

Briefing note on issues followed up from the Health and Adult Social Care Scrutiny Board meeting of 21 March 2012

City wide steering group on tobacco

The Scrutiny Board raised a question about the existence of a citywide group addressing tobacco issues. It now seems clear that the information contained in the Health & Wellbeing performance report card, which stated that “Since 2009 there has been no citywide steering group to drive the tobacco agenda forward ...” was not accurate in describing the whole situation.

In fact, the group that existed at that time was disbanded, but another group is established to develop and implement the soon to be launched citywide Tobacco Control Action plan. The Tobacco Control Management Group has members drawn from across key partner organisations, including Clinical Commissioning Groups, West Yorks Trading Standards, LCC Environmental Health and Adult Social Care and Education Leeds. The group also has voluntary sector representation. This group meets regularly and may draw in more players as the action plan is launched. In addition to the citywide steering group, Leeds City Council are currently developing a citywide tobacco control alliance which will involve a still wider range of people who have an interest and are involved in promoting tobacco control .

Apologies are given by NHS Airedale, Bradford & Leeds (NHS ABL) for any misunderstanding that resulted from the performance report card wording, and members of the Scrutiny Board should be assured that the wording will be amended for future versions.

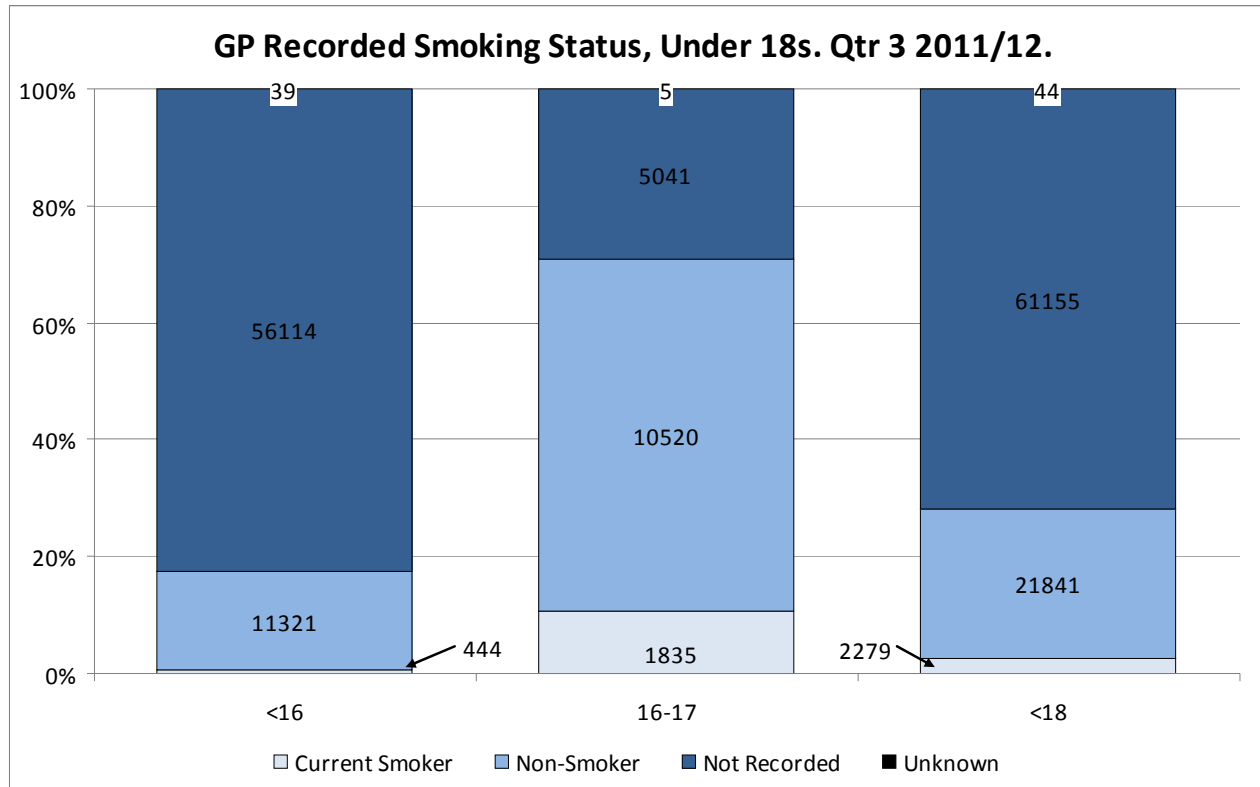
Carbon monoxide monitors for staff providing healthcare for pregnant women

The provision of carbon monoxide (CO) monitors for midwives was raised as a matter of concern by the Scrutiny Board. Further information on this matter has also been provided by Leeds Teaching Hospitals Trust (LTHT). The advice from LTHT points out that CO monitors are recommended by the National Institute for Clinical Excellence (NICE), to support smoking cessation in pregnant women. LTHT currently only have limited numbers, but these are carried by teams working in the most deprived areas of Leeds, that is those areas that have the highest smoking rates.

