

HEALTH SCRUTINY AND PERFORMANCE PANEL

Wednesday 10 September 2008 at 6pm.

Panel Members present Councillor V. Woodruff (Chair)
Councillor A. Paul

Also Present Mr. Jim Weston (Patient Forum)
Dr Sam Ramaiah

Officers present Margaret Willcox – Assistant Director Social Care
& Inclusion - Adult Services
Ham Patel - West Midlands Ambulance Service
Yvonne Thomas – Director of Partnerships
Steve Jones - NHS Infections ?
Patsy Tandy – NHS Infections ?
Jody Latham –Scrutiny Officer

10/08 APOLOGIES

Apologies for non-attendance were submitted on behalf of Councillor M Bird.

11/08 SUBSTITUTIONS

There were no substitutions for the duration of this meeting.

12/08 DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor V. Woodruff declared a personal interest as an employee of Walsall Hospitals NHS Trust.

13/08 MINUTES OF PREVIOUS MEETING

The chair explained that there had been a change to the minutes published in the agenda papers twice on page 3 the name Sue Green had been replaced for Diane Lee.

Resolved:

That the minutes of the meeting held on 14 July 2008, be approved as a correct record and signed by the Chair.

14/08 TRAINING OPPORTUNITIES

The panel noted the training opportunities as previously circulated.

15/08 FORWARD PLAN

The Panel were provided with a more recent copy of the forward plan than previously circulated. The contents of that forward plan as at 07 July 2008 were noted.

16/08 **PERFORMANCE MONITORING – HOSPITAL INFECTIONS**

The Panel were informed that hospital acquired infections; particularly MRSA should not solely be viewed as a problem for the hospital. A more holistic view is being encouraged to highlight the problem of infection being brought into hospitals from outside as patients are admitted. Approximately 50% of infections are brought in from outside of the hospital and the challenge here is in targeting communities where infection has colonised. Wolverhampton are currently using inpatient data to gain an understanding of where infections are colonising and actively screen these areas using specialists to mass treat areas of high infection.

The Panel were informed that a total of 5 MRSA cases had been reported in the first 4 months of 2008/09 an increase on the previous year. However all specimens are now obtained within 48 hours of admission which indicates that the bacteraemia has not been acquired within the Hospitals.

C-Diff rates have seen a rise in the first quarter of 2008/09. Analysis conducted on patients with C-Diff indicate that the nature of the infection is changing. Investigations have revealed that a percentage of patients (between 25% - 50%) have samples taken within 48 hours of admission and are, therefore, being admitted with the infection.

The acquisition of infection within the community is not in the hospitals control. However the hospital is joint working with pharmacists and General Practitioners with regards to antibiotic prescribing. Meetings also take place with representatives within the PCT to discuss Infection Prevention and Control within the whole Health Economy.

The Panel were informed that at present it was not possible to screen every patient coming into the hospital, although many are, such as A&E intakes. It is expected that by March 2009 every patient coming into hospital will be screened for infection.

17/08 **DARZI REPORT**

Dr Sam Ramaiah presented to the Panel the Darzi Report and the implications for Walsall.
(Annexed)

The Panel were informed that individuals are currently being identified who can assist the implementation of the Darzi Report in Walsall. Lord Darzi himself will be coming to Walsall on 29 September 08 to present his vision for the future of the NHS.

The Panel were informed that the Darzi Report lays out plans to combat the postcode lottery of drug distribution that is currently being experienced.

On questioning the Panel learnt that the proposed moving of the Sexual Health Clinic is not definite but is something being looked at in terms of whether or not sexual health is better tackled from within the communities and being closer to the public rather than from within one structure contained within the hospital.

The Panel expressed concerns within their wards of cancer pockets, areas that were deemed by local people to have higher concentrations of cancer cases than others and would like to find a way of looking into this to see if there is any truth in it.

Resolved:

At the request of the Panel it was agreed that it would be of interest to look at possible trends/clusters of cancer sufferers in Walsall with the aim of identifying whether or not there are pockets of Walsall that have higher cancer rates than others and looking into the possible reasons/causes for it. Item to be included on the Panels Work Programme for the year.

18/08 WORLD CLASS COMMISSIONING (WCC)

Yvonne Thomas presented to the Panel on World Class Commissioning and the implications for Walsall.
(Annexed)

The Panel were informed that World Class Commissioning is set to revitalise the NHS and refocus on having a National service rather than the fragmented one that is currently in operation as seen in the example of postcode lotteries. It aims to deliver personalisation of services giving a wider choice to the patient.

In Walsall this means a move towards an NHS Walsall rather than a PCT which has been deemed to dilute the National Service into individually working parts of the organisation.

The Panel were informed that APrO and WCC are two separate parts of the NHS to aid a partnership working focus and encourage specialist service providers such as Weight Watchers to get involved if they wish to.

Resolved:

At the request of the Panel Yvonne Thomas will return to the Panel early in the New Year to update further progress.

The meeting terminated at 7.30pm.

Chair:

Date: