

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 5th FEBRUARY 2015

Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman Hunter Elmes Mrs Henderson MBE

Benson Owen Stansfield

In attendance:

Mrs A Allison, Lancashire Care NHS Foundation Trust.

Mr A Gibson, Blackpool Teaching Hospitals NHS Foundation Trust.

Ms H Skerritt and Dr A Doyle, Blackpool Clinical Commissioning Group.

Mr N Barkworth and Mrs J Forshaw, NHS England, Lancashire Area Team.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

Councillor E Collett, Cabinet Member for Public Health.

Also Present:

Ms B Charlton, Healthwatch Co-optee.

1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

2. MINUTES OF THE MEETING HELD ON 11th DECEMBER 2014

The Committee agreed that the minutes of the meeting held on 11th December 2014, be signed by the Chairman as a correct record.

3. PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

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The Committee received a verbal report from Mr A. Gibson, Director of Pharmacy at Blackpool Teaching Hospitals NHS Trust. The report was focussed on the location and operation of the new Lloyds Pharmacy located at Blackpool Victoria Hospital, as requested by the Committee.

Mr Gibson explained that the pharmacy was located within the new main entrance to the hospital site, which was also close to the new car park. It was considered that the majority of patient, visitor and service user footfall would be concentrated within this area and hence it was thought to be the most convenient location for the pharmacy for most of its users. It was acknowledged however that the location might result in additional travel for the users of some of the out-patient departments.

Members were informed that prior to the opening of the Lloyds Pharmacy, all dispensed activity had to 'compete' with in-patient dispatch, which sometimes resulted in lengthy waiting times. The average waiting time was now 7 minutes, which was considerably less than had occurred previously. A further advantage was that additional Trust staff had been released to carry out more in-patient activity and there was a much reduced waiting time for discharge prescriptions.

In response to questions from the Committee, Mr Gibson confirmed that the Lloyds Pharmacy could only dispense out-patient prescriptions and that prescriptions from the urgent care centre could not be dispensed at Lloyds. He reassured Members that there had been no reduction in NHS staff on site since the Lloyds Pharmacy had opened and that the hospital pharmacy was still operating from the same location as previously.

The Committee agreed to note the report.

Background papers: None.

5. BLACKPOOL CLINICAL COMMISSIONING GROUP

The Committee received a report from Dr A. Doyle regarding progress on the application by the Clinical Commissioning Group (CCG) for full delegated responsibility for the commissioning of primary medical services.

Members were reminded that currently, primary care was commissioned by NHS England, with the majority of secondary care being commissioned by the CCG. In 2014 some areas of delegation had been agreed but the situation remained somewhat dis-jointed and it was considered that full delegation would result in considerable benefits.

The Committee was informed that the CCG had now applied for a full delegated budget to commission GP practices. It was anticipated that NHS England's programme oversight group would provide final sign off for the delegated proposals in February 2015. Once the proposals had been approved, the CCG would need to set out its plans as per the 2015/16 NHS planning guidance and the proposals would then be implemented in April 2015.

It was acknowledged that certain issues needed to be overcome in due course in connection with the new proposals. These included budget concerns in terms of there being no additional management costs budget and issues around GP conflicts of interest. Members were assured

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that the CCG governance arrangements meant that the body was well placed to provide assurance that conflicts of interest would be properly addressed. It was accepted that there needed to be an appropriate balance between the clinical expertise offered by commissioning GP's and any conflicts of interest. One of the ways that this would be achieved was by ensuring that GP's did not form a majority on the Commissioning Committee.

The Committee agreed to note the report.

Background papers: None.

6. LANCASHIRE CARE NHS FOUNDATION TRUST, QUALITY ACCOUNT

The Committee received a presentation from Mrs A. Allison, Associate Director at Lancashire Care NHS Foundation Trust, on the preparation of the Trust's Quality Account for 2014/15.

The Committee was informed that the draft Quality Account would be available from 1st April 2015, with any comments needing to be received by 30th April 2015. It would be signed off by the Trust's Audit Committee and Board of Directors by the end of May 2015 and be available to the public in June 2015.

Mrs Allison explained that within the Quality Account would be a report on the quality of services that were provided for the period between April 2014 and March 2015. There would also be detail on the priorities for improving quality over the coming year between April 2015 and March 2016.

