

**MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP**

**7<sup>th</sup> October 2015 AT 6.00 P.M**

**PRESENT:** Councillors Agbley, Keens (substitute for Cllr Moles),  
T. Khan, Lewis, Pedersen, Petts and Waheed.

**CO-OPTED MEMBERS:** Mr Norris Bullock (Healthwatch, Luton)

**IN ATTENDANCE:**

**SUPPORT OFFICERS/  
ADVISORS:**

David Foord - Director of Quality, Luton Clinical Commissioning Group (CCG)  
Simon King - Senior Locality Manager, East of England Ambulance Trust (EEAST)  
Robert Morton - Chief Executive, EEAST  
Michael Mullender-Francis - Chief Operating Officer, Healthwatch Luton  
Linda Sharky - Service Director, Cambs Community Service (CCS)  
Bert Siong - Democracy and Scrutiny Officer, Luton Borough Council (LBC)  
Gerald Zeidman - Chief Officer, Beds Local Pharmaceutical Committee (LPC)

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		<b>ACTION</b>
<b>56</b>	<b>APOLOGIES FOR ABSENCE (REF: 1)</b>	
	<b>Resolved:</b> Apologies for absences from the meeting were received on behalf of Councillors Campbell and Moles	
<b>57</b>	<b>MINUTES (REFS: 2.1 &amp; 2.2)</b>	
	<p><b>Resolved:</b> (i) That the minutes of the meeting held on 10<sup>th</sup> September 2015 be taken as read, approved as a correct record and the Chair be authorised to sign them, subject to the following amendment:</p> <ul style="list-style-type: none"> <li>That Mr N. Bullock (Co-Optee, Healthwatch Luton) be shown as having attended the meeting;</li> </ul> <p>(ii) That the minutes of the meeting held on 21<sup>st</sup> September 2015 be taken as read, approved as a correct record and the Chair be authorised to sign them.</p>	
<b>58</b>	<b>CHAIR'S UPDATE (REF: 6)</b>	
	<p>The Chair updated Members as follows:</p> <ul style="list-style-type: none"> <li>The Non-Emergency Patients Transport item mentioned at the previous meeting was due for review on 17<sup>th</sup> November 2015, when Senior Officers from Medical Services had been invited to attend;</li> <li>Information on the incidences of stroke admitted to the L&amp;D had been provided by the CCG, as was requested at the previous meeting and</li> </ul>	

	<p>circulated to Members by e-mail. (Note: For ease of reference, information reproduced as follows: <i>“In 2013-14 emergency admission rates for Stroke were 125.2 per 100,000 population (175 admissions) which is significantly lower than England (174.3). 5.5% increase between 2003/04 and 2013/14”</i>);</p> <ul style="list-style-type: none"> <li>As Professor Michael Preston-Shoot, the Independent Chair of Luton Adult Safeguarding Board and the Luton Children Safeguarding Board had stepped down, he requested the committee’s appreciation and thanks for his very informative reports and responses to Members’ questions over the years be recorded.</li> </ul> <p><b>Resolved:</b> That committee’s appreciation and thanks to Professor Michael Preston-Shoot, the former Independent Chair of Luton Adult Safeguarding Board and the Luton Children Safeguarding Board, for his very informative reports and responses to Members’ questions over the years be recorded.</p>	
59	<b>REPEAT MEDICINES MANAGEMENT SYSTEMS – UPDATE POST-CHANGE (REF: 7)</b>	
	<p>David Foord presented Luton Clinical Commissioning Group’s report (Ref: 7), providing an update on progress since implementation of the change to the Repeat Medicines Management Systems in Luton.</p> <p>He highlighted key points as follows:</p> <ul style="list-style-type: none"> <li>The change in the system was prompted following an audit in 2013/14 showing concerns about the inappropriate scale of prescribing and the mechanism for re-ordering by some community pharmacists, leading to wastage and safety concerns;</li> <li>A scrutiny Task and Finish Review Group, involving Luton CCG, Healthwatch Luton, the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) examined the issues;</li> <li>The review was unable to arrive at a solution agreeable to all;</li> <li>GP Practices were given the choice how to operate the repeat prescriptions system, given that GPs were ultimately responsible for all prescriptions;</li> <li>The change adopted by the majority of practices meant that patients or their carers were required to order their prescriptions direct from their GPs or make alternative arrangements with their GP if not able to do so;</li> <li>Workload for GP Practices increased initially, but as the new system settled down, workload had come down again to below the level prior to the changes;</li> <li>Feedback from GPs was very positive and levels of prescribing appeared to have reduced significantly, although this was only an early indication as the data used was taken from central sources where there was a time-lag of a couple of months;</li> <li>Luton CCG area stood out on recent data with a reduction of prescribed items and cost, even with the increase in the local</li> </ul>	

