

## **SCRUTINY BOARD (HEALTH )**

**TUESDAY, 16TH SEPTEMBER, 2008**

**PRESENT:** Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman,  
J Illingworth, M Iqbal, G Kirkland, A Lamb,  
J Langdale, J Monaghan and L Rhodes-  
Clayton

### **17 Declarations of Interest**

Councillor Kirkland declared a personal interest in Agenda Item 8, Peripheral Hospitals as he is an out-patient of Wharfedale Hospital and a Member of the Wharfedale Hospital Forum. (Minute No.21 refers).

### **18 Apologies for Absence**

Apologies for absence were submitted on behalf of E Mack, S Saqfelhait and Councillors Atkinson and McKenna.

### **19 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the meeting held on 22 July 2008, be confirmed as a correct record.

### **20 Renal Services**

The report of the Head of Scrutiny and Member Development referred to the Board's initial discussions regarding their work programme for the 2008/09 Municipal Year and the concern regarding Renal Services, particularly the transport of kidney patients. Attached to the report were submissions from Leeds Teaching Hospital Trust (LTHT) and the National Kidney Federation. Also tabled was a paper from the Yorkshire Ambulance Service (YAS).

The Chair introduced the following to the meeting:

- Nigel Gray – Leeds PCT
- Judith Lund – Leeds Teaching Hospitals NHS Trust
- Brian Young – Leeds Teaching Hospitals NHS Trust
- Amanda Dean – Matron for Renal Services , Leeds Teaching Hospitals NHS Trust

The Board was informed of recent changes to the delivery of Renal Services in and across Leeds, including the closure of the Wellcome Wing at Leeds General Infirmary (LGI), movement of services to St James' Hospital and

Seacroft Hospital and the continued development of the live donor renal transplant service.

It was reported that the 3-year renal transport contract had been awarded to the Yorkshire Ambulance Service (YAS) in April 2007. The scope of the contract covered conveying renal haemodialysis patients to the 8 dialysis units managed by the LTHT Renal service. One of the aims of the contract was to improve the specification provided under previous arrangements.

The Board was advised that there are 2 main dialysis units - one at St James's University Hospital and the other at Seacroft Hospital (Parsons' Unit). There are 6 satellite units located in Seacroft, Beeston, Wakefield, Huddersfield, Dewsbury and Halifax.

It was recognised that since March 2008, by far the greatest amount of difficulty has been experienced by the patients attending the Parsons' Unit at Seacroft Hospital. There has been close dialogue between LTHT Renal Service and YAS. YAS acknowledged that there were problems and, in July, communicated by letter with all their drivers on the following issues: -

- YAS staff entering clinical areas checking to see if patients were ready, interrupting treatment and causing patients to cut short their treatment in order not to miss their transport home.
- Drivers arriving too early for patients appointments (up to one hour before) even though they were planned to arrive within half an hour - the quality standard time for appointment.
- Patients left unaccompanied outside units when drivers arrive before units have opened.
- Patients being dropped off at different addresses rather than the address on the drivers' log sheets

It was further reported that a number of initiatives had been developed regarding the transport of renal patients, however it was acknowledged that a number of problems had been encountered. It was reported that a staggered patients appointments system had been instituted in June 2008 at the Seacroft Unit, although this had encountered some problems including some related to transport issues.

The Board was further advised that an audit would be conducted in late September 2008 to assess the change in practice since the letter was issued.

In response to Members questions and comments, the following issues were discussed:

- There had been other bidders for the transport contract. Yorkshire Ambulance Service had been considered to be the most suitable for the contract by the adjudication panel. Consultation had taken place with the KPA throughout the process.
- Due to the increase in the number of transplant patients, this should reduce the number of patients needing dialysis and alleviate some of the problems currently encountered.

- There had been a 12% increase in the number of patients requiring transport. This had contributed to the problems encountered with transporting patients.
- Patients not attending appointments and failing to inform YAS that they would not be attending. Members of the Board requested further information on this aspect to help assess the scale of such instances and the impact this had on the transport service overall.
- Details of follow up action for patients who had failed to attend appointments.

The Board was further advised that the Department of Health had recently announced a 3-year National Kidney Care Audit, covering the 2 key areas of patient transport services for haemodialysis patients and vascular access services. An early piece of work, in October 2008, would be a national survey of patient transport. The outcome from this survey may usefully inform the Board's future consideration of renal transport issues.

