Agenda Item No. 7

Health and Adult Social Care Scrutiny Committee – 26th January 2012

Report of the Lead Officer to the Committee

Responses arising from previous Committee meetings

Purpose of Report

1. To consider responses to queries arising from the previous Committee meetings.

Background

2. Information requests are received on a regular basis from Members relating to the wide range of health and social care services designed to improve health and wellbeing and tackle health inequalities across communities. Some queries cannot be answered immediately with some prompting further investigation, or consultation, prior to being reported back to Committee.

3. To keep the Committee updated, progress reports and responses are included at appendix 1; the resulting proposal is set out at the end of each paragraph.

Finance

4. Where there are financial implications of the actions listed below that impact on Council responsibilities, these will be financed from existing Council resources.

Law

5. Section 111 of the Local Government Act 1972 authorises the Council to do anything which is calculated to facilitate or is conducive or incidental to the exercise of any of its functions.

6. The Local Government and Public Involvement in Health Act 2007 provides for Health Overview and Scrutiny Committees to review and scrutinise the actions of key health and social care providers.

Equality Impact

7. The work of Dudley's health and social care community can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

8. That the proposals contained at Appendix 1 be approved.

.....
Mohammed Farooq – Interim Assistant Director Corporate Resources

LEAD OFFICER TO THE HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Contact Officer: Aaron Sangian
Telephone: 01384 814510
Email: aaron.sangian@Dudley.gov.uk

Background documents used in the preparation of this report:-

1. Minutes from 4th July 2011 Committee.

Appendix 1

1. Reconfiguration of Trauma Services

Background:

Arising from the presentation on proposed improvements to the regional Trauma Care system at the November Committee meeting (2011) members requested a response to the following:

- Given an expected maximum travel time of 45 minutes to Major Trauma Centres, is three enough?
- How will servicemen treated in the military provision at UHB access treatment once discharged from that facility back to NHS care and will they be given priority in accessing care, as per NHS guidance?
- What are the average lengths of time in rehabilitation for those patients who require rehabilitation, both in specialist hospitals and then on a day attendance or outpatient basis?
- What support will be given to families and carers of those who would be cared for at Major Trauma Centres, recognizing that the impact, in terms of stress and cost for these people would be considerable, given that they could be travelling to University Hospital Birmingham on a daily basis from as far as the north of Dudley?

Response:

What support will be given to families and carers of those who would be cared for at Major Trauma Centres, recognizing that the impact, in terms of stress and cost for these people would be considerable, given that they could be travelling to University Hospital Birmingham on a daily basis from as far as the north of Dudley?

The specific standard to be met, which providers have signed up to delivering, is: 'A holistic trauma care framework which includes family and friends in service design, to include:

- Flexible visiting hours
- Address transport and accommodation needs of visitors (e.g. providing car parking and accommodation for close relatives who have to travel a reasonable distance to the Trauma Centre)
- Access to counselling and pastoral services
- Access to support services of relevant voluntary sector organisations in individual care plans from the outset
- Coordination of medical, nursing and rehabilitation packages of care
- Early involvement of continuing care or social care where assessments for funding are required to facilitate onward referral and placement

How will servicemen treated in the military provision at UHB access treatment once discharged from that facility back to NHS care and will they be given priority in accessing care, as per NHS guidance?

If they are still in service then they will be supported by the military medical care pathway until the point when they are discharged from the military. They receive their rehabilitation direct from a military rehabilitation facility called Hedley Court. Whilst they are treated at UHB, this is not part of the trauma care system as it is a separate service provision between the military and the hospital. NHS guidance however requires all NHS organizations to give priority access to military personnel and veterans for continuing health care provision.

What are the average lengths of time in rehabilitation for those patients who require rehabilitation, both in specialist hospitals and then on a day attendance or outpatient basis?

The length of time for rehabilitation does vary by condition. The contract with Moseley Hall Hospital for specialist rehabilitation contract provides for monitoring length of stay/length of rehabilitation (treatment) as a standard measure. The expected lengths of treatment or stay in a specialist facility are as follows:

- Head injury – 60 days
- Sub-arachnoid haemorrhage, central nervous system cancer, post spinal surgery – each 65 days
- There is no information recorded on the amount of time spent attending outpatient services for care after a major trauma episode.

Given an expected maximum travel time of 45 minutes to Major Trauma Centres, is three enough?

Prior to the selection of the preferred option for the regional trauma care system, extensive analysis has been done in relation to travel and access times in the region. The option we have supported as the preferred option (3 trauma care networks with 3 adult and 1 paediatric Major Trauma Centres) is the option which sees the greatest proportion (93%) of patients able to access a Major Trauma Centre within 45 minutes. **Table 1** shows the variation of access between the options.

Figure 1 indicates that there are no parts of Dudley that would have an access time of greater than 45 minutes. The 45 minutes access standard is a standard that has been set nationally and is regarded as clinically acceptable. It would not be possible to make any other centres in the West Midlands a Major Trauma Centre as they do not have onsite neurosurgery and cardiothoracic services, key specialties for the treatment of major trauma patien

Table 1.

