Notice of meeting of

Health Scrutiny Committee

To: Councillors Fraser (Chair), Alexander, Ayre (Vice-Chair), Douglas, Moore, Sunderland and Wiseman

Date: Monday, 22 September 2008

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. Declarations of Interest (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.

2. Minutes (Pages 5 - 36)
To approve and sign the minutes of the meeting held on 7 July 2008.

3. Public Participation
At this point in the meeting members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. Anyone who wishes to register or requires further information is requested to contact the Democracy Officer on the contact details listed at the foot of this agenda. The deadline for registering is Friday 19 September 2008 at 5.00pm.

4. Dementia Review - Interim Progress (Pages 37 - 50)

To consider an interim progress report on the dementia scrutiny review in particular to an informal evidence gathering session held on 1 September 2008. During this session Members received evidence from carers of relatives with dementia and from various organisations details of which are set out in the report.

Members are asked to consider whether they need to gather further information before preparing the draft final report.

[A copy of the Health Scrutiny Committee's work plan for 2008 is attached for member's information]

5. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Jill Pickering
Contact details:

- Telephone – (01904) 552061
- E-mail – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Agenda Annex

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- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

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If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

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Yeteri kadar önceden haber verilmesi koşuluyla, bilgilerin terümesini hazırlatmak ya da bir tercüman bulmak için mümkün olan herşey yapılacaktır. Tel: (01904) 551 550

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The majority of councillors are not appointed to the Executive (38 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Advisory Panel (EMAP)) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees
The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

HEALTH SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Fraser – Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison;

Councillor Wiseman - Governor of York Hospitals NHS Foundation Trust.

Councillor Moore – as his wife works in the Health Service

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City of York Council	Committee Minutes
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	7 JULY 2008
PRESENT	COUNCILLORS FRASER (CHAIR), ALEXANDER, AYRE (VICE-CHAIR), MOORE, WISEMAN AND SCOTT (SUB FOR CLLR DOUGLAS - JOINED THE MEETING AT 6.40PM)
APOLOGIES	COUNCILLORS DOUGLAS AND SUNDERLAND
IN ATTENDANCE	PATRICK CROWLEY – CHIEF EXECUTIVE OF THE YORK HOSPITALS NHS JAMES PLAYER – AGE CONCERN JOHN YATES – OLDER PEOPLE'S ASSEMBLY JACK ARCHER – OLDER PEOPLE'S ASSEMBLY ANNIE THOMPSON – EPILEPSY ACTION (NEWLY APPOINTED LINKS CO-ORDINATOR) AMANDA BROWN – NYYPCT GRAHAM PURDY - NYYPCT BILL HODSON – CYC

6. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

No interests were declared further to the standing personal, non-prejudicial interests declared at previous meetings and circulated with the agenda.

7. MINUTES

With reference to Minute 4 (Update on Establishing a LINk 2008/09) resolution (iii) the Chair confirmed that the North Bank Forum facilitated workshop was in the process of being organised by Nigel Burchell. In relation to resolution (iv) that he had received a helpful and informative briefing from the LGIU relating to overview and scrutiny and LINks.

With reference to Minute 5 (Work Planning for Health Scrutiny 2008) the Scrutiny Officer reminded the Committee that Dr Lethem had made a presentation, at the informal training session on 27 June 2008, on work being carried out by the PCT on the prevention of falls (copy attached to the minutes). This had been included on the Committee's work plan for September but as this had been covered by Dr Lethem it could now be removed.

RESOLVED: That the minutes of the last meeting of the Committee held on 16 June 2008 be approved and signed by the Chair as a correct record subject to the removal from

the Committee's work plan of receipt of a 'report from the PCT on falls prevention in September 2008'.

8. WELCOME

The Chair welcomed Patrick Crowley to the meeting, as the newly appointed Chief Executive of the York Hospitals NHS Trust based at York Hospital.

9. PUBLIC PARTICIPATION

It was reported that there had been one registrations to speak at the meeting under the Council's Public Participation Scheme from Mike Beckett, the newly appointed Director of York and District Mind.

He spoke on Agenda Item 5 the Dementia Review – Scoping Report and stated that he wished to support the review. He confirmed that he was delighted that it had been suggested that Mind should be chosen as one of the consultees for the proposed "evidence gathering day" on 1 September 2008. He circulated copies of a leaflet produced by York and District Mind concerning exercise and mood, which detailed the benefits of exercise to relieve anxiety and stress.

10. UPDATE ON DENTAL SERVICES

Consideration was given to an update report on the provision of NHS dental services in York. The report was part of ongoing consultation between Members and the various Health Trusts.

Members were reminded that at their meeting on 3 December 2007 they had requested the inclusion of the following information in future updates:

- Information from the Office of National Statistics on numbers of people who did not see a dentist at all.
- How long patients waited to be allocated an NHS dentist and how much additional capacity was being created as opposed to additional capacity being made available when patients moved on.
- A report back on progress with commissioning a Sunday morning emergency dental clinic.

Amanda Brown, Assistant Director of Commissioning and Service Development – PCT, attended the meeting and gave Members a short presentation on the provision of NHS Dental Services in York (copy attached to minutes).
The presentation related to the North Yorkshire and York commissioning plans. She reported that the Oral Health Commissioning Group had reviewed commissioning across North Yorkshire relative to population, density and deprivation. This information was then matched to numbers on the dental access database; the exercise had identified geographic areas where commissioned access was below average in England.