The Chair introduced the following to the meeting:

- Sarah Fatchett – Director, Yorkshire Ambulance Service
- Diane Williams, Assistant Director, Yorkshire Ambulance Service
- Nicola Greaves, Customer Relations Manager for Renal Services, Yorkshire Ambulance Service
- Kerrie Massey, Locality Manager, Yorkshire Ambulance Service

It was reported that under the terms of the transport contract, YAS had a performance target to transport 90% of patients to appointments within 30 minutes. This target had been met last year, but was currently running at 77%. A number of service improvement measures were being implemented to improve this and bring the service back up to standard. A further target of 90% was in place to transport patients home within 45 minutes of their treatment ending. This was currently running at 90.26%. Approximately 2% of journeys were cancelled or aborted due to cancelled or missed appointments.

In response to questions and comments regarding the YAS submissions, the following issues were discussed:

- Reasons for aborted journeys included instances of no response from the patients, patients being admitted to hospital or going on holiday without informing the YAS. Records of times of attendance at patients homes were kept. It was reported that work was taking place with hospitals to improve communications and increase awareness where patients had been admitted to hospital prior to appointments to prevent aborted journeys.
- Some homeward bound journeys were cancelled at a late stage as a result of patients being admitted to hospital following dialysis treatment.

- There had been an increase in the number of patients in and across Leeds who relied on transport from YAS.
- 'On-line' booking systems were being trialled.

The Chair welcomed the following to the meeting:

- Lilian Black – Kidney Patients Association Committee Member (Leeds General Infirmary)
- Paul Taylor – Kidney Patients Association Secretary (St James' Hospital)
- Gloria Black – Renal Services Patient
- Lesley Britton – Chair of St James' Kidney Patients Association

It was reported that the KPAs represented approximately 1,000 patients and carers across Leeds and they had been involved with all the local recent issues such as the relocation of services and transport arrangements. It was envisaged that the relocation of services would cause problems and main areas of concern focussed on transport arrangements. The Board was informed that kidney patients typically had to go for dialysis 3 times per week for 4 hour periods and many patients were completely reliant on the services provided by YAS.

Examples of problems experienced transporting patients to and from appointments were given to the Board. These included the late and missed collection of patients for appointments and patients having to travel on long unnecessary journeys whilst other patients were collected. It was also stated that patients had encountered difficulties in being able to make complaints and representations about poor service.

Further to the Kidney Patients Association concerns, the following issues were discussed:

- The Yorkshire Ambulance Service had a dedicated Customer Relations Manager for Renal Services.
- Late changes often had to be made to schedules for transport of patients due to various factors such as patients illness.
- Concern was made that it was not possible to contact YAS by telephone. It was reported that a dedicated line for contact had been created and patients would be informed of these details in the near future.

LTHT and the PCT stated their intention to continue to work in partnership with both the YAS and the Kidney Patients Association (KPA) in an attempt to resolve areas of concern.

The Chair thanked those present for their attendance.

**RESOLVED** – That the report and information presented be noted. That a further report be presented to the Board, to include greater detail on current

performance and trends in performance, particularly in the areas discussed at the meeting.

## **21 Local Involvement Network**

The Head of Scrutiny and Member Development submitted a report which updated the Board on the process to appoint an organisation to host Leeds' Local Involvement Network (LINK). Appended to the report was a further report from the Director of Adult Social Services and a Department for Health document which explained the roles of LINKs. It was reported that the Shaw Trust had been appointed as the host organisation and awarded a 3 year contract.

The Chair welcomed the following to the meeting:

- Mike Simpkin – Public Health Strategy Manager, Adult Social Services
- Dinah Shaw – Shaw Trust
- Tim Gilling – Centre for Public Scrutiny

Tim Gilling addressed the Board. He reminded Members of the background behind establishing the LINK and the role it would perform in providing meaningful engagement for public and patients across Leeds. LINKs had been established nationwide based on boundaries of local authorities with Social Services responsibility. He informed the Board that the LINK would provide a new way of involvement and would attempt to broaden involvement across Leeds.

Mike Simpkin reported that the Council had worked in partnership with various organisations and users during the process of establishing the LINK. He informed the Board that the LINK would have a different role to its predecessors and referred to the report which detailed the appointment of the Shaw Trust as host organisation. It was also reported that the Shaw Trust had commenced work with representatives of the former Patient and Public Involvement Forum and service users and carers.

It was outlined that £84M had been allocated to support 150 LINKs across England over a 3-year period. In Leeds, this equated to £300k (approx.) per annum.

The Chair thanked those present for their attendance.

**RESOLVED** – That the report be noted.

(Councillor Lamb left the meeting at 12.00 p.m. during discussion of this item).

## **22 Neonatal Services**

The Head of Scrutiny and Member Development submitted a report which referred to the request to include Neonatal Services as part of the Board's Work Programme. Also appended to the report was a submission from Leeds

Teaching Hospitals NHS Trust which gave an overview of Neonatal Services across Leeds along with statistical information on admissions and service provision.

