

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

24 OCTOBER 2014

PUBLIC QUESTION TIME

**Notification has been received of the following questions from
Members of the Public:**

It is proposed to deal with questions 1, 2 and 3 during public question time, question 4 during the item on the West Midland Ambulance Service and question 5 during the item on Re-Procurement of 111.

1. Monitoring Private Providers of NHS Services (submitted by Peter Gillard)

A report in the Independent last week (<http://www.independent.co.uk/life-style/health-and-families/health-news/thousands-of-patients-at-risk-from-nhs-outsourcing-9799937.html>) suggests that outsourcing of ophthalmology services to private companies has led to significantly worse outcomes. The RNIB has said that the need to guarantee patient safety in the private sector was a “key concern.”

There were two private companies named in the article as providing sub-standard care, Vanguard Healthcare Solutions and The Practice. Both companies provide services to Shropshire currently.

As private companies are not subject to Freedom of Information laws, unlike NHS providers, what steps have the Scrutiny Committee taken to ensure that these providers are delivering their services to Shropshire with the level of patient safety and quality met by NHS provided services?

Response to Question from Chair of the Committee:

Like Pharmacies and General Practice, many ophthalmic services that are commissioned by the NHS are from within the private sector, e.g. High Street Opticians. The commissioning of such services rests with NHS England and not the CCG or Local Authority. Shropshire CCG has commissioned the Nuffield Hospital to provide assessment and treatment for some patients due to the waiting times at SaTH and whilst some updating of equipment was undertaken. Healthwatch, NHS England and the CCG would be the initial point for complaints for patients rather than the Health and Adult Social Care Scrutiny Committee.

It should be noted, however, that the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 extended the scope of health scrutiny to cover providers of health services (commissioned by NHS England, CCGs or Local Authorities) who are not themselves NHS bodies. This covers providers of primary care services to the NHS, such as pharmacists, opticians and dentists, private and voluntary sector bodies commissioned to provide NHS or public health services by NHS England, CCGs or Local Authorities.

Although the Scrutiny function is not there to deal with individual complaints, it can use evidence provided by members of the public or Healthwatch to get an impression of services overall and to question commissioners and providers about

patterns and trends. We have approached Healthwatch for comments on the above question and they have provided the following statement:

'Healthwatch Shropshire receives and analyses comments on patient experiences. None of the comments that have been received to date on ophthalmology services relate to the two private companies referred to in the question. However, one comment raised a concern over the use of private providers for ophthalmology services in Shropshire, specifically not being informed when choosing where to go for an appointment.'

All ophthalmology comments have been shared with the CCG (under the Information Sharing Agreement) and are currently being followed up'

2. Paediatric care in the community (submitted by Gill George)

Professor Judith Ellis, the Chief Executive of the Royal College of Paediatrics and Child Health, has suggested Hospital trusts should ensure adequate children's community services are in place before consolidating in-patient units. She was quoted in Health Service Journal as saying "the services out in the community have to be capable, so you have professionals trained to recognise if a child starts to deteriorate they may need to come in [to hospital] quickly."

In Shropshire and Telford & Wrekin, there has been no extension of community services following the consolidation of Women's and Children at PRH. Although there has been an expansion of health visiting services, this is a 'wellness' service. The specialist community paediatric nursing service, to support sick children, remains at only 10 WTEs to cover our whole area. In this large geographical area, the service is unable to provide adequate care for all the children for whom it is responsible. I understand that requests for extra staffing have, so far, not received a positive response.

Has the Health and Adult Social Care Scrutiny Committee considered the implications for community services of the consolidation of Women's and Children's acute services, and does the Committee believe there is currently adequate provision in the community – particularly within the community paediatric nursing team - to adequately support children with long-term health needs?

Response to question from Chair of the Committee:

As part of the process for considering the merits of changing the women and children's services within the county that has seen the new unit open in PRH, an Assurance Panel was established. This panel included local clinicians, patient representatives, NHS Commissioners and external clinical experts. These external assessors included a Paediatrician, an Obstetrician and a Director of Nursing from a specialist children's hospital. All three came from outside the West Midlands Region to ensure that there was no conflict of interest. Their role was to scrutinise the proposed model of service compared to the national best practice guidance from the appropriate Medical, Nursing and Midwifery Royal Colleges. Services in the community were also considered as part of the proposed model of service. The local CCGs will be reviewing the new service model, and community services across the county as part of Future Fit.

3. SaTH Staff Recruitment and Retention (submitted by Gill George)

In a recently issued survey, supported by NHS Employers, Health Service Journal issued a list of the best 100 employers in the NHS – including acute, community, and mental health trusts, and CCGs. Not one NHS organisation that provides services to Shropshire was in the top 100.