Points that she raised included:

- The maps detailed the existing contracted levels in North Yorkshire and these showed that the York area was generally well served;
- York had 4 units of dental activity per person commissioned;
- Provision was not as good west of the city and in the rural areas;
- People who worked in York but lived outside the city were taking up dental care in York;
- The PCT were looking to commission services in other areas to create capacity in York;
- Dental Access Database – over 2000 patients had been assigned to a dentist between September 2007 and May 2008, with a further 1200 being assigned since May;
- 65% of the population sought an NHS dentist with the remainder being split between private care and those using emergency services;
- Confirmed that the PCT had no records of how many patients were visiting private dentists;
- The out of hours dental service was not adequate in York, there was only a Saturday and Sunday morning service available but this was currently under review;
- Confirmed that the PCT hoped that patients would sign up with a dentist for preventative care rather than only using emergency services;
- A unit of dental activity was the contract currency with dentists (NHS treatment broken down into 3 bands 1 unit for examinations, x-rays, scale and polish, 2 units for fillings and 3 units for crowns and bridges);
- 2006/07 - 50% of contact work had not been completed. Some dentists had been asked to complete the work the following year and others had had the money clawed back;
- Patient's time on the waiting list had reduced; the original wait had been 6 months;
- Confirmed morale of dentists was pretty poor generally across the country.

Members made the following comments:

- There had been a downward trend in people accessing the NHS Information Centre since March 2007;
- Dentists income guarantee was to be lost in 2009 how would this be managed;
- Requested details of the Local Clinics network and the recommendation from the Select Committee that Consultation Committees should be established;
- Patient Charge Revenue questioned York's figures;
- Controls in place to prevent dental patients walking in off the street to register rather than adding their name to the waiting list. Felt that the figures of those patients added to the list and those assigned were not realistic;
- Concern at how the service could be expanded when there were no controls over dentists or incentives to retain them;

- There were insufficient dentists wanting to perform NHS work (75% of dentists under 25 years did not want to take on NHS work);
- Disappointment that the dental update information had been requested from the PCT some 7 months ago;
- Felt that dentists did not like the UDA system or the quality of work they had to perform;

RESOLVED: (i) That the update and presentation from the PCT be noted;

(ii) That a further update on dental services in the York area be added to the work plan (date to be confirmed by the Chair);[1.]

(iii) That written updates be provided by the PCT in advance of future meetings.[2.]

REASON: In order to carry out their duty to promote the health needs of the people they represent.

Action Required

1. Further update on dental service be added to the Health Scrutiny Committee's work plan (date to be confirmed by the Chair). GR

2. Request PCT to provide written up date on dental service prior to the preparation of the agenda (see above). GR

11. DEMENTIA REVIEW - SCOPING REPORT

Members considered this scoping report which would look at the experience of older people with mental health problems, including their families and carers, who accessed general health services for secondary care in order to identify where improvements may be required.

It was agreed to defer further consideration as to whether to co-opt specialist members to the Committee for the duration of the review until the next meeting.

Consideration was given to inviting a representative of the North Bank Forum to the meeting. The Chair confirmed that Annie Thompson would not be taking up her post as the new LINk Co-ordinator until 28 July 2008 but that he would welcome her input in to the work of the Committee in the future. It was confirmed that, in the meantime, representatives of the disbanded Patients Involvement Forum would have input into this work.

RESOLVED: (i) That approval be given to the proposed timescale and timetable for the dementia review;

(ii) That approval be given for the proposed consultation method as suggested in paragraphs 6-9 of the report;

(iii) That further consideration be given to the appointment of 'specialist' members to be co-opted to the Committee for the duration of the review at the next meeting;[1].

REASON: To ensure compliance with scrutiny procedures, protocols and work plans.

Action Required

1.To consider who could be co-opted as a 'specialist' member on the Committee for the duration of the review. BH

S FRASER, Chair

[The meeting started at 6.00 pm and finished at 7.00 pm].

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Practice based Commissioning in York

Fri 27th June 2008

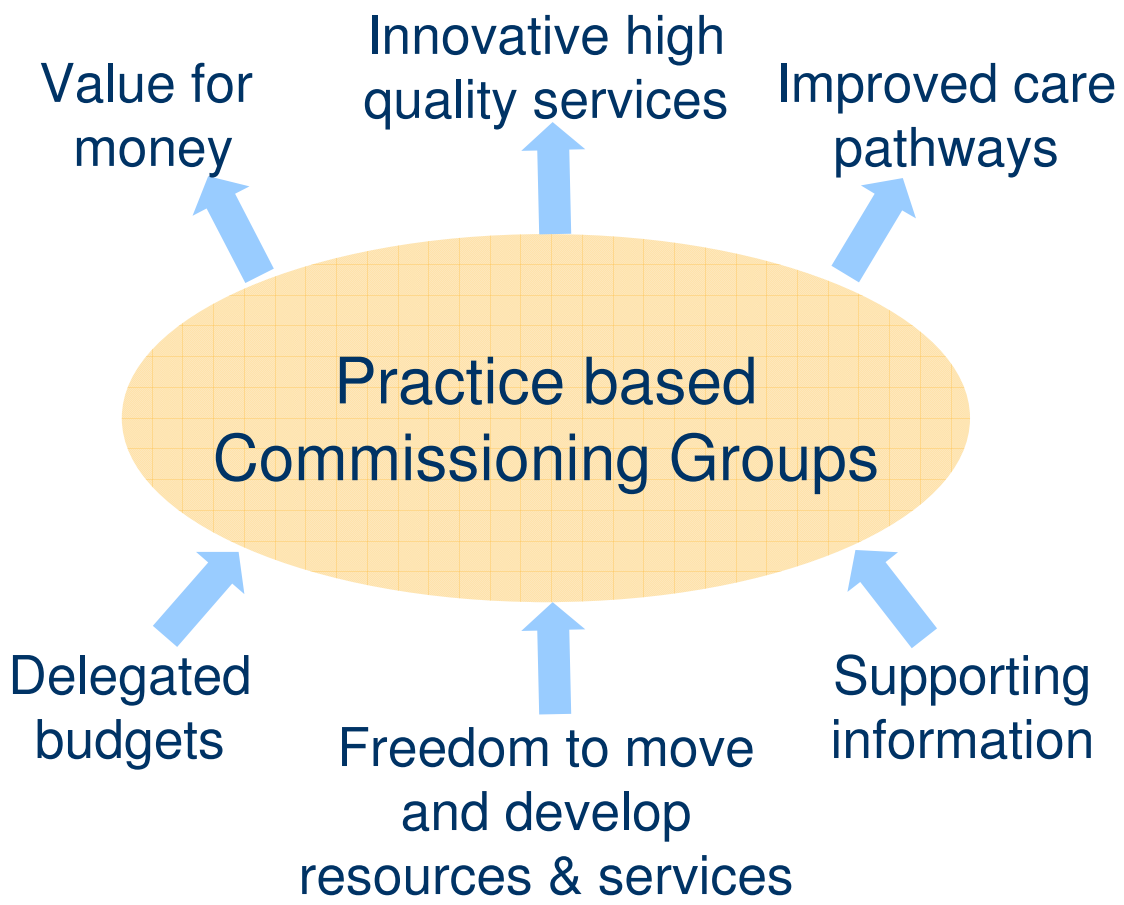
- PbC in a nutshell
- York Health Group
- Non-Elective Care
- Ebor Clinical Services
- Horizon Scanning