Impact		Option One	Option Two	Option Three	Option Four
Access impacts					
Patients experiencing journey times of over 45 minutes to an MTC	Blue Light Ambulance	50 (7%)	62 (9%)	131 (19%)	150 (21%)
	Car	157 (22%)	248 (35%)	242 (34%)	333 (47%)
Proportion of families likely to experience journey times of more than 90 minutes to their nearest MTC if travelling by public transport		45%	50%	52%	57%
Impacts on affected groups					
Patients living in selected equality areas more than 45 minutes journey time from an MTC	BLA	0.6%	1.6%	6.5%	8.1%
	Car	5.7%	20.5%	11.6%	26.4%

Impact	Option One	Option Two	Option Three	Option Four	Impact
Proportion of families in selected equality areas likely to experience journey times of more than 90 minutes to their nearest MTC if travelling by public transport		13.2%	22.4%	18.1%	27.3%
Rural and urban impacts					
Proportion of patients experiencing journey times of more than 45 minutes by BLA to an MTC	In rural areas	23%	24.1%	24.1%	40.9%
	In urban areas	5.7%	7.4%	16.8%	19.5%
Proportion of patients experiencing journey times of more than 45 minutes by private car to an MTC	In rural areas	47.9%	59.3%	62.5%	73.9%
	In urban areas	19.9%	33.1%	31.7%	44.9%
Proportion of families likely to experience journey times of more than 90 minutes to their nearest MTC if travelling by public transport	In rural areas	90.5%	91.4%	92.9%	93.8%
	In urban areas	41.3%	46.4%	48.1%	53.2%

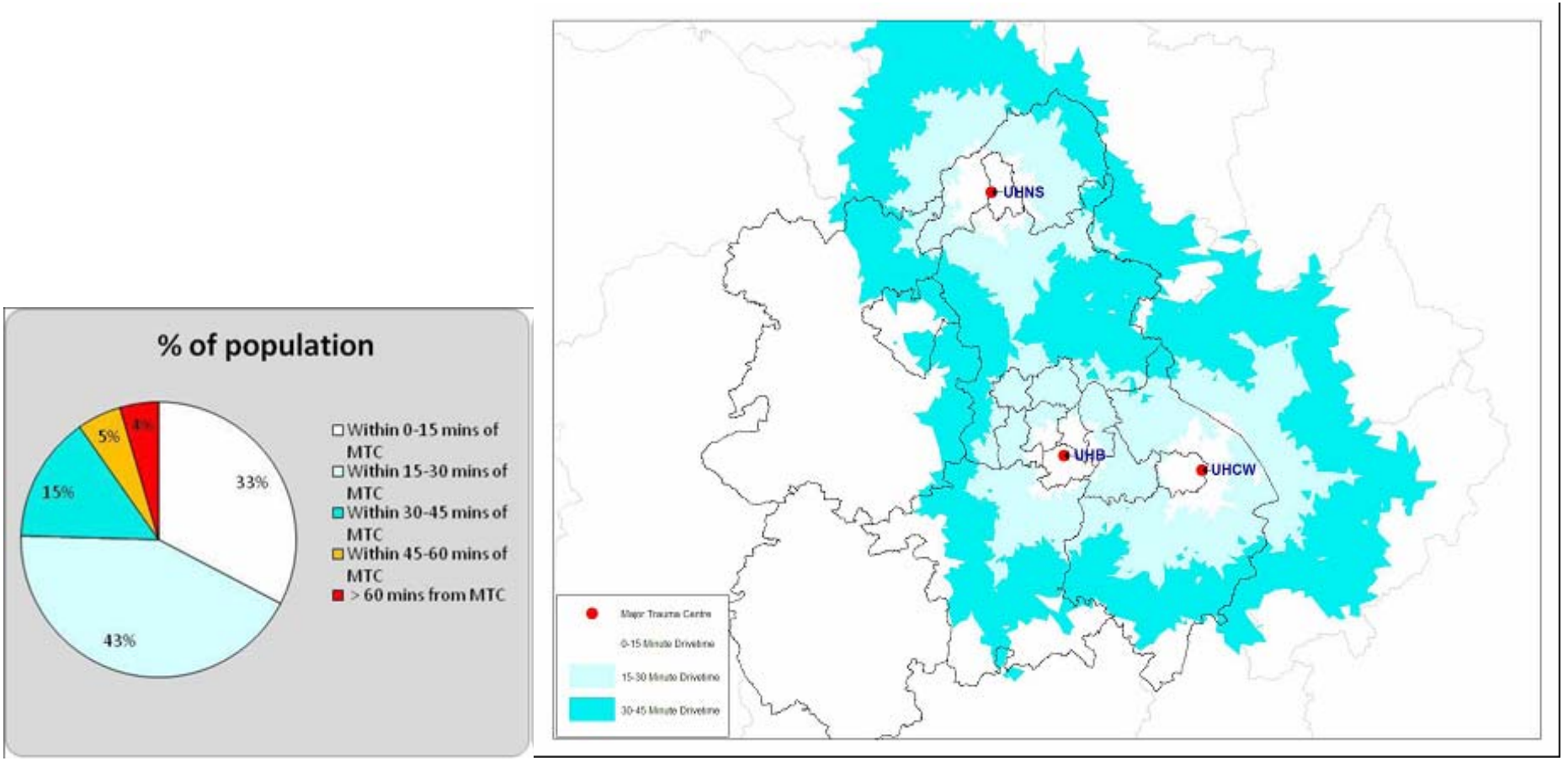
% of population
33%
43%
15%
5%
4%
Within 0-15 mins of MTC
Within 15-30 mins of MTC
Within 30-45 mins of MTC
Within 45-60 mins of MTC
> 60 mins from MTC
UHNS
UHB
UHCW
Major Trauma Centre
0-15 Minute Drivetime
15-30 Minute Drivetime
30-45 Minute Drivetime

Figure 1

2. **Background:** Arising from consideration of the Committee's 2010/11 Annual Report at the Committee meeting September 2011, members requested data on the prevalence of births to overseas visitors at Russell's Hall Hospital (RHH).

Response:

The Trust recorded a total of **18** births to overseas visitors at RHH in 2010/11

For 2011/12 (as at November) **4** overseas visitors had given birth or were planning to give birth at RHH; the Trust received payment for one of these.

Proposal: Members note the above information alongside the presentation to the January Committee exploring proposed restrictions to maternity services at RHH.