



# Notes of evidence

Name of meeting	<b>POLICY COMMISSION FOR CARE HEALTH AND HOUSING</b>
Date and time	<b>WEDNESDAY, 5 MARCH 2008 AT 6.00PM</b>
Venue	<b>COMMITTEE ROOM 1, COUNTY HALL, NEWPORT. IOW</b>
Commission	Cllrs Erica Oulton (Chairman), William Burt, Lady Pigot, Margaret Webster and Colin West.
Cabinet	None
Cabinet Secretary	None
Other	Nancy Ellacott, Chairman of the PPIF and Robert Jones
Officers Present	Jonathan Baker - Committee Services, Louise Biggs - Democratic Services, John Metcalfe - Assistant Director
Stakeholders	Ed Macalister-Smith - Chief Executive of Isle of Wight Primary Care Trust (PCT) and Caroline Morris - Senior Commissioning Manager
Apologies	Cllr Dawn Cousins, Cllr Deborah Gardiner, Sarah Mitchell
1.	<b>Notes of Evidence</b>  1.1 The Notes of evidence arising at the meeting held on <a href="#">16 January 2008</a> were agreed (Paper A)
2.	<b>Declarations of Interest</b>  2.1 There were no declarations given.
3.	<b>Directors Update</b>  3.1 Due to the absence of the Director of Community Services, no update was given.
4.	<b>18 Week Target</b>  4.1 The Chief Executive of Isle of Wight PCT reported that the Strategic Health Authority (SHA) had set targets for all PCT's to achieve the 18 week target of point of GP Referral – clock start, to start of treatment – clock stopped, ahead of schedule. A report of this was handed out to all present.

4.2 The Targets would be separated into two parts:

- Admitted cases – 85% by March 2008 and 90% by December 2008
- Day care – 90% by March 2008 and 95% by December 2008

The targets for December 2008 would take into account adjustments and any anomalies.

4.3 It was noted that previous targets were split into three parts:

- GP referral until Consultant – 26 weeks
- Hidden Diagnostic Treatments (X-Ray's, CT Scans etc) – time not measured
- Consultants decision until Start treatment – 26 weeks

This meant that patients were waiting up to as long as two years from GP initial referral to start of treatment.

4.4 It was noted that early indications were that the Island PCT was set to achieve its December 2008 targets by March 2008, meaning that the Island would be some 9 months ahead of schedule. This would make the IOW PCT one of the first in the region to do so.

4.5 The Chief Executive of Isle of Wight PCT thanked all staff for the excellent effort and hard work that was put in for this achievement, despite the significant pressures of bed shortages during the winter months.

4.6 It was reported that the new MRI Scanner on the Island was now contributing to maintaining new targets. This was at 7 weeks but would decrease to 4 weeks by March 2008.

4.7 Audiology – the study and treatment of hearing, balance and associated disorders in Portsmouth also came under “Hidden waits”. There had been a problem with services, meaning that some 500 patients were waiting longer than 18 weeks. However the figure had since dropped to approximately 100. The December 2008 figure may as a result be missed, but would be absorbed into the overall percentage figure.

4.8 The Commission was told that the 32% of unknown clock starts that was mentioned in the accompanying report covering January 2007 to November 2007 was due to insufficient tracking of total waits. This had now changed to 100% measurement of clock starts. A new IT system was about to be implemented to replace old systems of paperwork, but was on hold temporarily to avoid distraction for staff.

4.9 It was noted that the clock will only stop when the consultant has signed off the relevant report. If there is any problem then the clock would continue until the start treatment.

4.10 The Commission was told that the figure for patients receiving last minute cancellations was 6% and further work was still needed to bring this figure down. Such late cancellations would work against the new targets as the clock would still be ticking whilst the patient was waiting for the revised treatment date to be confirmed and carried out.

4.11 It was noted that some patients that were receiving specialist treatment on the mainland would have to meet the financial demands of the journey across the Solent. The Chief Executive of Isle of Wight PCT replied by saying that some patients would be eligible for reimbursement of costs. However, patients on the mainland who live a long distance away from treatment centres also had to meet the relevant costs of transport.