John Lethem Chair, York Health Group PbC Consortium

Practice based Commissioning

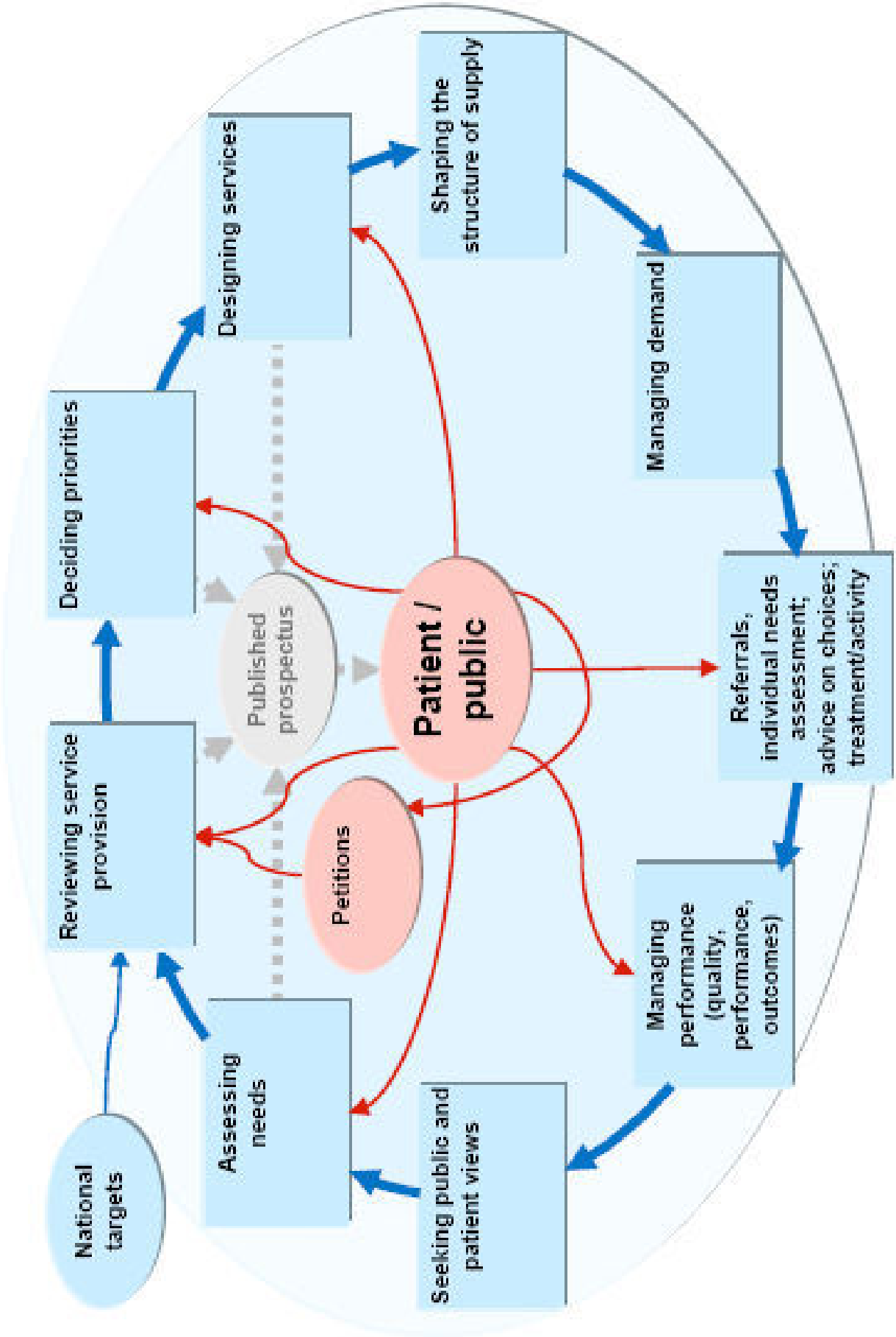
- "By devolving indicative budgets to practices that treat and refer patients, GPs and other primary care professionals are being encouraged to manage referrals and to commission and redesign services in a way that is more cost-effective and convenient for patients."

Outcome For Patient



Required Mechanisms

Figure 1: The commissioning cycle for health services



York Health Group

- 24 Practices
- 100+ GPs
- 220,000 Patients
- Management Board
- Consortium Agreement
- Cooperative, pooled resources, shared risk

Incentive scheme / Commissioning plan

- Links with PCT financial recovery plan
- Care Pathway redesign, prioritise clin. Areas
- Working with secondary care colleagues
- Threshold document
- Combined cooperative work, pooling effort, resources & savings

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North Yorkshire and York Primary Care Trust

