

## **SPECIAL MEETING OF THE HEALTH SCRUTINY COMMITTEE**

Tuesday 8<sup>th</sup> April, 2014 at 6.00 p.m.  
in Committee Room 2 at the Council House, Dudley

### **PRESENT:-**

Councillor Ridley (Chair)  
Councillor Kettle (Vice-Chair)  
Councillors Cotterill, Harris, Hemingsley, Roberts, K Turner and Mrs Walker

### **Officers**

Assistant Director of Law and Governance (Lead Officer to the Committee), Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

### **Also in Attendance**

Mr P Maubach – Chief Accountable Officer (Dudley Clinical Commissioning Group)  
Dr Steve Mann – Clinical Executive (Dudley Clinical Commissioning Group)  
Mr Jason Evans – Urgent Care Commissioning Manager (Dudley Clinical Commissioning Group)  
Mr Richard Haynes – Head of Communications (Dudley Clinical Commissioning Group)  
Ms Jill Harvey – West Midlands Ambulance Service  
Mr Nick Henry – West Midlands Ambulance Service  
Mr Richard Beeken – Director of Operations (Dudley Group NHS Foundation Trust)  
Mr David Stenson – Public Elected Governor (Dudley Group NHS Foundation Trust)  
Ms Liz Abiss – Head of Communications (Dudley Group NHS Foundation Trust)  
Mr Graham Hopper – Interserve

### **58 OPENING REMARKS OF THE CHAIR**

The Chair welcomed those present to the meeting and following introductions outlined the procedure to be followed in relation to Agenda Item No 5 – Urgent Care Centre (UCC) Procurement and Draft UCC Service Specification (Version 0.9).

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### **59 APOLOGIES FOR ABSENCE**

Apologies for absence from the meeting were received on behalf of Councillors Jordan and Mrs Rogers.

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60 DECLARATIONS OF INTEREST

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

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61 PUBLIC FORUM

No issues were raised under this agenda item.

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62 URGENT CARE CENTRE (UCC) PROCUREMENT AND DRAFT UCC SERVICE SPECIFICATION (VERSION 0.9)

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A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group was submitted providing an update on the design and procurement of the new Urgent Care Centre (UCC) that had been agreed at the Board meeting of the CCG on 9<sup>th</sup> January, 2014. The latest draft version of the UCC Service Specification had been attached as an Appendix to the report. The draft service specification had been considered by the Dudley Health and Well Being Board at its meeting held in March, 2014 and would also be submitted to the Healthcare Stakeholders meeting on 25<sup>th</sup>, April 2014 for consideration with a view to a final version being submitted to the CCG Board on 8<sup>th</sup> May, 2014.

The Lead Officer to the Committee briefly introduced the report and, in doing so, provided a background to discussions that had taken place at previous meetings and highlighted concerns that had been raised by Members. It was also reported that a series of questions had been submitted to the CCG in advance of the meeting for consideration and discussion at this meeting.

Mr Maubach then presented the report in detail, answered questions that had previously been submitted and made comments as follows:-

- The design of the UCC enabled patients to use it as a “walk-in” facility with a view to patients being triaged to determine their care and then being referred to the appropriate service from one location.
- Following approval of the UCC service specification consideration would be given to tendering for the provider of the triage service.
- A telephone system would also be operational whereby patients would be triaged at the point of call and, if needed, an appointment would be booked for attendance at the hospital.
- The final service specification would include a performance schedule and a particular key performance measure as referred to in the specification was the intention of 95% of all presenting patients at the UCC to be seen and discharged within a four hour timeframe.

- Problems in accessing General Practitioners (GP's) were acknowledged but it was stated that this was the preferred option for primary care.
- The proposal to base the facility at Russells Hall revolved around clinical reasons to integrate services and national guidelines had also stated that integrated delivery of services was best practice and the preferred model for the future.
- It was considered that people that were registered with a Dudley GP would receive a better, faster and more efficient service as all GP's had signed up to data sharing which would enable hospitals to gain immediate access to patients' medical history. Migration to the single standard system was currently underway.

Arising from the presentation of the report queries and comments were made by Members and pertaining responses given, as follows:-

- A Member expressed concern that residents he had spoken to had not wanted the facility to be based at Russells Hall Hospital and he was of the view that it was a "done deal".

It was reported that outcomes from the consultation had been considered and covered in depth and that the Dudley Health and Well Being Board and the CCG Board had approved plans for the transfer to Russells Hall Hospital.

- Concerns expressed that people would have to pay for car parking and it was queried whether Russells Hall had capacity for the additional demand given the problems currently being experienced in finding a space. It was also queried whether consideration could be given to staggering visiting and clinic times to alleviate the parking situation.

Arising from the consultation it had been agreed to introduce a telephone triaging system whereby an appointment could be booked for patients that needed to attend Russells Hall Hospital. This would eliminate some of the time waiting at the hospital which in turn would reduce car parking charges for patients.

With regard to car parking spaces it was commented that visiting times already varied across wards and currently the car park was not saturated even during peak times. It was further commented that additional spaces had been made available as staff were no longer able to use the maternity car park spaces and long term plans were to spread workloads across other hospitals, including the Corbett, which would further ease the parking situation.

- The walk-in centre had been useful for people visiting from other areas, particularly children that became sick as they were unable to access their local GP's. Local residents had also indicated that the walk in centre offered a good service and had good parking facilities.

- The difficulties in recruiting GP's and associated conditions and long working hours were referred to particularly as the UCC would be operational on a twenty four hour basis.
- It was queried whether consideration had been given to best practice and whether developments at other hospitals utilising this method had been explored.

