

## **HEALTH SCRUTINY AND PERFORMANCE PANEL**

**Tuesday, 24 July, 2012 at 6.00 p.m.**

**Manor Conference and Learning Centre, Manor Hospital, Moat Road,  
Walsall**

### **Panel Members Present**

Councillor M. Longhi (Chair)  
Councillor O. Bennett  
Councillor B. Cassidy  
Councillor M. Flower  
Councillor H. Sarohi  
Councillor R. Thomas  
Councillor V. Woodruff

### **Other Members Present**

Councillor K. Hussain

### **Officers Present**

Paul Davies, Executive Director (Social Care & Inclusion)  
Richard Kirby, Chief Executive (Walsall Healthcare NHS Trust)  
Isabel Gillis, Director of Public Health  
Salma Ali, Interim Senior Responsible Officer for Walsall Clinical Commissioning Group  
Sue Hartley, Director of Nursing  
Andy Rust, Head of Joint Commissioning  
Lynn Allen, Black Country Cluster Primary Care Lead  
Sue Cooper, Black Country Cluster Deputy Primary Care Lead  
Craig Goodall, Scrutiny Officer

### **174/12 Apologies**

Apologies for absence were received from Councillor D. James and Councillor E. Russell.

### **175/12 Substitutions**

Councillor B. Cassidy substituted for Councillor D. James.

Councillor R. Thomas substituted for Councillor E. Russell.

### **176/12 Declarations of interest and party whip**

Councillor M. Longhi declared a non-pecuniary interest as a Non-Executive Director of Mersey Care.

Councillor V. Woodruff declared a non-pecuniary interest as an employee of Walsall Healthcare NHS Trust.

## 177/12 Minutes

### **Resolved**

**That the minutes of the meeting held on 21 June, 2012, copies having previously been circulated be approved as a true and accurate record.**

## 178/12 **Walsall Clinical Commissioning Group Project Plan for Reducing Hospital Mortality Rates at Walsall Healthcare NHS Trust**

The Panel considered a plan to reduce hospital mortality rates at Walsall Healthcare NHS Trust following concerns expressed by Members.

The Chair introduced the item and explained that over a period of time, the two mortality indices for the Borough had reported higher than expected mortality rates. The Interim Senior Responsible Officer for Walsall Clinical Commissioning Group (ISROWCCG) explained the cause of hospital mortality figures was a complex picture that involved many wider issues and care providers. The Clinical Commissioning Group (CCG) monitored mortality rates at the hospital and across the Borough monthly. Figures were compared against local and national rates, action plans were reviewed and refined as necessary and a monitoring system was in place.

The Chief Executive, Walsall Healthcare NHS Trust (WHT) explained that hospital mortality was heavily monitored and actions were in place to reduce the ratios. This included:-

- Senior medical review of all patients six days a week and seven day review of all seriously ill patients;
- Two hourly comfort rounds for patients;
- Increased specialist care for respiratory patients;
- Senior consultant review of every death that took place in the hospital.

The Chief Executive (WHT) added that hospital mortality rates for the previous two months had been decreasing which demonstrated that WHT was moving in the right direction.

The Director of Public Health explained that data showed that whilst Walsall had higher than average hospital deaths, they had lower than average deaths in care homes and hospices. This illustrated the need to work with others to ensure that the end of life wishes of patients were met.

The following were the principle points from the ensuing discussion:-

- There were clear guidelines for the coding of deaths and diseases which are audited on an annual basis;

- Further work was being planned to review palliative care services within Walsall. As part of this the CCG were reviewing the current utilisation of services in St Giles Hospice to assess their current effectiveness and to explore whether admissions to St. Giles Hospice could be increased. It was likely this would happen once awareness of the centre had increased. Members requested details on occupancy rates.

In closing the item, the Chair explained the concerns about local mortality rates. He reported he was pleased with the work that was taking place to reduce the figures and the current downturn being reported in hospital mortality. However, due to the historical nature of these figures, he felt that it would be helpful for an independent review of local mortality figures to take place so that an external opinion could be sought. This was agreed by the rest of the Panel.