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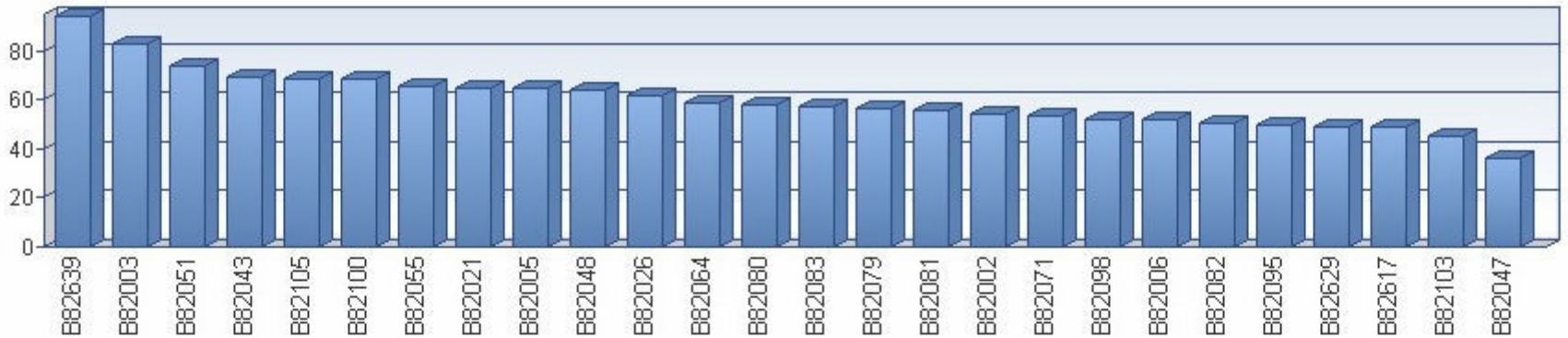
utpatient Attendances Activity by Practice

:T: Selby and York PCT (5E2)
cality: City of York (1)
'SClass: New Seen (OPSSEENN)

Year: 2007/08
Drilldown to: GP
Show by: Month
Switch to: Activity



Code	Practice Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	List Size	Rate
382639	Dr JA Boffa	3	7	1	-	-	-	-	-	-	-	-	-	11	117	94.01
382003	Petergate Surgery	120	166	155	-	-	-	-	-	-	-	-	-	441	5310	83.05
382051	Abbey Medical Group	223	274	268	-	-	-	-	-	-	-	-	-	765	10303	74.25
382043	Minster Health	123	149	150	-	-	-	-	-	-	-	-	-	422	6054	69.70
382105	Tadcaster Medical Centre	142	214	197	-	-	-	-	-	-	-	-	-	553	8048	68.71
382100	Front Street Surgery	100	94	91	-	-	-	-	-	-	-	-	-	285	4171	68.32
382055	Gale Farm Surgery	281	267	300	-	-	-	-	-	-	-	-	-	848	12887	65.80

Internet

MIDAS North Yorkshire - Microsoft Internet Explorer

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MIDAS North Yorkshire v1.1 North Yorkshire and York NHS Primary Care Trust

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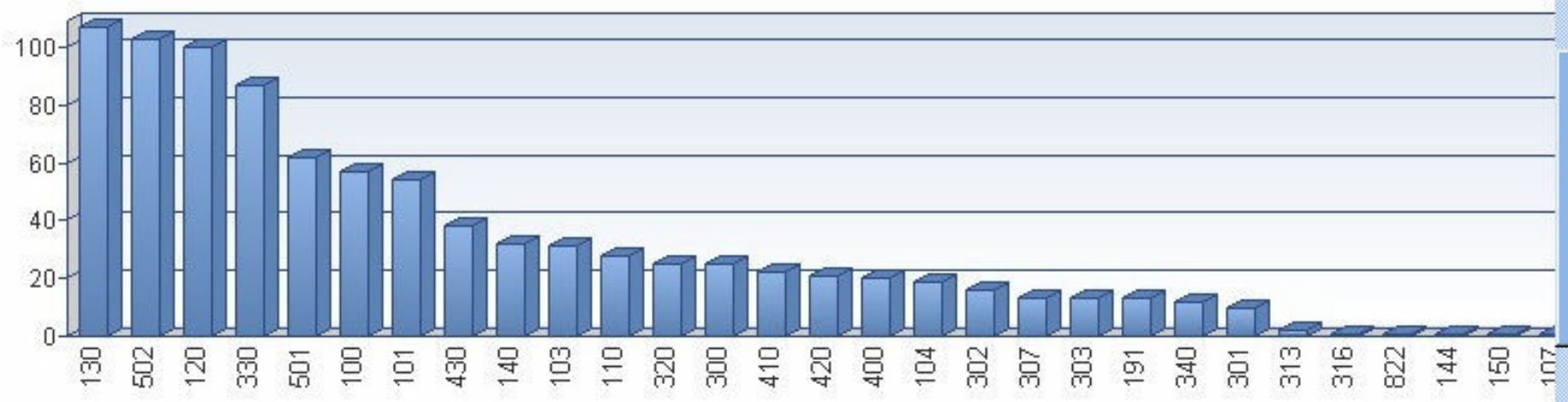
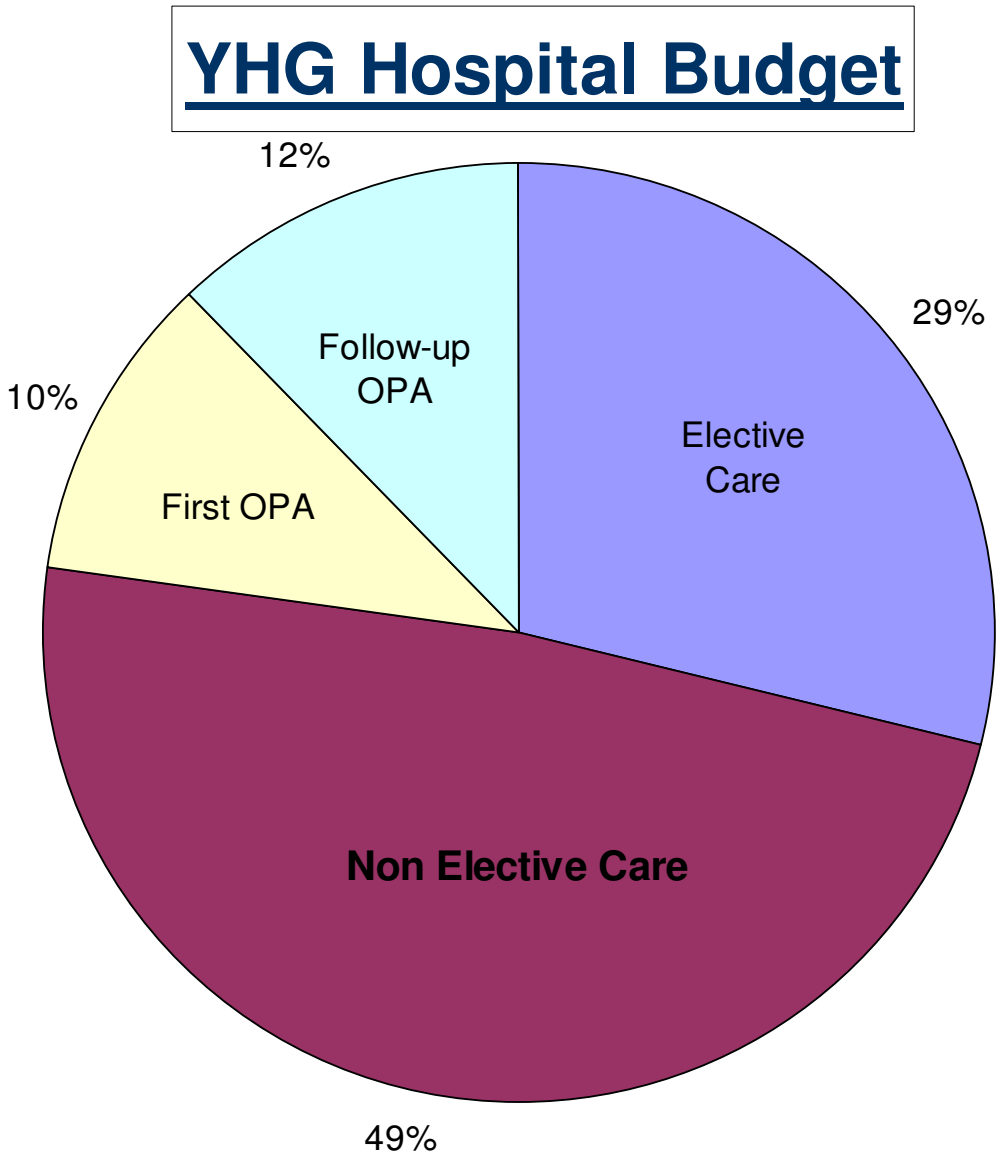
RefSource: Referral from a GP (03)



