

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

11th October, 2013

PRESENT – Councillor J. Taylor (in the Chair); Councillors Donoghue, Francis Macnab, Nutt, E. A Richmond, S. Richmond and H. Scott. (8)

APOLOGIES – Councillor I Haszeldine, Newall and Regan. (3)

ALSO IN ATTENDANCE – Councillor C. Taylor.

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Specialist.

EXTERNAL REPRESENTATIVES – Helen Godfrey, Head of Unscheduled Care, Barbara Potter, Matron / Clinical Safety Manager, Emergency Department, County Durham and Darlington NHS Foundation Trust; Jackie Kay, Assistant Chief Officer, and Martin Phillips, Chief Officer Darlington Clinical Commissioning Group (CCG); Kath Wall, GOLD; Diane Lax, Healthwatch Darlington and Sam Harrison, North of England Commissioning Support (NECS).

HP18. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP19. URGENT CARE CENTRE AT DR PIPER HOUSE DARLINGTON – Councillor J. Taylor outlined the purpose of calling the Special meeting of the Scrutiny Committee and reported from the outset that the Scrutiny Committee are supportive of any initiatives to ease winter pressures and ensure effective use and management of resources, in providing the best Health Services for Darlington Residents. The Chair asked the Chief Officer of Darlington CCG to outline the proposed changes to operating hours of the Urgent Care Services at Dr Piper House.

Members of the Scrutiny Committee have previously expressed their support to the relocation of Urgent Care Services from Dr Piper House and Members reaffirmed their support to centralising the service. Members did support the change to the overnight provision of Urgent Care Services last year when they were consulted about the change. Members, however, expressed frustration and disappointment that it appeared that discussions had taken place about removing the early evening services provision to the Emergency Department at Darlington Memorial Hospital, in an unrealistic and very ambitious timescale.

The Chief Officer advised that no timescales had been agreed and that preliminary discussions had taken place with the Chair of this Scrutiny Committee and Darlington's MP. He reiterated that no decision had been taken and acknowledged it was an ambitious target but was subject to a Communications Plan and a number of issues.

The Matron of the Emergency Department reported that following the move of the overnight services from Dr Piper House to the Emergency Department services have become more streamlined and there has been a GP presence in the Emergency Department. Members were pleased to note that there had not been a single complaint

received and that the Departments were constantly reviewing the patient experience as part of the Trust's Friends and Family survey. One of the benefits of patients being seen in the Emergency Department was easier access to diagnostic equipment and senior clinicians.

It was explained that to move the early evening Urgent Care Services some Estates work would need to be undertaken and staff would need to be consulted. Office space would need to be transformed into clinical areas to allow for more triage to take place, on a see and treat basis and allow staff to effectively manage patient flow. Equipment such as trolleys and basis diagnostic tools would need to be shifted into the new space. Members noted that the work to update the current waiting areas would commence towards the end of October 2013.

Mrs Potter explained that the staff affected by the transfer of service would need to be consulted and advised that staff currently work across two sites at Dr Piper House Urgent Care Centre and the Emergency Department; this way skills are refreshed and developed to enable them to work in both Departments. As a result of the change staff working hours will alter and therefore a consultation is required.

Members were reassured that the Estates work could be completed within a three week timescale but the staff consultation would take slightly longer, therefore, the date of implementation would need to be reviewed. The Chief Officer was hopeful for early December 2013 for services to be transferred and acknowledged that was still an ambitious target.

Concerns were expressed about children attending the Emergency Department during the evening and what they might have to experience and endure. Members were reassured that, as currently happens, children have a separate dedicated waiting area. It was noted that all patients would arrive and book in at the same point and be asked to wait in designated areas.

A question was asked as to why the whole of the Urgent Care Service couldn't be moved to the Emergency Department at this time and the Head of Unscheduled Care explained that a larger area in the Emergency Department would be needed to create additional Clinical space to meet with the demand. Staff could cope with an additional five to ten patients during the day but no more. The Assistant Chief Officer advised that the issue of workforce planning and integration of the service needed to dovetail into the work currently being undertaken with the ultimate vision being relocation of the complete service, which would require a longer lead in period.

Clarification was sought about whether this was a temporary closure or whether the service would be reinstated after the winter pressures had eased. The Chief Officer hoped the Urgent Care Service would remain at the Emergency Department after the winter but the decision would be based around patients' experience of whether it was a good service. He confirmed that patient experiences would be gathered and used to inform decisions at that time. He extended an invitation to Members of the Scrutiny Committee to visit the Emergency Department to feedback their experiences of the service. It was noted that Healthwatch would also be conducting an 'enter and view' to feed into the process.

Particular reference was made to a sudden increase in patients and how the service would cope with additional patients through the door. The Head of Unscheduled Care advised they would manage and that Senior Clinicians would be expected to come down and treat patients at the early stages to enable an immediate diagnosis to get patients through the system as quickly and as safely as possible. It was anticipated that with the mix of expertise and more Practitioners in one place, any surge of patients would be able to be managed effectively.

Members understood the reasons for the change of operational hours of services and advised that the change needed to be effectively communicated to the general public and reassure patients that they would still receive the same high quality of service as they currently do at Dr Piper House. Members were extremely concerned about the lack of engagement with the users of the service and the general public and asked for assures and details of the Communications Plan. Sam Harrison tabled a draft Communications and Engagement Plan and guided Members through the document. It was explained that the document outlined the short to medium term Communications Plan to support to phased relocation of the Urgent Care Services from Dr Piper House to Darlington Memorial Hospital overnight from 5pm. It was a Joint Plan between Darlington CCG and the Trust with support from NECS and would be subject change, as timescales are tightened up and a final date is agreed. Members were pleased that communications would focus on access to urgent care services in Darlington.

Ms Harrison reported that the plan would use existing local networks and that publicity could be easily made available as required. Councillors were eager to use a piece for their Ward Newsletters as well as using Darlington Together Magazine. Members were insistent that there must be clear and consistent messages about winter pressures ensuring the public understand where they should go for treatment.

Mrs Potter shared figures from November 2012 relating to patient activity at Dr Piper House and believed the Trust would confidently cope because the numbers of patients were not huge and they could adequately cope with the additional capacity. It was suggested that patients would be seen quicker in the Emergency Department than at Dr Piper House. Members were interested to note that since the overnight changes the numbers of patients being seen between 12midnight and 8am have reduced.

The Chair thanked Officers and Members for their attendance at the meeting and looked forward to receiving more concrete information in due course.

RESOLVED – (a) That the status of the proposals be noted.

(b) That Members remain fully committed to the relocation of Urgent Care Services from Dr Piper House to the Emergency Department at Darlington Memorial Hospital.

(c) That Members continue to be supportive of initiatives to assist the NHS in easing the winter pressures and treating patients in the right place at the right time.

(d) That Members continue to be involved at the earliest opportunity regarding moving Urgent Care Services from Dr Piper House to the Emergency Department at Darlington Memorial Hospital.

(e) That the Chief Officer bring a full Communications Plan and firm proposals to the next Scrutiny Committee scheduled to be held on 29th October 2013.

(f) That Members of the Scrutiny accept the Chief Officers invitation to visit the Emergency Department and feedback information from their visits.