It was reported that consideration had been given to best practice and the proposed service specification had been based on Walsall's model as they were currently operating a combined facility.

A Member stated that it would have been useful to see the evidence for reassurance purposes.

- Reference was made to the non-clinical Navigator and it was queried why the role would only be operating from Monday to Friday 9am to 6.30 pm given the service would incorporate an out of hours provision. It was also suggested that reference to the navigator in the service specification be revisited and rephrased to clarify the exact role and what the service would achieve.

Comments made in relation to the navigator would be taken on board.

- It was considered that there should be access to a twenty four hour pharmacy on site.

The responsibility to license pharmacies lay with NHS England and Mr Maubach undertook to liaise with them in this regard.

- Queried whether there would be access to twenty four hour X-Rays and blood tests.

The UCC would have access to suitably identified diagnostics commensurate with primary care and only a minority percentage would need this facility and it was not deemed to be appropriate to include as part of the specification. However, it was pointed out that there was the option to transfer patients to the Emergency Department for those that were in need of the facilities.

- Reference was made to the four hour target to see and discharge patients and it was commented that people chose to go to the walk in centre because they were able to access the facility quickly and be seen in less than an hour.

The four hour timeframe was the national standard set for seeing patients although it was acknowledged that there should be an expectation to see as many patients as possible. However, it was pointed out that current waiting times were between one and two hours.

- Although it was acknowledged that the main assessment/treatment element of the UCC service model would be based in one area and delivered by a qualified clinician, it was requested that clarification be given on whether the clinician would be a GP, otherwise it could be viewed as a decrease in service.

It was stated that the current walk in centre was not GP led. However, finite details to include the qualification of the principle assessors would be firmed up in the final specification.

The Chair requested that consideration be given to wording being included in the final specification stating that a GP was available, if needed.

- There was no reference in the service specification to deal with vulnerable people that self presented and concerns were expressed that a clearer pathway needed to be identified in this regard.

Discussions were taking place with the Mental Health Trust with a view to ascertaining the level of service required and a report would be submitted to the Safe and Sound Board with a view to a recommendation being made.

- Although the contract for the current walk-in centre had been extended to March, 2014, it was queried whether there was sufficient time to undertake the procurement process and for the proposed UCC to be erected and fully operational by that time.

It was reported that it was expected to achieve the target, and if need be, the contract could be extended further to ensure that there was not a break in service.

- It was suggested that consideration be given to offering GP receptionists training with a view to offering a triaging service given the difficulties in getting appointments with GP's.
- It was requested that consideration be given to patient experience and that sufficient footage and space be allocated for the UCC to cope with demand and that appropriate enclosed rooms be available for consultation to allow patients their privacy and dignity. Also consideration be given to personal safety, particularly on weekends when treating patients that had been consuming alcohol.

The capital planning of the UCC had not as yet been completed but it was envisaged that there would be a certain level of footage. With regard to privacy and dignity the NHS were obligated and had to adhere to meeting the required legal standards.

- The amount of revenue generated from car parks that was re-invested in sustaining quality health services was queried.

The element of income received from Interserve to reinvest into health services had been £435,000 for the current financial year. It was commented that should this income not be received this amount would need to be found from elsewhere to sustain current health services.

- The Chair stated that car parking charges at Russells Hall Hospital were in line with charges across other hospitals, however it was commented that there was a need to publicise concessions.

It was acknowledged that there was a need to undertake work to publicise concessions.

- A Member requested that financial details of the proposed model be provided to enable appropriate scrutiny to take place.

It was stated that financial information was commercially sensitive and providing this information could prejudice the tendering process.

Arising from further questions and comments made by Members, Mr Maubach reported that a publicity campaign would be undertaken with regard to using the 111 telephony service, that the UCC would not require a huge amount of space, that there was extensive CCTV across the hospital site that would be extended to the UCC and that the facility would be placed near to the Accident and Emergency Department to allow for the sharing of skills.

Representatives from the West Midlands Ambulance Service commented that they were in agreement with the plans for co-location of the UCC and that they had been fully engaged and involved in discussions with a view to a joint approach. Reference was also made to the 111 service that would be used as the telephone triaging facility and it was stated that efforts would be made to publicise the facility and to put in place measures to cope with demand.

Mr Stenton, the Publicly Elected Governor (Dudley Group NHS Foundation Trust) reported that all Governors had been given a copy of the consultation documents and that a number of comments had been made including the need to ensure that patients understood the concept of the new model. He stated that the CCG Board had considered feedback and acted accordingly and it was pointed out that it was vital to move in this direction in the interests of the people of Dudley.

In concluding Mr Maubach stated that the proposed UCC model was safer as it was in one location and provided a better quality service, it conformed to national guidelines, the migration of all GP's to use one system was a phenomenal achievement as it would improve access to patients records and eliminate medical errors and that overall it would be a more efficient service. With regard to measuring the success it was indicated that performance indicators were in place however, these had not been included in the service specification. He undertook to consider comments made by Members with a view to including in the final version of the service specification.

#### RESOLVED

- (1) That the information contained in the report, and Appendix to the report, submitted on the design and procurement of the new Urgent Care Centre and the draft Urgent Care Centre Service Specification (Version 0.9), be noted.
- (2) That arising from consideration of the draft Service Specification the comments made, as indicated above be considered by the CCG for consideration and inclusion in the final version of the Service Specification.
- (3) That the Chief Accountable Officer (Dudley Clinical Commissioning Group) be requested to submit an electronic version of the final service specification to all Members of the Committee in May, 2014.

The meeting ended at 8.10 p.m.

CHAIR