

HEALTH SCRUTINY COMMITTEE – 21 JANUARY 2020

Notes from the meeting for the West Suffolk Overview and Scrutiny Committee.

Delivery of Sexual and Reproductive Health Services

Purpose of the Scrutiny: To consider and comment on Progress made to transform the arrangements for the commissioning and delivery of sexual and reproductive health services in Suffolk.

I refer you to Agenda Item 5, pages 15 to 23 of the Suffolk County Council's Health Scrutiny documents which give detailed information on the current situation regarding the management of Sexual and Reproductive Health in Suffolk and the progress made following the recommendations from Scrutiny in January 2019.

This was a particularly challenging meeting to follow as the current service is so fragmented across Suffolk and whilst there is work in progress to streamline this, even having read the paperwork twice, I am struggling to understand who would go where to have what. Pages 33,34 and 35 Appendix A: Transformation of Suffolk Sexual and Reproductive Health Services – Key achievements and issues, identify the complexity and magnitude of the work needed to streamline the service.

Agenda Item 5 – Evidence Set 3 Page 37 provide information on the Commissioning Responsibilities.

For example, currently many women have failed to have cervical screening and there is a recommendation that this is incorporated as routine practice when patients are seen by the Integrated Contraception and Sexual Health Services.

Currently, if a patient needs to have a "coil" (contraceptive device") fitted for medical reasons it may be possible to have this inserted locally but if the reason is for Contraception, the patient must travel to Ipswich to the Integrated Contraception and Sexual Health Service.

Since this was a clear question of funding, I questioned why the local service cannot insert this and there be a simple cost transfer. I am informed that this is under review.

Suffolk is currently considered to have a low prevalence of Sexually Transmitted Disease. However, one of the challenges of more recent times is online "sexting" (as opposed to dating). When patients are diagnosed with a Sexually Transmitted Disease it is necessary to contact their sexual partner for them to be tested and treated. With on-line sexting the partner is often unknown and uncontactable and there may be multiple partners. The owners of the on-line sites are being contacted to seek their support with promoting safe sex – however this is not proving to be very successful as it is not seen as a popular promotion.

Easy Access to Free Contraception and Sexual Education in Schools are two of the initiatives aimed at prevention and on-line diagnosis tools helps patients who have difficult access arrangement, particularly from rural areas.

The fragmentation of the services presents major challenges and provide opportunities for joint commissioning through the transformation programme. This will be further reviewed by Scrutiny as the processes are developed with specific references to:

- Mapping of all services to include what and where
- Update on medication supplies for Aids (post Brexit)
- Information relative to locality needs assessments
- Scrutiny expressed concern at the fragmentation of services but welcomed the establishment of the Suffolk Sexual and Reproductive Health Board. They have requested terms of reference and membership details for this Board.

Update on Non-Emergency Patient Transport in Suffolk

Following my report to Overview and Scrutiny on this topic the questions raised by your Committee Members were incorporated into the Scrutiny Focus for this update.

Q: How many vehicles and staff were employed in the delivery of the services in Suffolk prior to additional vehicles and staff being put in place.

A: 48 original vehicles, now 62. Staff 98 originally – current position, nine additional staff have started work, 13 are on the next training course in February. However, meanwhile the service has been using third party crews to ensure that it can meet capacity (between five and seven crews each day).

Some of the “failure to transport” issues fall outside of EZEC’s responsibility. For example, drugs not ready; patient not been signed off by Consultant; home care not arranged etc. In order to overcome some of these difficulties with patients discharges both Ipswich and West Suffolk Hospital now have direct management of three ambulances each with regular crews which is helping to build strong relationships. This has had a major impact on the management of discharges (as stated at the West Suffolk Hospital Board but not quantified - this should be reflected in the new figures when Scrutiny revisits this subject)

There has been more a greater emphasis placed on ensuring that patients meet the criteria for transport.

Since these new arrangements were only put in place in December, it was considered too early to provide statistical data, but the initial findings are that the new model is working well and considered a success. This was also positively commented upon at the West Suffolk Hospital Board Meeting where they noted that TTOs (to take out, patient medication) was now the main cause for delay in patient discharge.

Action plan requested by Health Scrutiny:

- Information bulletin in three months
- Decision notice on whether the trial has been extended
- Update on performance improvement by WSH and Ipswich
- Updated KPIs

A Task and Finish Group on Patient Transport in Suffolk and North East Essex has been set up to look specifically at how patients get to their appointments.

My view here was that whilst I fully support that we must care for those who are vulnerable in our society, we are running a health service and not a bus service.

Joint East Suffolk and North East Essex Health Scrutiny (Special Meeting)

The Democratic Services Officer (Scrutiny) has already circulated to all Councillors the Consultation document relating to the proposed new centre for Elective Orthopaedic Surgery at Colchester Hospital.

Having a purpose-built facility and hiring the highest calibre of Surgeons who do very specific surgery (left hip for example), improves patient outcomes and shortens recovery time. This facility will help prevent the 2000/year cancelled elective orthopaedic surgery appointments as this facility will not routinely accept trauma patients from the accident department. They currently do around 100,000 elective orthopaedic surgical procedures a year.

Patients who have elective surgery are pre-screened for infection whereas those arriving at the Accident Department are not. Consequently, any theatre where emergency surgery has been carried out cannot now be used for the planned elective surgery until it has been decontaminated. The new facility will be supplementary to the existing theatres and will add capacity. The theatres will only be used for emergency treatment in the event of a major incident involving multiple casualties needing surgery.

There was an in-depth discussion about the location of the hospital with regard to patient transport. It was felt that in the interest "best outcome" patients would be happy to make their own arrangements and those who were vulnerable or met the Patient Transport criteria would be catered for.

There was a discussion about the possibility of using web-based face-to-face chat for some of the follow up consultations, avoiding the necessity for patients to travel and pay to park.

How and When:

East Suffolk and NE Essex (ESNEFT) was allocated £69.3 million by the government to fund improvements to buildings. The new facility will cost £43 million to build and will take around four years to complete.

Margaret Marks
27 February 2020