## 5. **Extended GP surgeries**

5.1 The Senior Commissioning Manager reported to the meeting on two aspects of Extended GP Surgeries. These were:

### 5.2 Extra Hours in Existing Surgeries

5.2.1. The Commission was told that there had been a large national debate in early 2008 regarding GP Surgeries extending their opening hours and recent surveys on the island had indicated that only a small amount of people on the Island was getting access to primary care outside normal hours.

5.2.2. The commission was told that a new way of working was being explored and as part of GP's pay settlement, extended surgeries would be made available.

5.2.3. Practices would be asked to remain open after 6.30pm on some week days and also on Saturday mornings. Although not being keen on Saturday mornings, most GP's responded positively and recognised the need to extend hours.

5.2.4. A cross section of the public was consulted via means of a questionnaire and as a result most surgeries would extend their opening hours either during the week, at weekends or both.

5.2.5. It was noted that these extended hours would come into effect by 1 April 2008.

### 5.3. GP Led Health Centre

5.3.1. The Commission was told that a new and innovative health centre was being planned for bookable and walk in patients for primary care that would be used in conjunction with existing GP Surgeries.

- 5.3.2. This service would be put in place following a competitive tender process which would start with advertising in the local press from 6 March 2008 inviting interested parties.
- 5.3.3. The closing date for the return of the completed Pre Qualification Questionnaire would be 21 April 2008. The final decision on the successful supplier of service would be after September 2008 and the Service would be expected to commence in April 2009.
- 5.3.4. Part of the criteria for awarding the contract would be innovation.
- 5.3.5. It was also noted that a Chemist dispensary would likely be provided by a company such as Boots or Lloyds
- 5.3.6. The new surgery would be open 8.00am to 8.00pm, 7 days a week and in conjunction with the existing GP Surgeries and the Out of Hours Service would mean that the Island receives a 24/7 level of Primary Care service.
- 5.3.7. It was noted that the project was still in the early stages of planning but it was anticipated it would be based within the Newport area to provide a more centralised service. The final decision on location would be with the successful supplier, although it was possible that at least part of the service would be near A&E and Ambulance at the St Mary's site.
- 5.3.8. It was noted however that placing the service within the St Mary's site would take away the centralised aspect of the service and present difficulties with car parking.
- 5.3.9. Whilst the service would be commissioned by the PCT, it wouldn't necessarily be provided by the NHS. A budget would be allocated to the service and the provider would face penalties if there was any overspend without reasonable explanation.
- 5.3.10. It was stated that the Commission must note that the budget for this service would be in the region of £2 million and due to the ambitious nature of this project, there was a small possibility that it may not hit budget.
- 5.3.11. Satellite clinics for specific services including blood taking, minor operations and sexual health services such as contraceptive advice and cervical screening in isolated areas such as the west Wight and deprived areas was also possible.
- 5.3.12. It was noted that a public consultation period would come into effect that would ascertain demand.
- 5.3.13. The issue of Chemists remaining open for all aspects of extended surgeries was raised and it was noted that whilst the

new surgery would have a dispensary on site, no guarantees of Chemists remaining open near GP surgeries during the extended hours could be given.

- 5.3.14. It was noted that various walk in centres around the UK have been studied and those that used the services in the evenings or at weekends were generally people with complex lifestyles that would normally not use their local surgery and have an established relationship with their GP.
- 5.3.15. Some of the centres that were examined included an “add on” facility to a Boots Pharmacist in Milton Keynes and an extension to an A&E in Southampton.
- 5.3.16. It was noted that vulnerable people living in rural areas may find the centralised service as being of no benefit as it would involve a long journey, via public transport. These same people would also wish to maintain the relationship with their GP and keep up the pressures on local surgeries to meet modern needs.
- 5.3.17. The Senior Commissioning Manager stated that in order to deal with potential risks of drunks and drug addicts frequenting the facility and causing possible disruption, staff would be trained accordingly to deal with such individuals.
- 5.3.18. The Commission was told that the initial contract for the service would probably be 5 years. However if the service was working well then this would be extended.

Meeting Closed at 19.05

CHAIRMAN