The Chair welcomed the following to the meeting:

- Dr Lawrence Miall, Leeds Teaching Hospitals NHS Trust
- Helen Barker, Leeds Teaching Hospitals NHS Trust
- Yvette Bartlett, Leeds Teaching Hospitals NHS Trust

In response to Members questions, the following issues and challenges were discussed:

- Increasing birth rates.
- There had been a recent increase in the number of intensive care admissions, but these figures did fluctuate. There had been no overall increase in the number of admissions.
- Referral patterns within the Yorkshire network.
- Cases where admissions had to be transferred out of the area only usually occurred when specialist treatment was needed.
- A joint NHS Task Group had been established to look at Neonatal Services across the country.

The Chair thanked those present for their attendance.

#### **RESOLVED –**

- (1) That the report be noted.
- (2) That a further report be brought to the Board in six months.

### **23 Peripheral Hospitals**

The Head of Scrutiny and Member Development presented a report regarding the Board's request for a briefing on peripheral hospitals in and across Leeds. Leeds Teaching Hospitals NHS Trust submitted a briefing update on Wharfedale, Seacroft and Chapel Allerton Hospitals.

The Chair welcomed the following to the meeting:

- Sylvia Craven – Leeds Teaching Hospitals NHS Trust
- Ross Langford – Leeds Teaching Hospitals NHS Trust

In brief summary, the following issues were discussed:

- It was proposed to get the maximum possible use out of the peripheral hospitals in and around Leeds. Acute services would remain to be delivered from the two major hospital sites at Leeds General Infirmary and St James' Hospital.

- Seacroft Hospital site has many old buildings. It was proposed to locate services in the better conditioned buildings and near the York Road entrance of the site to make access easier for patients.
- The Choose and Book system for booking appointments and the mixed messages around availability being caused by technical aspects of the National NHS Choices web-site.

The Chair thanked Sylvia Craven and Ross Langford for their attendance.

**RESOLVED** – That the report be noted.

## **24 Localisation of Health and Social Care Services - Response to the Scrutiny Inquiry Report**

The Head of Scrutiny and Member Development submitted a report which detailed responses and progress made to the recommendations of the Board following the Inquiry into Localisation of Health and Social Care Services carried out by the Scrutiny Board (Health and Adult Social Care).

The Chair welcomed John England, Adult Social Services and Lisa Butland, and Emma Wilson, Leeds PCT to the meeting.

In brief summary, the following issues were discussed:

- Otley Clinic – in response to concern regarding the fabric of the building, it was reported that Otley Clinic was being considered for works under the PCT's Capital Committee's investment programme.
- Regarding under usage of facilities at Yeadon Clinic, it was reported that a number of services had approached the PCT to practice at the Centre. Dental services had been provided at the centre and consisted of private and community dentists.
- Family planning provision.
- The proposed GP-led Health Centre at Burmantofts - a survey of residents had given the PCT opportunity to see what types of services there should be and how these should be delivered. It was noted that there was a need for longer opening hours and weekend provision.

The Chair thanked those present for their attendance.

**RESOLVED** –

- (1) That the report be noted.
- (2) That the Board receive a further update at a future meeting.

(Councillors Latty, Langdale, Chapman and Iqbal left the meeting during the discussion on this item).

## **25 Work Programme**

The Head of Scrutiny and Member Development submitted a report which outlined the Board's work programme. The report also detailed the Board's Working Groups.

The following documents were distributed in relation to the Work Programme:

- GP led Health Centres Working Group meeting notes – 19 August 2008
- Proposal for a new GP led Health Centre in Leeds Analysis Report
- Terms of reference for the proposed inquiry into Improving Sexual Health Among Young People.
- Revised terms of reference for the Health Proposals Working Group.

#### **RESOLVED –**

- (1) That the work programme attached at appendix one be agreed and amended as appropriate.
- (2) That the revised terms of reference for the Health Proposals Group be agreed.
- (3) That the information provided in relation to the GP-led Health Centre, and in particular the consultation analysis be noted and referred to the appropriate working group for any additional consideration.
- (4) That the revised terms of reference for the inquiry into Improving Sexual Health among Young People be noted and agreed.
- (5) That the position regarding the proposed changes to the structure of NHS Blood and Transplant and the specific implications of closing the blood testing and processing centre within Leeds be noted.
- (6) That a further report on Renal Services be brought to a future Board meeting.

#### **26 Date and Time of Next Meeting**

Tuesday, 21 October 2008 at 10.30 a.m. (Pre-meeting for all Members at 9.30 a.m.).