Appendix C

AGENDA

Health OSC Steering Group
Friday 17 October 2014 – Scrutiny Room (B18b)
2.00pm

Present:

- County Councillor Steve Holgate
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle
- County Councillor Yousaf Motala

Notes of last meeting
The notes of the Steering Group meeting held on 26 September were agreed as correct.

Lancashire Teaching Hospitals Trust
The following officers from the Trust attended the meeting to provide an update.

- Carole Spencer, Strategy and Development Director
- Cath Galaska, Project Manager
- Paul Howard, Trust Secretary

A discussion on a number of topics relating to the Trust took place and the main points were:

- Carole suggested that a programme of meetings could be put in the calendar so the Trust can make sure they field the correct officers for the subject matter – Wendy to arrange
- Steve wanted to make sure the Trust keep us abreast of the strategic and financial issues
- Still have a situation that there are people in hospital that don't need to be there and that is due to lack of alternative provision. Hospitals care and home care but not a lot if intermediate care – e.g. only 16 beds in the local hospice so not great provision for end of life care.
- Trust want to agree how they provide information on developments:
- CCGs did an urgent care reform review last year – they've published a programme for urgent care reform (a need to be there but not an A&E need – so looking at the alternative). They are trying to rebalance to spend more in the urgent care services so can spend less in acute services. What the CCGs didn’t do though was describe the consequences on the hospital (so the Trust has to do this) – the nature of their activity will change. Will staff work in different locations? Might not need to, but may still need the staff.
- Primary care reform strategy – CCG review started this year. Wanting to deal with the challenge of number of GPs retiring, lack of new doctors coming through, lots of single GP practices working out of converted terraced houses – not an attractive prospect to invite new GPs and partners.

- Maybe we should change what GPs do in their practices – do they need more exciting work? Need to stop treating patients on the treadmill basis – sometimes it's how they are contracted.
- Talks in place amongst GPs about the future – one of the things they are trying to change is to have services outside of a hospital setting and closer to home. All makes the Trust look at what they do.
- 25-27 yr olds were emigrating for better paid work in the medical provision. Some consideration should be given to the cost of training a doctor – but it's not legal to make them pay it back if they leave.
- X-rays are currently provided in hospitals – can this be done in the community? – its more cost effect to have a one stop shop for services. GPs and consultants who are not radiologists are not trained to read X-rays (like they can in the US).
- If getting rid of 250 beds - could they be occupied by elective surgery patients to reduce the waiting time? –
- Broad principles are more outpatient working.
- Staff retraining/redeployment if beds reduced and a more community model is introduced – need a degree of empty beds, would stop using agency to cover all the existing beds.
- Preston is a regional centre – want to do more of this, critical surgery, complex care, cancer treatments etc.
- Steve suggested that the Steering group arrange to visit Chorley hospital
- LCFT will withdraw 3 wards at Chorley that they will move to the Harbour so those beds will revert back to the Trust.
- Some services that have never been regional in the past, but are going that way – e.g. vascular surgery.
- CC Motala talked about his personal experiences of being a patient of Preston hospital – issues that he was concerned about were capacity, lack of communication between departments and bed management (particularly at night)
- Concerns were also raised about the number of people waiting in A&E in Preston and was advised by a member of staff to go to Chorley
- If you have an urgent care need it's not good to be in the same location as someone with an emergency care need.
- When would urgent care centres be the most effective set up – between Chorley and Preston. . Chorley's is being built,
- Preston estate is tired and tight – single story, inefficient to heat/light and get around. From a clinical point of view the specialisms are all over the place, bad for the budget and patients.
- In the master plan – particular with regards to older patients what role will telemedicine play? – will be part of the overall strategy e.g. not just build a replacement hospital but instead look at how to deliver the service differently.
- Physicians are talking about contracting care standards in care homes – stop people being admitted to hospitals from care homes.
- Geriatricians are nowhere near the front end of the service and instead patients could go direct to the experts – maybe Skype type diagnosis or consultation in the first instance.
- Appointed architects and planners to help with the estates master plan – all sites not just Preston