LTHT and NHS ABL believe it would be desirable for all midwives and other appropriate healthcare professionals to have access to the monitors. In that respect, NHS ABL has developed a business case to provide the monitors. This follows on from a successful trial in Beeston and Chapeltown. The business case is yet to be considered, by the PCTs Clinical Management Executive, though this will take place week commencing 9 April. If approved at that time, the procurement will start as soon as possible and if this is the case, it will be reported to the Scrutiny Board at the earliest opportunity. In anticipation, the smoking service is currently developing a training programme to ensure all community midwives are trained in using the monitors and that they are referring to smoking cessation services appropriately. Assuming the business case is approved, the plan is to roll out this training with the distribution of the monitors.

Smoking prevalence data for under 18's

In response to the question from the Scrutiny Board on younger persons smoking prevalence rates, it has been confirmed that the data shown in the scorecard on smoking covers persons from the age of 16 upwards. The data is drawn from GP records from across Leeds. The chart below shows smoking prevalence data for persons aged less than 16, 16 to 17 and a total for both groups.



The data is the latest available. The number of smokers for those aged under 16, identified using this data is very small, and the number of patients shown as smoking status not recorded is over 80%. Actual numbers are shown within the chart. This is an issue with the dataset, which is drawn from GP records. It seems clear that this data source alone cannot capture the true rate of smokers until there is a more complete record. On the other hand, the data for 16-17 year olds shows a smoking prevalence of around 11%, which may be more accurate. Even in this age group though the rate of persons with their smoking status not recorded is still very high, at around 29%. It is worth noting that the Q3 data for smoking prevalence overall for person aged over 16 years is 22.8%, updating the data used at the Scrutiny Board meeting of 21 March.

Early intervention service in psychosis

The Scrutiny Board expressed concern that the numbers of patients reported to have been seen for December were lower than planned levels. They further required assurance that this did not impact on patients. There was also a query about the age range covered by the data, with specific reference to persons under 18.

In response, it can be confirmed that the gap in service as a result of maternity leave was in fact quite short and that the medical cover element of the service is also not a large part of the service overall.

The drop in numbers seen can be confirmed as natural variation in the number of referrals to the service. Referrals were down for a period and this does happen occasionally. It was not a reflection of reduced capacity, simply the fact that referrals to the service did not materialise. Referrals are via GPs and if patients do not present to GPs, then the number of patients seen and reported goes down. The target is based on an average number, divided over the 12 months of the year, so cannot take account of such variation. It is worth noting that the working relationship in this field between GPs, secondary care and the service itself are reported by all concerned as excellent, so there are no concerns on the part of the PCT in that regard.

It is absolutely clear that no cases were lost or patient not seen, as a result of any service configuration and it is confirmed that the service delivered appropriately.

It can be confirmed that the data covers persons aged from 14, also. Persons aged less than 14 would be seen by the Child and Adolescent Mental Health Service (CAMHS) and are not part of this dataset.

Health visitors

The issue of achievement of the planned target number of health visitors was raised, with assurance that all efforts were being made to reach the required level.

This assurance can be given and the 2011/12 latest data, to the end of Feb 2012, shows that 130.1 whole time equivalent health visitors were employed against a target of 130.5.

This indicates that the provider (Leeds Community Healthcare Trust (LCHT)) is well on track to deliver the 2011/12 target. This is due to significant work to recruit - LCHT are out to constant recruitment. LCHT has also recruited staff nurses to develop and "grow their own" health visitors.

It is worth noting also, there has been significant investment in training places – leading to two intakes per year at Leeds and Sheffield for example - this will produce more health visitors for future years.