Code	Specialty / Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Ma
130	Ophthalmology	13	7	15	12	11	9	3	6	6	9	9	7
502	Gynaecology	5	11	13	8	4	11	8	8	6	11	10	8
120	Ear Nose & Throat	6	7	9	10	11	8	13	7	6	11	5	7
330	Dermatology	10	4	9	6	6	5	6	8	10	13	3	7
501	Obstetrics	5	3	3	9	6	5	4	4	5	11	3	4
100	General Surgery	9	1	5	1	4	3	4	1	4	10	7	8
101	Urology	3	6	5	5	4	5	5	5	6	6	3	1

Non-Elective Care



Non Elective Care

- Emergency admissions
- OOH / A&E
- Long term conditions management
- Community Matrons & "case management"
- COPD
- Falls

Ebor Clinical Services

- Provider Group Developed by YHG
- Becoming Independent
- Company Limited by shares
- GP shareholders
- Providing services so far as commissioning "Pilots"
- Mutual cooperation with YHFT & consultants
- Likely to tender for future services

The Future ?

- PbC Better communication, coordination
- Improved Local Services & Health Economy
- Patient & Public involvement

- Plurality of Provider / APMS
- Tendering e.g MSK Services
- APMS "Health Service" in York (Darzi Polyclinic)
- Private companies Virgin Health, Assura etc

Practice based Commissioning in York

Fri 27th June 2008

Questions ?

FALLS PREVENTION

FALLS PREVENTION

- COSTS
- Financial
- Mortality
- Carers
- Working days

FALLS PREVENTION

- What works ?
- Targeting those most at risk
- Bone Health
- Encouragement, enabling, enriching
- Integrated working
- Communication!, communication!, communication!
- Falls Practitioners