- The Steering Group want to be able to discuss the views of the public – the Trust need to give us a no surprises way of working.
- Supported living within communities – families don't have the same support network as they used to.
- Bringing in doctors from abroad – can be language barriers, qualification equivalence, are the Trust addressing this? – They are doing everything they can as part of the European market there is a current restriction from the Indian sub-continent.
- Nurses are more difficult – looking at foreign cities where there are a surplus of nurses regarding recruitment.
- Talked about pre consultation engagement – no clear guidance on what is deemed as substantial. As part of consultation process would they use a patient survey. They'd use the national scheme who sample people who have been previously admitted.
- Briefings – regular updates. Trust to share their communications plan with us. Will be branded 'Your hospital, Your health'
- Trust advised to inform us of everything and then the SG can decided what to do next

Fylde & Wyre CCG

Peter Tinson attend the meeting to discuss the CCG's annual review and Five Year plan (a copy of each is attached)

Peter mentioned that the attached documents had previously been to SG and following feedback from members had been amended

A discussion on the updated plan and recent developments took place and the main points were:

- Have 4 established neighbourhoods working together – 3 main new models of care (pyramid)
- Names of models to be changed – top tier (frail elderly), 2 level (GPs, community based teams), bottom level (infrequent attendance at hospitals, self-care, health access centres)
- Most work done around top tier to date – clinical design team looks at it – now have a blueprint of the service – Lytham neighbourhood will pilot it.
- 60+ patients have been identified as benefiting who have 2 or more LTCs (the sickest of the sick in the local population) – idea is having all expertise in one place. Detailed engagement with key stakeholders re final design of service – to be delivered to pilot in Jan
- Reduction in footfall into A&E – just over 500 patients in Lytham who would benefit and reduced costs in terms of hospital admissions.
- CC Motala – mentioned family member who has received hospital treatment for a serious condition. – would they be excluded if under 60. If find after pilot that the criteria is not right then can look to change it
- Fylde does have a significant retirement population. CC Motala feels that local hospitals have a better understanding of the demographics of their population rather than information from the Census.
- The CCG have patients that flow into both Blackpool and Lancashire Teaching hospitals trust.

- Patients will have a choice whether they go into this service (rather than the GP care) – GPs view is that they feel they will have more time to deal with the middle tier.
- It's being funded as a new service so not expecting to get any savings in the first year – over the longer term the CCG need to reduce the number of hospitals admissions and the funding will come from the reduced commissioning of acute provision.
- As Blackpool hospital Trust provide community based services they are a partner in the new model.
- Both authority social care teams have been involved from the very beginning.
- Help Direct are being re-procured and it needs care taken to see how it works with the care navigation model.
- Can members be walked through the process? – will be holding an initial event, local CCs to be included in the invite. 2nd event will be for GPs and potential service users.
- What about Wesham hospital? – CCG developing an estates strategy that will encompass it all (existing assets) due to complete by end of year.
- Kirkham/Wesham are looking at same day service model at the moment.
- Will be able to provide further updates on the estate provision around Jan/Feb.
- Talked about the complaints process and that it needs to be in place and robust.
- Many different ways to give comments and complaints – the CCG engage with the public on a regular basis.

Work plan – work in progress
The current work plan for the Committee and Steering Group was attached for comment and update

Dates of future meetings

- 7 November – work plan/review – March work plan workshop.
- 28 November – WLCCG/SOHT – Breast services at Southport Hospital
- 19 December – Healthy Lifestyles team (LCFT) and Blackpool Hospital Trust re strategic plans

With effect from January all Steering Group meetings will be held on Monday afternoons.

Additional topics to be added to the Steering Group's work plan include:

- Access to dentists
- Services for the Deaf –
- Universal credit – impact on disabled people