



**JOINT EAST BERKSHIRE HEALTH OVERVIEW & SCRUTINY
COMMITTEE
30 MARCH 2010
7.30 - 8.53 PM**

Present:

Councillor Ian Leake, Bracknell Forest Council
Councillor Mrs Anne Shillcock, Bracknell Forest Council
Councillor Tony Virgo, Bracknell Forest Council
Councillor Sue Evans, Royal Borough of Windsor & Maidenhead
Councillor Alison Napier, Royal Borough of Windsor & Maidenhead
Councillor Robert Plimmer, Slough Borough Council
Councillor James Walsh, Slough Borough Council

Co-opted Members:

Madeline Diver, Bracknell Forest LINK
Jacky Flynn, Slough LINK
Councillor Hugh Meares, Runnymede BC

Also Present:

Richard Beaumont (Bracknell Forest Council)
Shabana Kauser (Slough Borough Council)

Apologies for absence were received from:

Councillor Arvind Dhaliwal, Slough Borough Council

31. Declarations of Interest

Councillor Mrs Evans (RBWM) declared a personal interest as she had recently taken up employment at a GP Surgery.

32. Minutes and Matters Arising

Resolved – That the Minutes of the last meeting held on 10th December, 2009 be approved as a correct record.

33. Next Generation Care Programme

The Chief Executive of the Berkshire Healthcare Trust, Phillipa Slinger reminded Members of the Committee that the Next Generation Care Programme had been established by the Trust in September 2009 to transform the quality and cost of

services. A number of scenarios had been developed to set the ambition for the programme and that these scenarios were based on either an optimistic income or a most likely case for income. The Trust considered that a reduction in funding of £12 million was now the most likely scenario.

It was noted that a number of models for future care programme were being investigated and consultation had taken place with all the East Berkshire Local Link Groups. It was brought to Members' attention that the potential to work across organisational boundaries to the advantage of all partners and service users had to be considered and would be considered during the next two months. An example was given of memory clinics replacing Day Hospitals which could be co-located to allow social service staff a more direct interface opportunity. Whilst the Next Generation Care Programme had already identified a number of proposals for 2011/12 and beyond which would both improve the overall quality of services and deliver significant financial benefit, a detailed review of proposals would be performed in 2010 to test the full implications of implementation and to scrutinise the benefits case.

A Member raised concern with regard to the potential logistical difficulties that could be encountered by members of the public relating to the possible re-location of the in-patient mental health services to Reading. Mrs Slinger confirmed that consultation meetings had been carried out with the local LINK Groups and that a visitor survey had been conducted to ascertain how individuals travelled to and from mental health wards in the east of the county. It was agreed that a copy of the survey would be circulated to Committee Members. It was noted that the Committee would be formally consulted on any proposed significant change in services.

Resolved – That the current position be noted and an update be scheduled for the October 2010 meeting.

34. **Options for Out of Hours Primary Coronary Angioplasty**

Paula Head, Director of Commissioning and Re-Design, delivered a comprehensive presentation with regard to the options for Out of Hours Angioplasty Services within Berkshire East. Members were informed that treatment for heart attacks had improved greatly over the last 20 years with new drugs such as thrombolytics (clot busters) and techniques such as angioplasty, making survival from a heart attack much more likely than in the past.

It was explained that patients were occasionally given a treatment called PCI (also known as angioplasty) when they know that there was a risk that a blockage may stop the blood flowing into the heart and cause a heart attack at some point. This technique was used to prevent a heart attack and involves inserting a support (a stent) into the blocked artery to hold the artery open and ensure that the blood remained flowing. This was done by inserting a balloon into the artery and then inflating it to open the artery wide before putting the support in place. It was also clarified that Primary PCI (PPCI) treatment was also used after a heart attack to reopen the artery which had closed and caused the heart attack.

The standard in the South Central Area for this to be achieved was within 120 minutes. It was brought to Members' attention that a number of studies compared PPCI treatment against thrombolysis in the treatment of a heart attack and evidence for the longer term benefits of PPCI was growing. This included PPCI reducing the chances of a patient dying in the short term by 2% and improved their chances of recovering more fully from their heart attack when compared to thrombolysis if both treatments were given in a similar time frame. However, PPCI became less effective

if it took longer than 120 minutes from the patient calling for help to the balloon being inflated in their artery during the PPCI procedure.