Mrs Allison went on to explain the various ways in which the Trust captured feedback from service users and other stakeholders to input into the Quality Account. These included data from the Friends and Family test, which was being used for the first time in 2014/15. Members questioned whether any difficulty was experienced in obtaining responses from patients who were suffering from mental problems. Mrs Allison explained that there was flexibility in terms of how questions were presented and that different stages were present during the patient pathway.

The Committee agreed to note the content of the presentation and report.

Background papers: None.

7. NHS DENTAL SERVICES IN BLACKPOOL

The Committee received a presentation from Mr N. Barkworth and Mrs J. Forshaw from NHS England's Lancashire Area Team, on NHS Dental services in Blackpool.

Members were informed that NHS England took over responsibility for commissioning dental services from Primary Care Trusts in April 2013. At that time, oral health promotion became the responsibility of local authorities as part of the wider transfer of public health responsibilities to upper tier councils.

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It was explained that dentistry in Lancashire now had a Local Dental Network (LDN) established to set the strategic direction of oral healthcare, with the core membership made up of representatives from Public Health England, NHS England, Health Education Northwest, primary care dentists and secondary care and special care clinicians.

The Committee was informed that Blackpool had higher than the national average number of children with decayed, missing or filled teeth. This was directly linked with other areas of health inequality such as a high proportion of residents living in deprived areas, poor life expectancy and a high rate of looked after children.

Mr Barkworth explained the various methods open to patients in order to access dental services in Blackpool. These included the central access allocation telephone line and the emergency dental service. It was further explained that dental access was measured by counting the number of unique patients who had visited a dentist in the previous 24 months, with multiple visits counting only once. Measured as a percentage of those who had accessed dentistry for a given resident population, there was an access trajectory for Lancashire that committed NHS England to maintaining access levels at 58.8% for the population of Lancashire. As of December 2014, the access figure for Blackpool was 57.6%. It was explained that the Area Team had been working with dental providers to understand what the barriers were to providing more access within the existing contracts.

Moving on to specific developments within Blackpool, it was explained that there was a need to understand how wider healthcare and social issues, including the transient nature of some of the town's workforce and residents impacted on oral health and how services could be redesigned to meet specific needs. This was highlighted by the LDN as a priority in terms of addressing the needs of those patients.

Members were informed of a pilot scheme being planned named 'Steele Red', which was described as a clinical pathway to provide care for patients who did not want an ongoing relationship with a dentist but went beyond the scope for urgent treatment. The plans were to trial the Steele Red pathway in a practice in South Shore for a period of 12 months. In addition, a work stream was underway to better understand the issues behind the patient experience survey results, utilising links with Healthwatch as well as local providers and patient focus groups.

Mr Barkworth and Mrs Forshaw responded to a number of questions from the Committee. In doing so, the following points were made:

- The special needs dentist service was currently being reviewed.
- It was confirmed that information provided by the Committee, relating to the loss of 2 special needs dentists, would be acted upon and that finances were available for non-recurrent core issues.
- Although more patients were being admitted into dental practices, there was evidence of longer waiting times for check-ups in some cases. It was accepted that there was finite

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capacity and that the primary objective was to deliver good oral health and that sometimes, a two month waiting time would not be detrimental.

- The main difference between ordinary dental practices and those provided at primary care centres was that some of the latter provided unscheduled care during the daytime, with better facilities for patients with additional healthcare needs.
- There was a stringent applications process for foreign dentists wishing to practice in the UK, with a national system of competency checks in place.
- A pathway was currently being developed to identify and access children who were classed as hard to reach.

The Committee agreed to note the presentation and report and requested a further update be provided in due course.

8. BLACKPOOL HEALTH AND WELLBEING BOARD

The Committee considered the minutes from the meeting of the Health and Wellbeing Board that took place on 3rd December 2014.

The Committee agreed to note the minutes.

9. COMMITTEE WORKPLAN

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

9. DATE OF NEXT MEETING

The Committee noted that the date of the next meeting would be confirmed at Annual Council on 22nd May 2015.

Chairman

(The meeting ended at 7.30 pm)

Any queries regarding these minutes, please contact:
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