	<p>population, whilst nationally there had been an increase in both;</p> <ul style="list-style-type: none"> <li>• There were some complaints to the CCG and GP Practices, but nothing that could not be resolved informally;</li> <li>• Every single patient who received a repeat prescription had been contacted and informed how to order their medicines and provided with a best practice guide;</li> <li>• Patients were getting their medicines when needed, which reduced wastage;</li> <li>• The system was user friendly and a small part of a wider programme.</li> </ul> <p>David Foord then responded to questions and comments, providing further information as follows:</p> <ul style="list-style-type: none"> <li>• All GP practices were required to have effective systems to manage repeat prescriptions ordering to safeguard patients safety and make effective use of resources;</li> <li>• 26 out 30 GP Practices had signed up to the change. Two were not going to change as happy with their current practice and two were waiting to see how the system developed before deciding;</li> <li>• As GPs were responsible for prescriptions, it was their decision. The CCG could only advise;</li> <li>• Electronically ordering was a different matter and just one way to order repeats;</li> <li>• The CCG had a good feel how patients felt about the change as the team was in daily contact with GP Practices and held regular meetings with PALS and patients engagement groups;</li> <li>• Data on benefits of the change were provided nationally and early indications suggested savings in the order of hundreds of thousands and potentially a million pounds. The primary aim was to simplify the system, improve patient safety and experience and to release resources;</li> <li>• Monitoring was through PALS, GP Practices' Patient Participation Groups, the CCG's Patients Representation Group, the LPC, feedback from pharmacies and Healthwatch. The CCG was happy to receive feedback from any other sources, if any could be suggested;</li> <li>• Luton was first and leading on this national issue and was being contacted by Heads of Pharmacy from elsewhere wishing to replicate the change;</li> <li>• There was no mechanism to monitor individual patients by the CCG, but the CCG was working closely with a network of colleagues from Community and Social Care Services, who went into people's homes, to get feedback;</li> <li>• Linda Sharkey, responsible for community health services in Luton confirmed her service was working closely with the CCG dealing with discharged patients, often on multiple medications, helping them to manage what they were provided by the pharmacy and their stock at home. Some patients had boxes of medicines, including 2-3 fridges full in one case, which was confusing and dangerous. She was working with the CCG and the LPC to educate patients to reduce stockpiling and reduce the risk of burglaries. She welcomed the</li> </ul>	
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	<p>CCG's work to reduce risks;</p> <ul style="list-style-type: none"> <li>• There were mechanisms available to measure reductions across budget items, but difficult to measure waste as no baseline data available;</li> <li>• Arrangements were in place, engaging with teams of social care and community health service staff to support vulnerable patients unable to do their own ordering;</li> <li>• The CCG was happy to provide data at next review on levels of savings and waste reduction achieved;</li> <li>• The repeat prescription change was part of a bigger project to make improvement and not necessarily due to issues flagged up by the GP system. Medicine reviews involved patients and wider improvement of the end to end process;</li> <li>• Pharmacists could be better used in medicine reviews to help with capacity, a matter under consideration.</li> </ul> <p>Gerald Zeidman the LPC Chief Officer representing Pharmacists addressed the Committee, reiterating that the LPC could not support the CCG led changes, accepting there was a need to use scarce resources to best effect. He made a number of points as follows:</p> <ul style="list-style-type: none"> <li>• Pharmacist could not ensure there was no wastage, as difficult to say if patients were taking their medicine or not;</li> <li>• The action in Luton was excessive;</li> <li>• The LPC could go into Pharmacies to advise, but did not know which ones needed to improve;</li> <li>• Pharmacists could flag vulnerable patients to the GP Practices, but many had not been asked by practices to do this.</li> <li>• Patients needing to visit their GP to make a request for a repeat prescription were finding this hard, as they could not always afford taxis;</li> <li>• Relations between pharmacists and GPs were not very good and needed to be improved;</li> <li>• Relations between pharmacists and patients were strained as patients did not understand why the change was made;</li> <li>• Public funds needed to be protected, as well as patients' safety, but the Luton change was a step too far, as other CCGs had not taken same action and retained the middle grounds;</li> <li>• The LPC would question some of the savings shown in the report;</li> <li>• Data used were for a short period of time. Data needed to be examined and an independent report produced to show the benefits or otherwise to patients.</li> </ul> <p>Responding to a question from the Chair, he said the LPC could not agree with the CCG and although they held very helpful meetings with the CCG, it was not about this issue, which had already been decided.</p> <p>David Foord stated the CCG had met with the LPC and that the decisions made was all in the interest of the people of Luton. GPs were</p>	
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	<p>given the choice and 26 out 30 practices had opted to change.</p> <p>As the matter had been previously reviewed at length by the Task &amp; Finish Group set up by the Committee, the Democracy &amp; Scrutiny Officer advised against re-visiting all the issues again. He suggested the Committee considered requesting Healthwatch Luton to work with all the relevant parties to identify a sample of affected patients and conduct an independent survey to gauge the impact of the changes on them.</p> <p>Michael Mullender-Francis, the new Chief Operating Officer of Health Luton commented they were moving away from big reviews and reports and do more short snap shot reviews and reports, which would fit with the suggestion made.</p> <p>The Chair supported the independent review by Healthwatch and a report back, which was agreed.</p> <p>Responding to further questions about the complaints received by the CCG, David Foord said work was still underway to categorise them.</p> <p>Gerald Zeidman added that patients were very unhappy, but many were too scared to complain to their GPs.</p> <p>David Foord requested sufficient time to complete the evaluation of waste reduction and financial benefits before reporting back.</p> <p>It was agreed that David Foord should report back in 6 months' time, the exact date to be agreed with Democratic Services.</p> <p><b>Resolved:</b> (i) That Luton Clinical Commissioning Group's report informing the Committee of progress achieved since the implementation of changes to the Repeat Medicines Management Systems be noted;</p> <p>(ii) That the Chief Operating Officer, Healthwatch Luton be requested to lead an independent survey of a sample of Luton patients affected by the Repeat Medicines Management Systems changes, working with all relevant parties, particularly colleagues from the Community health Service and Adult Social Care, to identify people deemed vulnerable patients, to gauge the impact of the system change on them and report back to the Committee in 6 months' time, the exact timing to be negotiated with Democratic Services.</p> <p>(iii) That the Committee's thanks to David Foord, Luton CCG for attending the meeting and providing information on progress relating to the changes on the Repeat Medicines Management Systems and answering Members' questions be recorded.</p>	
60	<b>EAST OF ENGLAND AMBULANCE SERVICE TRUST - UPDATE ON PERFORMANCE (REF: 8)</b>	
	<p>Robert Morton, the new Chief Executive of the East Of England Ambulance Service Trust (EEAST) presented the EEAST's report (Ref: 8). He was accompanied by Simon King, the senior Locality Manager for the area.</p>	