A&E performance

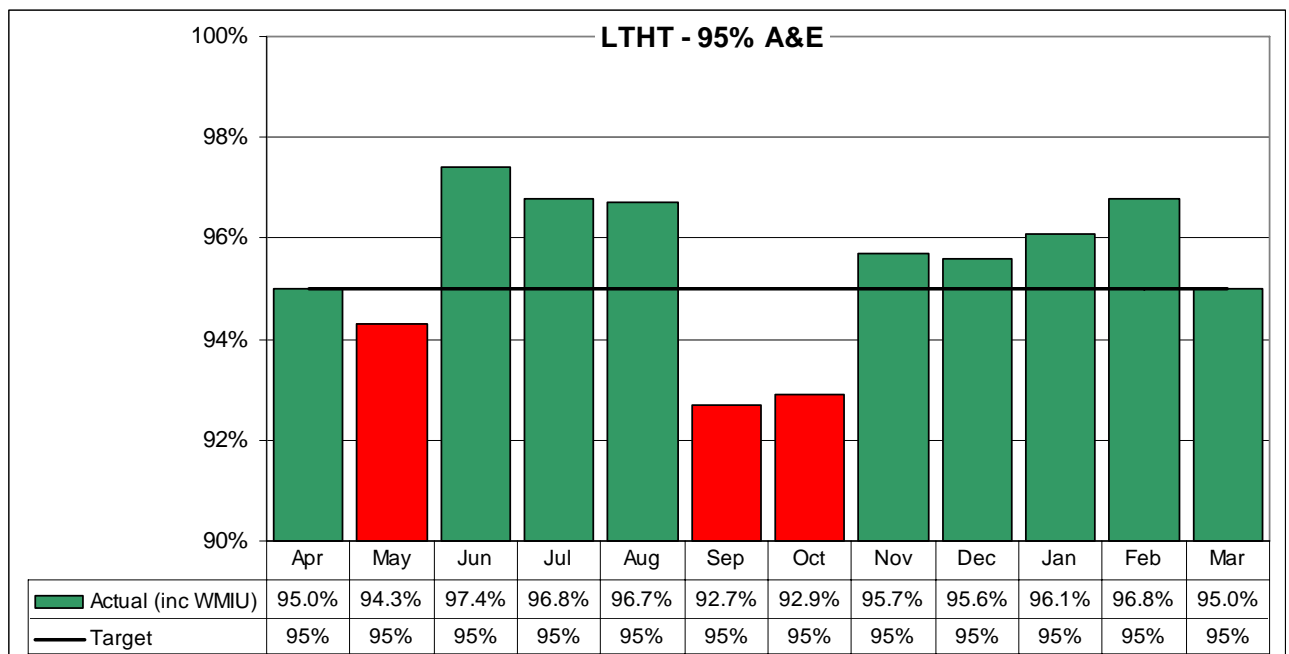
Queries were raised on this as a result of a verbal update given to the meeting, on the matter of A&E performance in Leeds. The queries covered the 98% vs 95% standards and the update to reported performance.

The standard for A&E services for the period up to July 2010 was that 98% of patients who attended an A&E unit would be discharged, transferred or admitted within 4 hours. The newly elected government at the time decided to vary this, following lobbying from clinicians. The argument made was that allowing a 2% tolerance for complex patients was not advantageous to the service and created artificial pressure to deal with patients more quickly than might be ideal. The government agreed and reduced the standard to 95%, leaving a 5% tolerance for complicated cases from July 2010. This standard has been in place since then.

The update on reported performance within the report that was presented to the Scrutiny Board came about because it was discovered that not all activity that could be counted, was.

This examination of data covered two main areas, the first of which was LTHT reported activity, with the result being a retrospective audit of LTHT data, in collaboration with the Department of Health (DH) and the Strategic Health Authority (SHA), which checked back over all LTHT reported activity for 2011/12. As a result, certain errors were discovered. The subsequent corrections made were to the reported numbers of attendances and the reported number of patients waiting more than 4 hours. There were various reasons for the errors, but with fractionally under 200,000 attendances across the two LTHT sites, this is perhaps not surprising. Some of the most significant errors seem to have occurred over the Christmas period, which as members will know is always a period of high pressure in the A&E departments.

The second area of activity that was not counted appropriately was that for activity at Wharfedale Minor Injuries Unit. Following the advice of DH and the SHA, the activity was therefore added in to the total reported for LTHT. The activity at Wharfedale is Type 3 A&E, that is activity that is of a lesser severity, as compared to Type 1 activity such as may be seen at LGI, for example. The DH and SHA have advised that it is appropriate to count activity of this type, in this way, following precedents in other parts of England.



The final agreed performance as a result of recasting the data following the audits is shown above. This data replaces earlier reported performance.

This data results in a whole year performance of 95.4%.

Graham Brown

5 April 2012