Members' were informed that the current situation for heart attack patients was either to go to the Royal Brompton and Harefield, Wexham Park, Frimley Park or Royal Berkshire Hospital from April 2010. However, Heatherwood and Wexham Park Hospitals (HWWP) did not currently perform angioplasty out of hours and this was due to the number of people having a heart attack who would come to these sites was not enough to make running a 24/7 service possible. In addition HWWP sites did not have two catheter labs required to run the service. However, to ensure that the people of Slough be certain that if they do have a heart attack they will be able to receive this treatment at their local centre, the Royal Brompton and Harefield and HWWP were working together to create a service that would be based on the Wexham Park site which would be run by the Royal Brompton and Harefield.

In the ensuing discussion, clarification was sought as to whether the South Central Ambulance Service was aware of the duty upon them to ensure patients receive the correct and appropriate treatment within the timeframe of 120 minutes. It was explained that there was a clear expectation set in the contract with the central ambulance service that they had to deliver and meet this target. A Member expressed reservations over the reliability of ambulance service data.

A Member queried as to whether there was the physical capacity at the Wexham site for the two required catheter labs and as to how long it would take for these to be in place. It was explained that the second lab had not yet been confirmed but it would be contained within the existing site and that room for these labs had been identified. In response to what proportion of patients required cardiac follow-up procedures, it was agreed that this information would be distributed to all Committee Members following the meeting.

Resolved – That the current position be noted.

35. Update on PCT Budget

Consideration of this item was deferred to a future meeting of the Committee.

36. Hospital Car Park Charges - Working Party Interim Report

Committee Members were provided with an interim position with respect to the review into car parking at NHS establishments within East Berkshire. It was noted that in June 2009 Members of the Committee put forward a proposal to set up a working group to investigate the arrangements around car parking in more detail. The view of the Committee was that there were serious concerns about the existing contractual arrangements, how income from the car parking charges was being utilised, insufficient parking availability, lack of information for the public on exemptions and impact if any on the level of crime.

It was noted that site visits were conducted on the 18th and 21st January, 2010 at Heatherwood, King Edward, St Marks, Upton and Wexham Hospitals. The purpose of the visits was primarily to gather first hand experience of using the car park, ascertaining if there was an exemption policy and accessibility of spaces. The study was also publicised in both the local press and on BBC Berkshire website inviting residents and patients to share their experiences.

An outline timetable summarising the tasks undertaken so far and those outlined for the coming weeks was highlighted. In addition an outline of the work to be

undertaken in April and May was outlined. Councillor Plimmer, the Lead Member of the review, confirmed that the final report should be available for the Committee meeting in June 2010.

Resolved: That the report be noted and the proposed Next Steps timeline within the report be endorsed.

37. Frequency of Meetings of the Joint Committee

Councillor Leake informed the Committee that he had written to the Chair and other respective Vice-Chair of the Committee in February 2010 with a view to reducing the frequency of the Joint East Berkshire Health Overview and Scrutiny Committee from four meetings a year to three. It was noted that Bracknell Forest Council was due to assume chairmanship of the Committee for the municipal year 2010/2011 and that a reduction in the number of meetings was due to a decrease in staff supporting scrutiny work.

Resolved – That the Joint East Berkshire Health and Overview Scrutiny Committee meet three times during the municipal year 2010/2011.

38. Committee Work Programme 2010/11

Details of the indicative work programme 2010/2011 were outlined for Members consideration. Whilst welcoming a proposal to hold a meeting of the Committee at an NHS location, it was suggested that this meeting should be held during the afternoon. It was agreed that an update on Heatherwood and Wexham Park Hospital Trust financial position would be scheduled for the October 2010 meeting.

Resolved: That

- a) the Committee work programme 2010/2011 be agreed.
- b) a meeting of the Committee to be held at an NHS location.

39. Dates of future meetings

Dates for future meetings of the Joint Committee in the Municipal Year 2010/11 were agreed as 16th June, 6th October and 2nd February, 2011. It was noted that the meetings would commence at 7.30 pm and the venue for the meetings would rotate between each of the local authorities.

Resolved – That future meetings of the Committee to be held on 16th June 2010, 6th October 2010 and 2nd February 2011.

CHAIRMAN