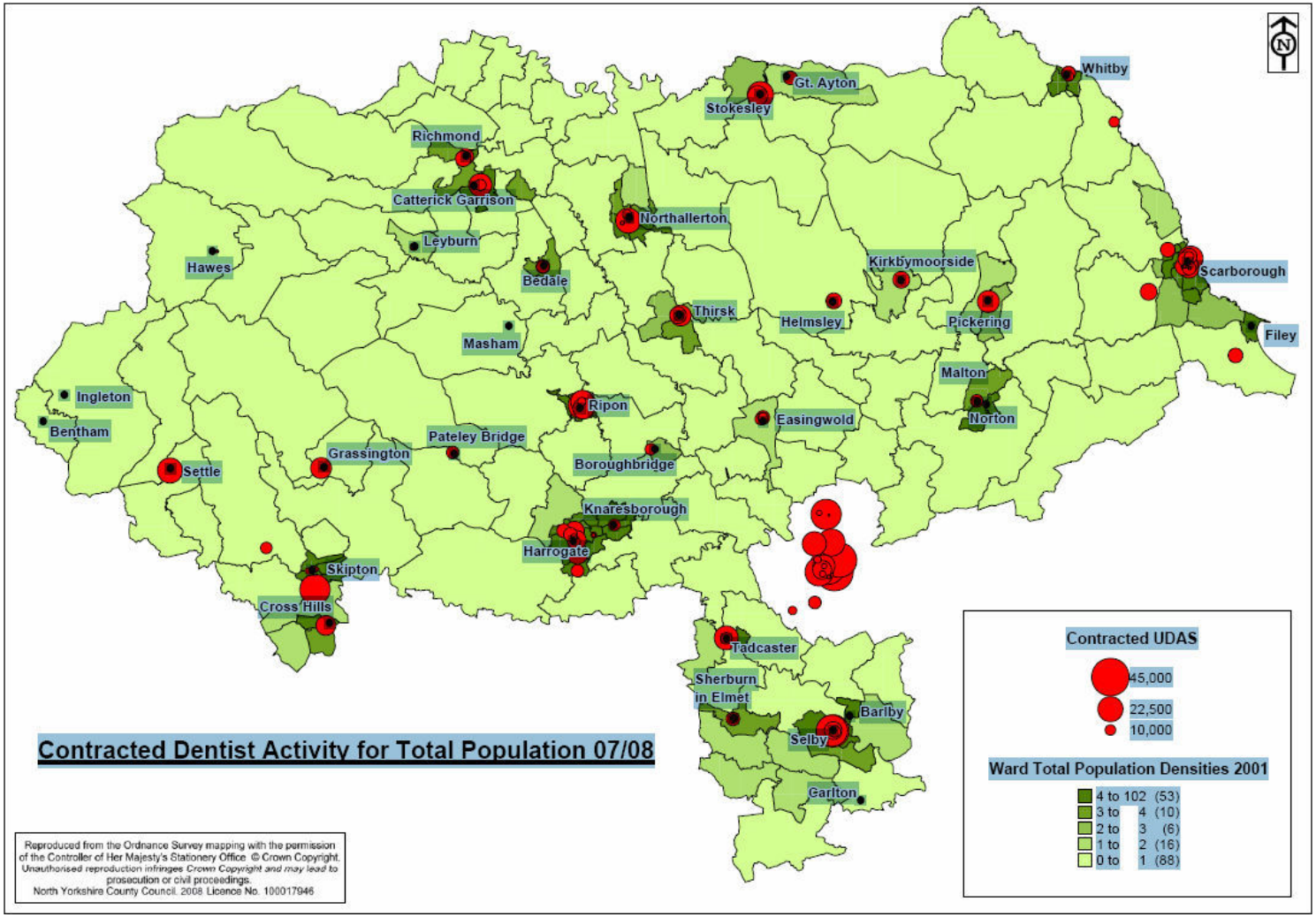
NYYYPCT Dental Update

Amanda Brown Assistant Director of Commissioning and Service Development

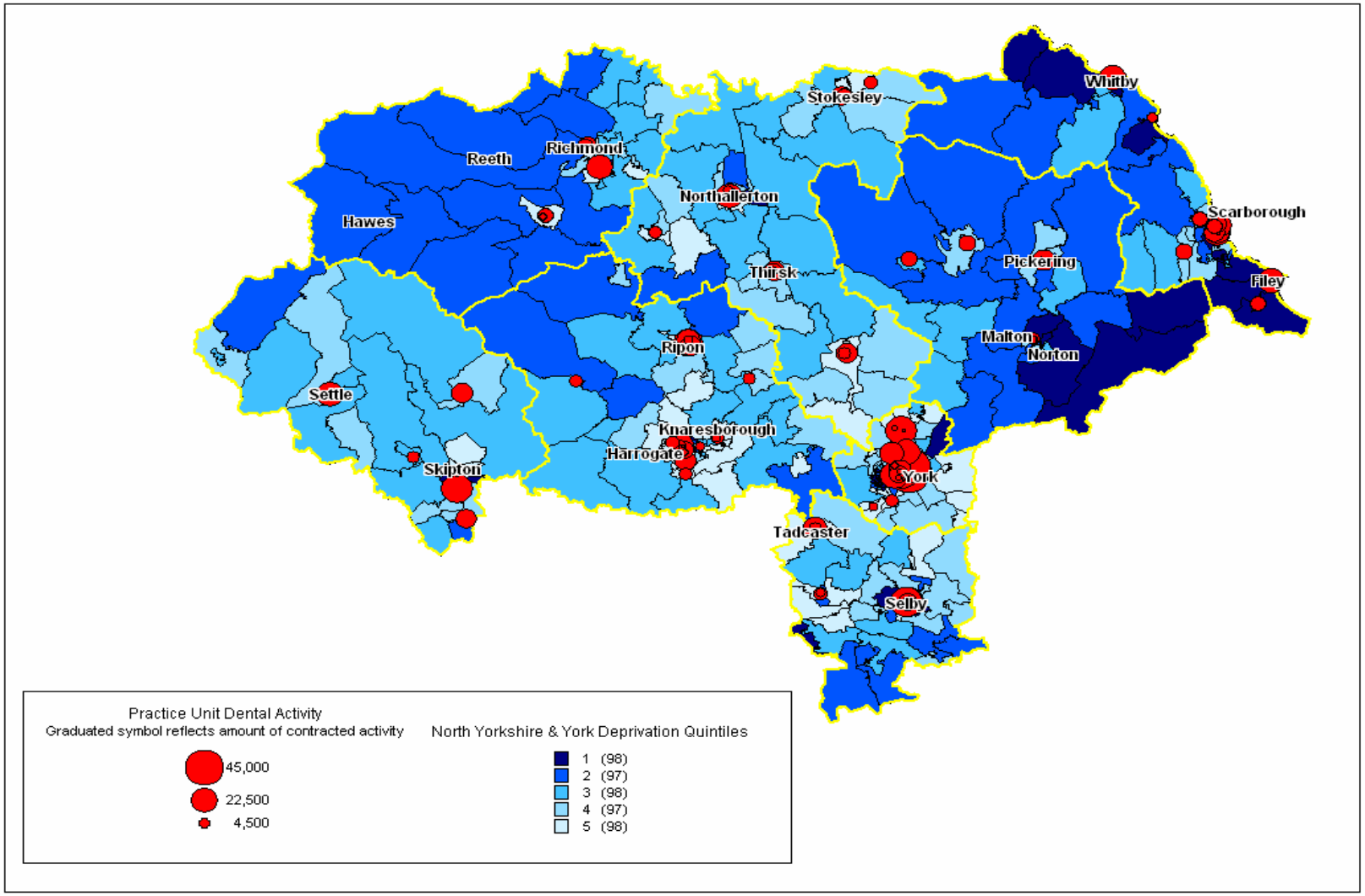
Commissioning Plans

- The Oral Health Commissioning Group has reviewed Commissioning across North Yorkshire relative to population density and deprivation.
- This was matched to the numbers on dental access database.
- The exercise identified geographic areas where commissioned access was below average with England.