He highlighted a number of key points as follows:

- Nationally performance benchmarked on times – how quickly ambulances got to patients, not what was done for them;
- Luton was best performing in the East of England, a great credit to Simon King and his colleagues who were doing a great job;
- Time taken to arrive was not the best way to measure performance, as one second under the target time of 8 minutes was a success, even if the patient died, but one second over was a failure, even if the patient lived;
- Resources had been increased, vacancies reduced and staff training improved in Luton, a credit to the local leadership team;
- Given the local cultural issues and staff reluctance previously to work in Luton, the positive effect of improvement had led to a waiting list of staff wishing to work in Luton;
- Student paramedics were recruited across the area. Current care staff were also being developed to progress to be ambulance technician;
- The Committee should be reassured the ambulance service was providing an effective service in Luton;
- Training staff had a consequent effect on abstractions, which was a challenge to maintain level of service;
- Recruitment and retention was significant challenge, as qualified staff was attractive to other emergency services;
- The blueprint for the future role of the ambulance service could mean community paramedics involved in more prevention work, as well as responding to life threatening situations. Cases, e.g. patients taking an overdose could be followed up or referred to community nursing, pharmacist or GPs;
- The emergency and urgent care review could make a difference to the current role and future direction of the service.

Responding to a question on measures to help staff retention, he responded providing further information as follows:

- Measures to retain staff included exit interviews to find out why staff wanted to leave. Paramedics were very capable and attractive to other emergency services offering better pay;
- High level of demand also affected retention, with staff required to work harder than they should;
- As many joined as a vocation and not for the money, training, career development and clinical development were very important;
- Utilisation rate was an issue, which could be addressed by increasing capacity and/or reducing workload;
- Inappropriate public use of the 999 system was a problem. EEAST looking at having a clinician 'navigator' in the call centre to triage calls and offer other solutions where appropriate, instead of face to face contact;
- In summary, to help with staff retention EEAST was working to