The 2013 Staff Survey showed that SaTH staff were significantly more unhappy about their employer than the average in the NHS:

"Care of patients / service users is my organisation's top priority" – 55% (NHS 68%)

"My organisation acts on concerns raised by patients/service users" – 57% (NHS 71%)

"I would recommend my organisation as a place to work" – 48% (NHS 59%)

"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" – 48% (NHS 64%)

These figures showed no improvement over 2012.

The Community Trust report showed that it was still a little below the national average but had shown significant improvements over 2012.

It has been publicly recognised that the difficulties that SaTH has in recruiting staff lead to potential issues with clinical quality.

Has the Scrutiny Committee investigated SaTH's poor results in the NHS Staff Survey to determine any possible impact on recruitment and retention? Will the Committee advise SaTH to urgently review what changes might be needed in HR policies and/or working conditions to improve staff morale and therefore improve staff recruitment and retention rates?

Response from Chairman of the Committee:

Although it is not a Scrutiny Committee's place to advise an organisation on its HR policies and Working Conditions as suggested in the question, a key factor in the 'Call to Action', which took place in 2013, was the Joint Health Overview and Scrutiny Committee's awareness of issues that the Trust faced including low morale and difficulty recruiting in key areas.

The Joint Health and Overview Scrutiny Committee Chairs for Shropshire and Telford and Wrekin have submitted comments to the Care Quality Commission to inform its inspection of SATH which is currently underway. This includes comments around low morale and difficulty recruiting as evidenced in the most recent staff survey.

This topic is a key part of the hospital reconfiguration plans as measures to centralise women's and children's services took into account the challenges of recruitment and retention. The discussions around Future Fit also focus on securing the appropriate staffing levels for all hospital services. Recruitment is a national challenge with, for example, many nurses leaving the profession as the freeze on

salaries has seen their pay suffer. Last week's strike and TUC March in London highlight the national concern. The major discussion locally around Future Fit will also have an effect on staff morale.

One of the key reasons for developing the University of Shropshire is to create a local centre of academic excellence for health care. Chester has an excellent reputation for its work in this field and the new facility will offer a range of courses that will enable local staff to have continuing education opportunities to assist them develop their careers.

4. Ambulance Response Times (submitted by Peter Gillard)

The CCG Board are requesting the Scrutiny Committee to approve their decision to “endorse the option of best performance achievable within current resources” for emergency ambulance services within Shropshire.

West Midlands Ambulance Service are consistently missing their targets for emergency response (Red calls) in Shropshire. These targets are set and regulated, not by the CCG, but by the Care Quality Commission.

The CCG Board recognise in their paper that it would require significantly increased resources (financial and staffing) to meet the targets. The CCG has decided that these would be unaffordable from their viewpoint as the commissioner and funder of the services. They have only looked at two options: resources required to ensure compliance with targets; and current resources. They have not looked at the effect of intermediate incremental resources improving response times.

The CCG board do not, in their paper, look at the effect on clinical outcomes of delayed responses and therefore the clinical risk associated with their decision. I asked at the last SaTH Board meeting whether SaTH recorded clinical outcomes against delayed ambulance response and they said they did not, and considered it was probably the responsibility of the CCG to do so. While CCG Board members have suggested in the past that there be little or no impact clinical impact of delayed responses, they have not provided any clinical evidence based on scenarios where comparisons can be made of any differential outcomes for the same acute hospital location.

As the CCG has not performed any analysis on the effect of incremental resources improving response times, or the clinical risk associated with the ambulance trust not meeting targets, will the Committee agree not to approve the CCG’s decision until the CCG have provided a more robust business case with an examination of clinical risk at the forefront?

Representatives present at the meeting will be invited to respond to this question

5. Re-Procurement of NHS 111 – (Submitted by Healthwatch Shropshire)

Healthwatch Shropshire has read the Briefing Paper on the Re-procurement of NHS 111 with interest. The need to re-procure the service for the West Midlands is understood; although the paper refers to the local decision to continue with a separate number for GP out of Hours (Introduction para 5) in 2013 there is no reference to what the situation will be post the NHS 111 re-procurement exercise.

Healthwatch Shropshire has recently published its report on Accident & Emergency department attendance at Shrewsbury & Telford Hospital NHS Trust (July 2014) which explored the reasons behind attendance at A&E and awareness and usage of other local urgent care services. The report clearly shows a significantly higher awareness and usage of Shropdoc, as the GP Out of Hours provider, than NHS 111.

Healthwatch Shropshire is seeking re-assurance that the people of Shropshire will continue to have direct access to Shropdoc for out of hours care, in addition to the use of NHS 111.

Representatives present at the meeting will be invited to respond to this question