



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Thursday 9 March 2017.

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith, Ros Kayes, Alison Reed and Peter Oggelsby

Officer Attending:

Ann Harris (Health Partnerships Officer), Jason Read (Democratic Services Officer) and Helen Coombes (Interim Director for Adult and Community Services).

Others in Attendance:

Emma Boger - Inspector Wessex Team (Care Quality Commission)
Rob Payne – Head of Primary Care (NHS Dorset Clinical Commissioning Group)
Nicky Lucey – Director of Nursing and Quality (Dorset County Hospital NHS Foundation Trust)
Yvette Pearson - Principle Programme Lead (NHS Dorset Clinical Commissioning Group)
Pauline Swann - Vascular Programme Manager (NHS England South, Wessex)

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **Friday, 16 June 2017.**)

Apologies for Absence

- 1 Apologies for absence were received from Beryl Ezzard, Mike Lovell, William Trite, David Jones, Peter Shorland and Colin Jamieson.

Code of Conduct

- 2 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Cllr Alison Reed informed the Committee that she was employed by Dorset Healthcare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Minutes

- 3 The minutes of the meeting held on 21 December 2017 were confirmed and signed.

Public Participation

4 Public Speaking

There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

CQC Inspections of GP Surgeries in Dorset

- 5 The Committee received a presentation by The Care Quality Commission (CQC) which gave an overview of the CQC inspection of General Practitioner (GP) surgeries across Dorset. The presentation highlighted what was looked at as part of the inspections and explained how the rating system worked. It was noted that overall, GP surgeries mirrored the national picture with the large majority of surgeries being rated as good.

Members acknowledged that the operational areas were rated highly and most of the negative ratings were focussed around administrative duties. It was noted that this showed Dorset's GP surgeries were focussed on patient recovery rather than back office functions.

Noted.

Primary Care Commissioning Strategy

- 6 The Committee considered a report by the Head of Primary Care, NHS Dorset Clinical Commissioning Group (CCG). A draft version of the plan had been presented at the previous meeting and following a request by the Committee, the report outlined the public engagement plan. The public engagement plan focussed on how the CCG would facilitate meaningful engagement, ensuring the views of local councillors and communities informed each stage of the commissioning cycle. The plan was part of a wider primary care engagement strategy which set out how the CCG had and would continue to engage with GP practices and other stakeholders. The report defined the key elements of the engagement process that would be followed within each primary care project area, to ensure that the views of local people informed proposals for future healthcare provision in line with national guidance.

Some concerns were raised regarding the range of people being engaged as part of patient participation groups. It was suggested that members of the public were represented on these groups to offer a local point of view that may not be obtained by individuals normally involved with patient participation. Members urged the CCG to contact local members to help them engage with the correct individuals within the community.

Members asked for clarity over the wording in appendix two which referred to 'might involve consultation' and the 'possibility' of consultation. It was noted that the CCG would be engaging with communities over a wide range of different areas, but not all of the areas would require a full consultation depending on the results on initial engagement.

It was asked whether the CCG had been in contact with the Holistic Transport Board to address any issues that may arise with transport arrangements from the potential changes to services. It was noted that many concerns had been raised by the public in relation to transport arrangements following changes resulting from the Clinical Services Review. The CCG confirmed that discussions with Dorset County Council regarding transport arrangements were ongoing although nothing had progressed as of yet. The CCG would be investing additional funding in patient based transport, but this would be criteria based rather than locality based. There were not currently any further plans to fund any other arrangements.

Noted.

Dorset County Hospital - Update re Action Plan Following the CQC Inspection Carried out in March 2016

- 7 The Committee considered a report by the Chief Executive, Dorset County Hospital NHS Foundation Trust. Following a presentation to the Health Scrutiny Committee in September 2016, the report provided an overview of the final CQC action plan for

Dorset County Hospital and gave a detailed update on the current progress of the delivery of the recommendations.

Members asked if attempting to provide Consultant cover seven days a week was causing any staffing or operational issues. It was noted that work was being undertaken to look at different models of working that would enable sufficient provision to be provided.

It was reported that many areas that were highlighted as requiring improvement were a result of insufficient staffing levels caused by recruitment difficulties. It was noted that staffing investment had been identified and agreed but problems remained with attracting relevant staff to the area. However, it was explained that this had been improving and the recruitment process was proving to be more successful for 2017.

Noted.

Non-Emergency Patient Transport Services

- 8 The Committee considered a report by the Principal Programme Lead for Service Delivery, NHS Dorset CCG. The report provided an update on the patient transport service commissioned by the CCG with E-Zec. It was noted that the eligibility criteria had been reviewed as it was important to ensure people who require services were getting it. The criteria would be based on clinical need rather than affordability.

Members queried complaints data and what that might show. The CCG confirmed that these are being managed differently now, to resolve them more quickly particularly where they should not really be classified as formal 'complaints'. Members noted that data regarding missed appointments and complaints would be helpful and the CCG agreed to provide this for circulation.

Members noted that there had been an improvement in the service provided for non-emergency patient transport, but were aware of difficulties in establishing who would provide transport for some particular cases (such as chemotherapy appointments and those requiring palliative care). The CCG offered to look into this and reported that they are hoping to set up a website that would link professionals who could respond to specific queries about access.

Noted.

Clinical Services Review - Update

- 9 The Committee considered a report by the Interim Director for Adult and Community Services which gave an update on the Clinical Services Review and the work of the Joint health Scrutiny Committee responsible for responding to the consultation.

Noted.

Changes to the Provision of Vascular Services

- 10 The Committee considered a report by the Vascular Programme Manager, NHS England South (Wessex). The report provided an update on the progress that had been made regarding changes to the provision of specialist vascular services across Dorset and Wiltshire.

The Vascular Society had been supportive of the direction of travel taken and believed that the Dorset and Wiltshire Vascular Network would provide a strategically sustainable vascular network for the patient cohort within Dorset and Wiltshire. They had emphasized the need to complete the transfer of all major elective arterial procedures to the Major Arterial Centre (at Royal Bournemouth Hospital) as soon as possible. However, outpatient services would continue in Dorset County Hospital. Communication and engagement with a range of stakeholders had been undertaken

and the intention was to establish a patient reference group to support the implementation of any proposals recommended by the review.

Noted.

Dorset Health Scrutiny Work Programme

11 The Committee considered a report by the Interim Director for Adult and Community Services and were asked to contribute to the future work programme of the Committee. It was suggested that the following items be included;

- Update on Pathology Services at Dorset County Hospital.
- Patient Records and Capita.

Noted.

Briefings for Information/Noting

12 The Committee considered a report by the Interim Director for Adult and Community Services which provided briefings for noting. It was noted that due to a change in the political proportionality of the Dorset Health Scrutiny Committee a change to the membership of the Joint Health Scrutiny Committee - South Western Ambulance Service NHS Foundation Trust (SWASFT) would be required. It was agreed that Cllr Alison Reed would attend the next meeting of the Committee as the reserve member and appointments would be amended at a later date.

Noted.

Questions from County Councillors

13 No questions were asked by members under standing order 20(2).

Meeting Duration: 10:00am – 12:30pm