	<p>increase capacity, improve education and manage demand.</p> <p>Responding to further questions and comments, Robert Morton and Simon King responded providing further information as follows:</p> <ul style="list-style-type: none"> <li>• Re-configuration of acute services meant patients having to be taken to where they would receive the best specialist care, which affected availability of ambulance. Additional capacity needed, a discussion to be had with the CCG commissioners;</li> <li>• EEAST had a very effective working relationship with the L&amp;D Hospital, the best in the region;</li> <li>• The L&amp;D was very busy and although struggled with capacity, had a 'can do' approach, working with the ambulance service for quick turnaround. Expansion of A&amp;E and specialist pathways valued. Helicopter could be deployed if patients needed to be taken away quickly, if best for patients;</li> <li>• As working relationship very effective, ways would be found to get around disruptions due to re-structural work at the hospital. To help with the winter pressures, an ambulance liaison staff would work with the L&amp;D;</li> <li>• Linda Sharkey concurred there was very effective working relationship with the ambulance service.</li> </ul> <p><b>Resolved:</b> (i) That the East of England Ambulance Service Trust performance update report be noted;</p> <p>(ii) That the East of England Ambulance Service Trust be requested to provide an update on its performance in Luton in 12 months' time;</p> <p>(iii) That the Committee's thanks to Robert Morton and Simon King for attending the meeting and providing information on the performance the East of England Ambulance Service and answering Members' questions be recorded.</p>	
61	<b>HEALTHWATCH LUTON - GENERAL UPDATE (REF: 9)</b>	
	<p>Michael Mullender-Francis, the new Chief Operating Officer of Healthwatch Luton presented his report (Ref: 9) to the Committee, which had submitted for information.</p> <p>He highlighted key points as follows:</p> <ul style="list-style-type: none"> <li>• Healthwatch Luton had undergone a significant change of personnel, with his appointment and that of a new communications officer, with only Terri Brooks the volunteer co-ordinator remaining in post;</li> <li>• Except for the Chair, the entire Board had been dissolved as Members were not fulfilling their roles;</li> <li>• Change of direction included use of more young inspectors;</li> <li>• A better representation was sought for the Board, with one group</li> </ul>	

	<p>dealing with operational matters and another to drive strategies. Vacancies were yet to be filled;</p> <ul style="list-style-type: none"> <li>• Healthwatch was moving away from large reports as took too long, but would work more with stakeholders to look into small changes;</li> <li>• Previous work plan did not meet the outcome set by the Council. The new work plan would fit around the Joint Strategic Needs Assessment and outcomes;</li> <li>• The Healthwatch In-patients review report was available. Most areas were rated good or excellent, except catering;</li> <li>• Healthwatch was looking to appoint young mental health ambassadors to help improve young people's access to mental health provisions to close the gap in Luton;</li> <li>• Other issues to be looked at were, respite care for carers, reducing isolation and loneliness and men's care.</li> </ul> <p>Responding to questions/ comments he provided further information as follows:</p> <ul style="list-style-type: none"> <li>• The young mental health ambassadors would be working with TOKKO under 18s, youth clubs and schools;</li> <li>• Linda Sharkey said work also done with CCS school nursing service, shifting interest to young people emotional wellbeing and mentorship, as their social needs were not being met, leaving them socially isolated. This was getting them out of their homes so that their issues were better managed;</li> <li>• Some funding was available;</li> <li>• There would work done with men over 65.</li> </ul> <p><b>Resolved:</b> (i) That the Healthwatch Luton - General Update report be noted.</p> <p>(ii) That the Committee's thanks to Michael Mullender-Francis for attending the meeting and providing information on Healthwatch Luton and answering Members' questions be recorded.</p>	
<b>62</b>	<b>REPORT OF WORK PROGRAMME (REF: 10)</b>	
	<p>The work programme report (Ref: 10) was received and approved, subject to inclusion of matters shown in the resolutions below.</p> <p>Members also request sight of reports going to Executive for decision on 16<sup>th</sup> November 2015 when ready as follows:</p> <ul style="list-style-type: none"> <li>• Women and girls Participation in Sport and Physical Activity;</li> <li>• Restructure and Re-provide day care services in relation to African Caribbean and Milan Day Centres.</li> </ul>	



	<p><b>Resolved:</b> (i) That the work programme report (Ref: 12) be received and approved subject to the following additions:</p> <ul style="list-style-type: none"> <li>• Update on Safeguarding Adults in Luton;</li> <li>• East of England Ambulance Service Trust - Performance Update (for October/ November 2016);</li> <li>• Repeat Medicines Management Systems – Progress Update, including outcome of survey on the impact of the change on Patients (for June/ July 2016);</li> <li>• Men's Health.</li> </ul> <p>(ii) That the below reports going to Executive for decision on 16<sup>th</sup> November 2015, when ready, be sent to Members of the Committee for information:</p> <ul style="list-style-type: none"> <li>• Women and girls Participation in Sport and Physical Activity;</li> <li>• Restructure and Re-provide day care services in relation to African Caribbean and Milan Day Centres.</li> </ul>	
	<b>Note: (i) The meeting ended at 7.35 p.m.)</b>	