstone and Tunbridge Wells were areas of higher demand. Carrying these plans out had seen a performance improvement over the first eight weeks. However, the three weeks immediately preceding the meeting has seen an unexpected rise in demand.

(c) The other factor was the time taken for clinical handover at Pembury Hospital. It was stressed that handing over patients with accurate clinical information was the priority but that compared to other acute hospital sites in Kent, there was an issue at Pembury. This was being addressed in part with the presence of a SECAmb manager going into Pembury. Nationally, this was an area which was getting a higher focus. The recent document from the NHS Commissioning Board, *'Everyone Counts'*, set a handover target of 15 minutes with the possibility of fines for failure.

(d) Separately, there was a specific issue with Darent Valley Hospital (DVH). DVH had always received ambulances from SECAmb and the London Ambulance Service (LAS), but the number of ambulances arriving from LAS had increased recently. SECAmb and DVH liaised regularly throughout any given day but the day before the meeting there had been a nearly continual conversation between the Trusts. There was a need to get more information from LAS in a timely fashion. This would prevent four ambulances from both Ambulance Trusts arriving at DVH near-simultaneously. In response to a question it was

reported that there was consistency of clinical practice in both Ambulance Trusts. There was the same training and evidence base used by both. Equipment did vary, but would be used the same way.

(e) Connected to this, the full impact of the Trust Special Administrator's (TSA) report into South London Healthcare NHS Trust was yet to become clear. In response to a specific question, SECAmb representatives present were uncertain whether SECAmb replied formally to the TSA consultation, but would check. What was important was for SECAmb to be aware of and involved in discussions around future commissioning of accident and emergency services by the CCGs in South East London.

(f) Beyond responding to these specific challenges, SECAmb had to balance a variety of different concerns around skill mix and patient demand when planning services. Investment was being made to increase the number of SRVs which was part of their Front Loaded Service Model which meant more paramedics and paramedic practitioners in cars. These SRVs were able to convey patients to minor injuries units. SECAmb did not have any motorbike paramedics as these tended to topple over carrying the appropriate equipment.

(g) Different ways of working were also being considered, such as working with the Fire and Rescue Service as the number of calls to this service was decreasing. A project was underway in Edenbridge where the Fire and Rescue Service would respond first to calls if they were closest. Elsewhere, standby fire fighters were being trained as community first responders.

(h) One Member asked a question about areas of Kent on county borders as there was sometimes the impression given that SECAmb only sent ambulances from within Kent to Kent calls and only took them to hospitals in Kent, when there could be ambulances and hospitals closer in Surrey or Sussex. The response was given that all ambulances across the whole SECAmb area were tagged and mapped so that it would be the nearest appropriate ambulance, wherever it was located, which would respond and the most appropriate hospital to which patients were then transferred if needed. For some areas of Kent, this hospital would indeed be in a different county, such as East Grinstead.

(i) A number of Members provided anecdotal evidence of calls to the ambulance service which had taken an inordinate amount of time, or did not have paramedics on board. SECAmb expressed the willingness to investigate any specific example if provided by Members. More broadly, the Trust responded by explaining how the Trust operated.

(j) To begin with, it was reported as not being necessary for there to be a paramedic on an ambulance. There were four types of worker on an ambulance – emergency support worker, technician, paramedic and paramedic practitioner or critical care paramedic. An ambulance with a technician and an emergency support worker was capable of responding to an emergency call. A technician was the 'older style' of worker, had all the relevant clinical training and still made up a high proportion of the workforce. It was only 3 years ago that SECAmb required all new recruits to be graduates.

SECAmb needed to be registered with the Care Quality Commission and keeping detailed training records was part of the requirements of this.

(k) All calls received at the Emergency Despatch Centres (EDC) by SECAmb were triaged using a system called NHS Pathways. The same questions were asked of all callers, even when the caller was a health professional as 1 in 6 callers was. The outcome of the call and priority given by the EDC depended on the information provided. In times of high demand, this might result in an ambulance being sent across the county to respond to a call if this was the nearest vehicle. All calls were recorded and audited. Staff identified as outliers in performance were provided with the appropriate additional training. Recently, 3 GPs had come to the EDC to help the triage process. The reports on this project after the first 3 months were positive. Information was being gathered on which GP practices most requested ambulances and referred people to accident and emergency, and was being shared with GP practices. This information was not in a form for wider publication at present.

(l) The new 111 system coming in March would use the same triage system so would enable calls to be transferred to the 999 service, and vice versa. The intention of the 111 system was to enable people to be directed to the most appropriate service available at the time of the call. The system was not live yet and NHS commissioners commented that getting the timing of the publicity was a difficult judgment. The biggest challenge was given as effecting a cultural change where calling 999 ceased being the default option for many. One Member commented that it was often difficult for health professionals to know when to call for an ambulance, let alone a member of the public. However, SECAmb also stressed that they did not wish to become a service people avoided calling; the issue was dealing with all calls appropriately. Hoax calls were not a major issue for them and the vast majority of calls on New Years Eve had been appropriate; SECAmb mentioned the 'We are not a taxi' poster which was on the side of some ambulances.

(m) One Member commented on the information contained in the report and SECAmb responded by saying they were always looking to improve reports. Information on performance against the clinical quality indicators was readily available in SECAmb board papers.

(n) In response to a question about the military, SECAmb representatives responded by saying that a number of staff had military backgrounds and this was still an area of active recruitment. SECAmb also trained with the military at Manston.

(o) The air ambulance service was discussed and it was reported that there were three services which could be called on, two charity air ambulances and the police helicopter service. The charity air ambulances were tasked by the SECAmb EDCs and the staffing was changing to replace doctors from the Royal London with local doctors. Both charities were in discussions with the Civil Aviation Authority to allow night flights and a positive outcome was anticipated. The police service could fly at night but was being extended from covering Surrey and Sussex to include Hampshire. With fewer police helicopters, there was going to be a need for better communication between

helicopter services. In extremis, SECAmb was also able to call on the Coastguard.

(p) Members of the Committee were invited to the existing Make Ready Depots in Ashford and Paddock Wood. Sites were also being sought by SECAmb in Thanet and Medway. Members were also invited to see the 111 system in operation.

(q) In response to specific questions it was confirmed that ambulance commissioning would continue to be done collaboratively, with Swale CCG leading on this. There was currently a national currency for ambulance services, which SECAmb adopted early. A national tariff would be complex and had not yet been confirmed.

(r) Finally, one Member asked whether it would be an idea to teach all schoolchildren first aid. NHS representatives responded favourably to the idea and mentioned there were countries were the diffusion of first aid training was much wider. Closer to home, all staff at Gatwick Airport were trained to use defibrillators. The response was given that if HOSC were to request a report on the implications of this suggestion, they would look into it.

(s) The Chairman proposed the following recommendation:

- That the Committee thanks its guests for their contribution and the information provided, and looks forward to updates in the future.

(t) AGREED that the Committee thanks its guests for their contribution and the information provided, and looks forward to updates in the future.

8. Date of next programmed meeting – Friday 1 February 2013 @ 10:00 am
(Item 9)