

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY
COMMITTEE**

Thursday, 30 April 2009 9.30 a.m.

Item 7 Urgent Care Strategy (Bedfordshire NHS)

Minutes:

1. to note that that if Luton PCT's approach to public consultation on its urgent care strategy was broadly similar to that of NHS Bedfordshire, there was no need for the matter to be brought back to this Committee before proceeding to the consultation stage;

The Committee considered a report detailing the proposed public consultation on urgent care reform in Bedford. The Committee noted that the Bedfordshire County Council's Bedfordshire Health and Adult Social Care Overview and Scrutiny Committee, which had ceased to exist since the Council's abolition, had made a number of recommendations to the PCT at its meeting on 27 February 2009 in relation to the urgent care strategy. The Committee agreed to ratify those recommendations.

The Committee noted the details of the public consultation set out in the report and welcomed the approach described.

A comment was made that it was not clear to people needing to access urgent care what telephone number they should call and lack of clarity would lead to the over-use of 999. A request was made that there be only one telephone number for accessing urgent care. In response, the Committee was advised that the introduction of one number for urgent care was planned to take place in April 2010, and this would be effective 24 hours a day.

The Committee noted the contents of minute 08-09cosc48 from the meeting of the former Bedfordshire County Council's Bedfordshire Health and Adult Social Care Overview and Scrutiny Committee which were attached to this agenda. Members noted points made at that discussion, that:-

- Bedford Hospital did not feel it was engaged with the discussions and consultations on the strategy, notwithstanding that the proposed strategy proposed to use hospital assets and work alongside hospital services
- The strategy had been drafted by a group drawn from Horizon Healthcare Commissioning Ltd which is a firm established by Bedford GPs and which is associated with, but separate from, the Practice Based Commissioning Group of Bedford GPs.

The Committee sought assurance that there would be openness and transparency in the commissioning and contracting roles of the GPs and in the role of Bedford Hospital. In response, the Committee was advised by the Deputy Chief Executive of Bedford Hospital who was present at the meeting that the consultation before the Committee provided more tangible information than had hitherto been received and the principle contained within it was acceptable although it was unclear yet how it would be achieved.

The Committee noted that there was no explicit recognition of the social care dimension of supporting older or elderly patients to remain in their homes for treatment or supporting them when they were discharged from hospital. Members commented that closer working was needed with the Council's Adult Social Care team to address elderly and mental health matters.

The Committee noted the targets set out at section 3 of the report and commented that it was important that targets should be SMART (specific, measurable, achievable/agreed upon, realistic and timely) – for example, stating by when the percentage reductions would be achieved, in order that success could be measured.

The Committee was aware that the PCT strategy was being consulted on now and that the urgent care strategy formed an important part of it. It was noted that the financial implications of inappropriate admissions to hospital which could amount to £4000 per week could be extremely high over the course of a year. It was noted that sufficient Community Matrons in place would be important in managing hospital admissions and accessing other more appropriate options for care.

A question was put as to whether consultation on NHS Bedfordshire's proposals would include people living in south Bedfordshire. The point was made that if residents there were consulted first on NHS Bedfordshire's proposals they might not respond to a later consultation from NHS Luton, the outcome of which might affect them more. A further question was asked as to whether the consultations on an urgent care strategy by NHS Bedfordshire and NHS Luton could be carried out at the same time. The Committee expressed the view that if NHS Luton took broadly the same approach to consulting on its urgent care strategy as NHS Bedfordshire, the Committee would be satisfied with NHS Luton proceeding directly to public consultation without first bringing the matter to this Committee. Members urged the Bedfordshire and Luton PCTs to work together to take a co-ordinated approach to consulting on the urgent care strategies ensuring that timeliness was taken into account and commented that they should avoid any duplications or omissions in the consultation.

Members commented on the exclusion from the questionnaire of providing for people without experience of the Accident and Emergency department to reply and asked for this to be rectified;

The Committee noted that a pilot project had been run at Luton and Dunstable Hospital to place a GP in A & E with a view to reducing the number of people

using A & E. The pilot would shortly be reviewed and its effectiveness evaluated. It was noted that Bedford Hospital would have regard to the results.

A question was asked as to whether nurses were still part of ambulance crews. It was noted that this practice had ceased due to staff shortages but the effectiveness of the practice would be looked at as part of the review of urgent care.

RECOMMENDED that the Bedfordshire PCT Board:-

1. is advised that the Committee welcomes the public consultation approach in relation to reforming urgent care;
2. is advised that the Committee welcomes the commitment to having in place one telephone number for accessing urgent care over the daily 24-hour period by April 2010;
3. is urged to work with NHS Luton to take a co-ordinated approach to consultation to ensure as far as possible that consultations take account of timeliness, that people are consulted on the appropriate service according to where they live and duplications or omissions in the consultation process are avoided;
4. should set out the commissioning objectives as SMART targets so that success could be measured;
5. be advised that if NHS Luton took broadly the same approach to its urgent care strategy as that of NHS Bedfordshire, subject to discussion with the Chairman and the Adviser to the Committee, the matter need not be brought back to this Committee before proceeding to public consultation;
6. that the questionnaire should include people without experience of Accident and Emergency (A & E), and there should be a question asking whether the respondent had any experience of A & E.
7. be advised that the Committee was satisfied with the matrix attached as an appendix to the report;
8. be advised that the Committee agreed that the consultation should proceed as set out in the report;
9. should note that that the response to the consultation would be expected to be brought to the Committee, which would probably comprise different members after the June elections.