### **Resolved**

- (1) That an external review be commissioned to investigate mortality rates in Walsall;**

**and**

- (2) Details on occupancy rates at St. Giles Hospice be supplied to Members.**

### **179/12 End of Life Strategies**

The Panel considered the overall plan and strategy to improve palliative and end of life care for all patients and carers in the Borough. The Director of Nursing explained to Members that it was important to improve on delivering patient choice in the location of death. She highlighted a series of actions that were ongoing to improve palliative and end of life care, namely:-

- Developing more choice such as hospice services;
- Improved partnership working;
- Employing additional palliative care consultants;
- Improving education and training in the workforce.

The following were the principle points from the ensuing discussion:-

- The reason that 24% of patients were listed as 'not known' in terms of achieving their preferred place of death was because where they wished to die had not been discussed with them or it had been too late to act;
- There were strong and safe protocols in place for sharing information about patients between partners;
- The Liverpool Care Pathway (LCP) was an effective end of life tool but it was very important it was implemented properly. The meeting discussed those and it was confirmed that the LCP was appropriate for pathway for some patients. Concerns were expressed how the LCP was used in the community;

- Discussing the preferred place of death with a patient could be undertaken by one of many trained health professionals.

## **Resolved**

**That the Panel consider the implementation of palliative care and end of life strategies in the community at a future meeting.**

### **180/12 Proposed merger of Wharf and Sai Medical Practices**

The Panel considered the proposed merger of the Wharf Family Medical Practice (Pleck Road) with the Sai Medical Practice (Forrester Street).

The Black Country Cluster Deputy Primary Care Lead gave a presentation to the meeting providing details of the proposed merger (annexed).

A Member of the Panel explained that he was in favour of longer opening hours and increasing the number of available doctors but his main concern about the proposal was car parking. The streets in which the Sai Surgery was located were seriously clogged up as they were heavily used by staff and visitors to the nearby Manor Hospital.

In response to a further query from a Member of the Panel, it was explained that by merging the practices, increased services could be delivered. It was also explained that the service specification for the proposed surgery would be drafted in consultation with local communities.

A query was made about the accuracy of the number of GP patients quoted in the presentation. It was reported that GP patient figures were very fluid, subject to variation, however, the figures were correct at the time of drafting.

The following were the principle points from the ensuing discussion with members of the public present at the meeting:-

- Car parking was a serious problem in the area at the Sai Medical Practice. Increasing the number of patients on the Sai patient list would only exacerbate this problem. There were 12 car parking spaces at the surgery but these were used by staff. Car parking problems in this area were longstanding. It did not make sense to locate an enlarged surgery in this area;
- The translations of the consultation document in Urdu were not properly translated. This was acknowledged and a letter be sent to patients informing them that a new translation would be available shortly;
- The Wharf Patient Participation Group was against the merger after considering the issues over two meetings;
- The Chair of the Sai Patient Participation Group explained that the proposal was out of the blue. He explained that residents felt discriminated against as adequate translations of the consultation proposals were not available;

- A local Ward Member re-iterated the serious nature of the problems with car parking in the area and the importance of ensuring that an accurate translation of the consultation documentation was widely available;
- It was desirable to agree the merger before March, 2013;
- One member of the public stated that, in his experience, there were benefits of two practices merging together;
- It was reported that there were two barriers to residents joining the Wharf Medical Practice, namely:-
  - It was based in the same building as the sexual health centre which put people off joining in case they were seen walking into the building;
  - The Wharf Medical Practice was located within a barrier secured car park. Residents mistakenly thought they needed to pay to enter.

**Resolved**

**That the outcome of the consultation on the proposed merger of the Wharf and Sai Medical Practices be reported to a future meeting.**

**181/12 Draft Revenue and Capital Outturn 2011/12 (Pre-Audit)**

Members considered the draft revenue and capital outturn position for the year ended 2011/12, subject to external audit, for services within the remit of the Health Scrutiny and Performance Panel.

The Lead Accountant reported that the Integrated Community Equipment Service had broke even during 2011/12. He added that the Learning Disabilities pooled budget had overspent by £2.985 million, however, this was a £2.085 million saving on the previous year. The budget shortfall had been covered between the Council and the PCT.

**Resolved**

**That the report be noted.**

**182/12 Work Programme 2012/13 and Forward Plan**

**Resolved**

**(1) That the Forward Plan be noted;**

**and**

**(2) That the Work Programme 2012/13 be noted.**

**183/12 Date of next meeting**

It was noted that the time and date of the next meeting was 6.00 p.m. on 18 September 2012.

**Termination of meeting**

The meeting terminated at 8.40 p.m.

Signed: .....

Date: .....