

As an update since their attendance at 19 December 2007 Scrutiny Group meeting (Minute SC.31/07 refers), the Devon Primary Care Trust (PCT) representatives wished to advise that:-

- (i) the PCT was financially challenged due to the unexpected, and as yet inexplicable cause, of a significant 15% rise in the number of referrals to acute hospitals by GP's. It was noted that this appeared to be a national phenomenon and the reasons were as yet unknown. Whilst the PCT's underlying five-year strategy remained the same, these increases had unfortunately led to a deceleration of the Trust's short-term plans;
- (ii) progress had been made on the PCT's five year strategic plan, which was detailed in the published document 'The Way Ahead'. Members were informed that an extensive programme of consultation (as part of a wide scale review of Health & Social Care) had now been undertaken as the first phase of the strategic plan. Eleven key areas of focus were :-
  - Being Healthy & Staying Healthy
  - Birth & Maternity
  - Children & Young People
  - Planned Care
  - Urgent Care
  - Mental Health & Well Being
  - Long Term Conditions
  - Learning Disability
  - Older People
  - Carers
  - End of Life Care

Representatives outlined the main goals that the PCT aimed to achieve in each of these areas, and which were detailed in 'The Way Ahead' document. As an example of urgent action arising from the consultation stage, the three year waiting time for disabled people to receive an electric wheelchair had now been reduced to three months.

In response to a request, it was agreed that the document would be made available for Members;

- (iii) although the number of NHS Dentists in the South Hams was still a recognised issue, a new dental practice had opened in Totnes and there were also plans to expand provision in Kingsbridge and Salcombe;

- (iv) the development of the Links (Local Involvement Networks) had progressed whereby their increased powers (e.g. to inspect premises) would enable the PCT to have wider reach in terms of its future consultation, which was in addition to their own survey initiatives. Furthermore, as a forum, Links had greater voice and influence to challenge the PCT and had direct lines of communication to the Secretary of State.

During discussion, the following points were raised:-

- (a) A Member expressed concern regarding the time it had taken the PCT to become aware of the rising trend in referrals. In reply, the representatives informed the committee that new GP appointment booking software would enable them to monitor this phenomenon in the future. Furthermore, GP's were now assisting the PCT in investigating potential reasons to justify this trend;
- (b) A Member asked for details regarding the costs for patient transport. In response, it was noted that this information would be available in a Nationwide Document, which was due to be published in January 2009;
- (c) Representatives confirmed that it was hoped that the two extra beds at the Kingsbridge Hospital would be operational by the end of January 2009. However, if staff could be recruited earlier, the beds would be operational sooner.

A Member stated his belief that the PCT had made a grave strategic error when beds at the Kingsbridge Hospital were closed and did not reopen for months, as without the back up of mixed service care teams to support patients at home, a chasm in service delivery had resulted. The PCT Representatives accepted this point, but in mitigation advised that some actions taken during 2006 were in response to inherited budgetary pressures;

- (d) A Member requested an update regarding the issue of the opening times of the Minor Injuries Unit (MIU) at Kingsbridge Hospital. In reply, the representatives stated that after some assessment works, it was felt that the requirement for it to open after 5.00pm, particularly out of season, was negligible and did not justify the high staffing costs that would be incurred. However, the PCT acknowledged that the local feeling was that an opening time to 7.00pm would be beneficial between the months of April and September, for both local residents and tourists. It was noted that discussions had taken place with local GPs, who were keen to explore options to extend the provision of the service in the summer months. Thus, whilst definite assurances could not

be given that the Unit would open to 7.00pm; he affirmed that it was an issue that was under review;

In light of this, a local Member expressed her concerns and questioned why similar neighbouring towns, including those with a smaller population, were still able to staff their MIUs until 10.00pm. The Member went on to remind all present that local people had raised money for the unit and that it had previously been open until 10.00pm and that the current situation equated to an erosion of service.

Moreover, the Member also emphasised the need for more beds at Kingsbridge Hospital and expressed the view that most residents would prefer to stay in a local hospital. In response, Members were informed that the NHS was strategically moving towards more day surgeries and outpatient appointments, as the best use of clinical resources. Currently, the NHS was also considering treatment being undertaken at the most appropriate hospital per condition, rather than simply the nearest hospital;

- (e) The view was expressed by a Member that Mental Health Services were still not being adequately addressed and it was considered to be difficult to get urgent referrals, which was potentially creating a risk to local communities;
- (f) Some Members expressed their concerns regarding the threat to local pharmacies in respect of dispensing facilities emerging at GP surgeries. At the request of Scrutiny, the representatives advised that they would forward Members a written response on the details of a final white paper which had been produced on this issue;
- (g) A Member queried whether the PCT had a contingency plan in place to deal with a heat wave, as was experienced a few years ago in France with devastating consequences to the elderly population. In reply, the representatives advised that such plans were in place, along with contingency plans for winter flu outbreaks, a bird flu pandemic and any other ongoing issue that would seriously impact on the delivery of normal services;
- (h) Representatives confirmed that GP practices were independent from the PCT, which was primarily concerned with increasing influence. The Group was advised that the PCT had good co-operation from GPs and aimed to visit practices, particularly as and when issues arose (such as the recent rise in referrals issue);

- (i) In light of the recent child protection issues at Harringay Council, a Member asked what measures the PCT undertook with regard to safeguarding children. In response, Members were informed that any recommendations arising from the review to be undertaken by the Director of Public Health would be implemented as soon as was practically possible. Furthermore, locally, relevant staff were trained together on multi-agency training courses to recognise the signs and symptoms of abuse and to share this information. It was also stressed that extra support in parenting skills for vulnerable parents, was part of the five-year strategic plan to improve overall parenting;
- (j) Whilst aware of the public sensitivity, the representatives were unable to provide a detailed answer in respect of the existence of mixed sex wards. Although efforts on segregation were in place, these could be disrupted (e.g. in times of virus outbreaks);
- (k) A Member enquired as to what progress was being made in terms of combating hospital acquired infections. In response, representatives stated that infection control was treated as a serious matter and the PCT had experienced a significant drop in the number of cases of viruses such as MRSA. However, there was still felt to be scope for improvement (e.g. by screening patients at the point of admission and initiatives regarding visitors to the hospital) but a balance had to be struck between bio-security and an accessible hospital;
- (l) With regard to the promotion of healthy living, and in citing the example of the healthy walks initiative in South Hams which had been successful but required extra funding, a representative informed that schemes to stay healthy were part of the strategic plan, but that it would take some time to implement such proposals;
- (m) The PCT representatives requested assistance from the Council with regard to access problems to the Norton Brook Medical Centre in Kingsbridge. It had become apparent that vehicles were obstructing the access routes to the Centre, which was impeding deliveries of medical requirements. As a consequence, the Senior Partner at the Centre had asked for yellow line restrictions to be put in place. Whilst such highways issues were a Devon County Council (DCC) matter, Members agreed to pursue this matter with their DCC colleagues.

At the conclusion of the discussion, the Chairman thanked the representatives for their attendance and felt that such annual updates were invaluable.