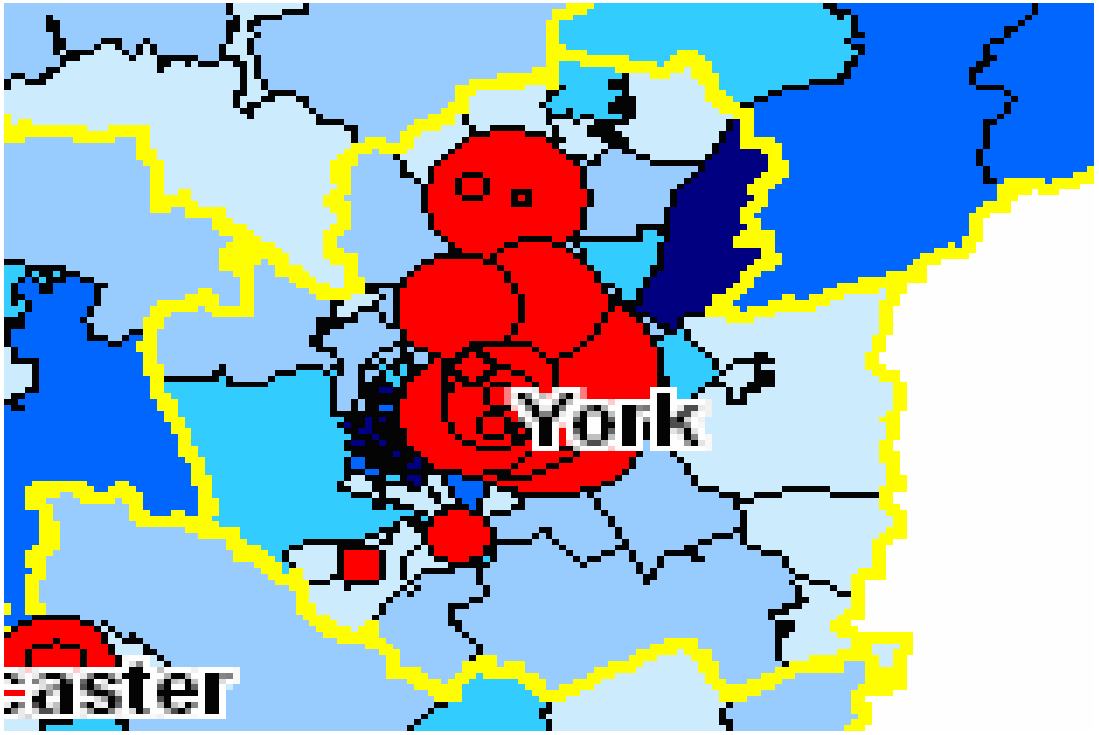
Overview of Current NHS Dental Allocation in North Yorkshire



Contracted UDAs by Deprivation Quintiles



Detail of York UDAs



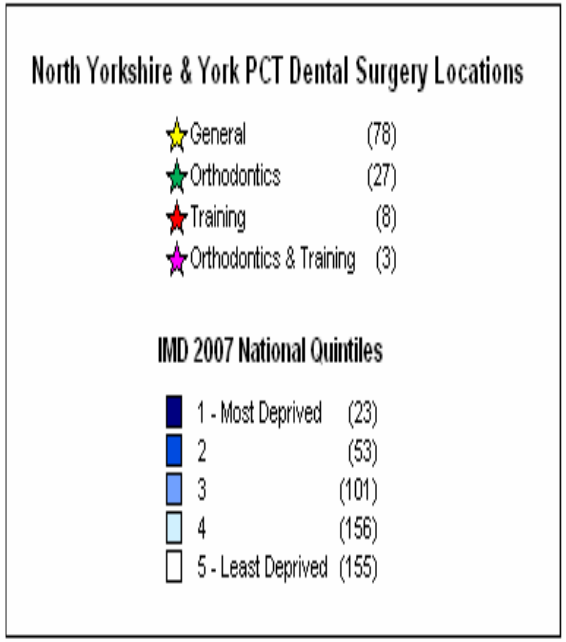
Practice Unit Dental Activity
Graduated symbol reflects amount of contracted activity

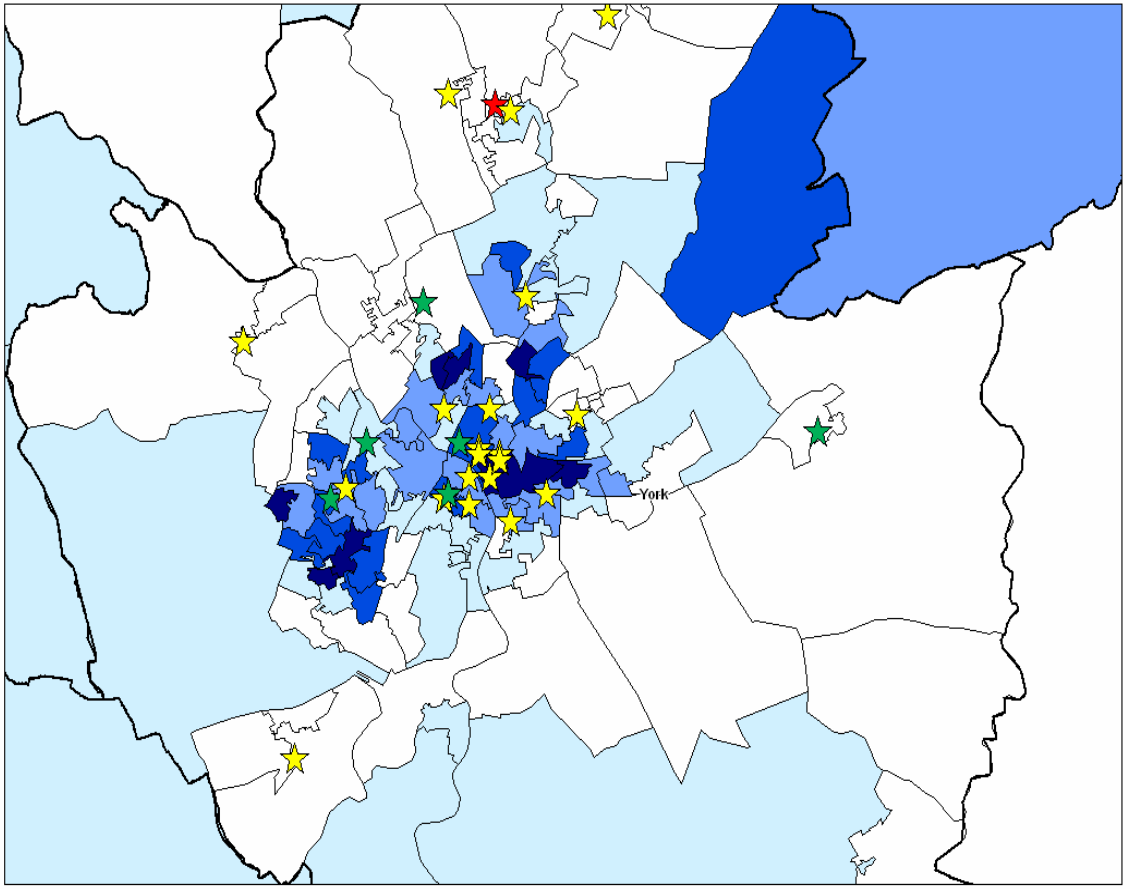
45,000
22,500
4,500

North Yorkshire & York Deprivation Quintiles

1 (98)
2 (97)
3 (98)
4 (97)
5 (98)

Dental Practices in York by Type Against IMD





- The target areas for Access are:
  - Whitby
  - Pickering, Malton and Norton
  - Selby and Tadcastor
  - Rural Harrogate
  - Rural areas adjacent to Catterick.
- Additional activity in areas of greatest deprivation includes areas in & around York
- The additional UDAs will be offered through a procurement process.

NHS Dental Access

York area From Sept 2007 to May 2008:

Area	Total number of patients added to data base	Assigned to dentist	Unassigned and remaining on access data base
York	6,417	2,038	4,379

Out of Hours Provision in North Yorkshire

- Provided by practices in the following locations:
  - Saturday AM: Scarborough, York and Skipton
  - Sunday AM: York, Ripon and Catterick.
- Although we have increased the weekend provision, demand is still high and we are currently reviewing the service offered.

Accessing the NHS Dental Waiting List

- Patients requiring NHS treatment can
  - Phone NYY Dental line on 01904 724107
  - Web site: www.nyypct.nhs.uk (register on line)
  - For Urgent or emergency care:
    - **NHS Direct 0845 46 47**

Health Scrutiny Committee **22nd September 2008**

Dementia Review – Interim Progress

Background

1. In coming to a decision to review this topic, the Health Scrutiny Committee recognised certain key objectives and the following remit was agreed:

Aim

2. To look at the experience of older people with mental health problems (and their families/carers) who access general health services for secondary care in order to identify where improvements may be required.

Key Objectives

i. Where patients with mental health conditions access general, secondary health services, investigate whether their mental health problems are recognised and whether the connection is made between them and the required treatment.

ii. To identify ways in which healthcare professionals may assist patients with mental health conditions to overcome the barriers they face when accessing secondary care.

iii. To investigate ways of improving the safety of patients with mental health conditions and the secondary healthcare providers who have contact with them.

iv. To develop initiatives for improving the experiences of mental health patients using general, secondary health care and their families/carers.

Consultation

3. An informal evidence gathering session was held on 1st September 2008. Members received evidence from carers of relatives with dementia and from representatives of the following organisations:

- York Older People's Assembly
- Age Concern, York
- Alzheimer's Society
- York Carer's Forum
- York Carer's Centre
- Epilepsy Action

- York & District MIND
- York LINk (Local Involvement Network)
- City of York Council Social Services Department
- North Yorkshire and York Primary Care Trust (NYYPCT)
- York Hospital
- York Foundation Trust

4. The evidence received at this event is detailed in the paragraphs below.

Information Gathered

Evidence received from carers

5. Information was received from several relatives and carers and their experiences are detailed below:

Experience 1

- A carer who had looked after a relative with dementia for 12 years had had both good and bad experiences when her relative had accessed secondary care services. When her relative had been diagnosed with cancer the consultant had been excellent and had made sure that the patient understood what was being said. The carer was involved throughout the consultation and in instances where the patient became confused or answered incorrectly the carer interceded on the patient's behalf. She said that people suffering with dementia often understood what was being said but found it difficult to remember details.

- The carer had kept a diary during the last days of her relative's life and this recorded some of her experiences. When her relative was diagnosed with terminal cancer she was admitted to the Elderly Medical Unit at York Hospital. The senior doctor arrived and refused to let the carer be present during his examination of the patient and drew the curtain in front of her. He did not take the fact that the patient was also suffering from dementia into consideration.

- The patient was told that she needed surgery but the carer was unclear as to how this information had been communicated to the patient or whether the patient had understood and remembered what she had been told.

- The patient was subsequently transferred to a ward where there was no senior sister on duty. The carer explained to a member of staff on the ward that another relative was travelling long distance to see the patient and asked if it was okay for the patient to be briefly visited outside of the usual visiting hours. The carer was spoken to very rudely and comments were made about 'all patients having dementia and if she allowed this visit then they would all want it'. The carer felt that these comments were inappropriate.

- The carer had also requested that staff use E45 cream on the patient's sores but this request was ignored and consequently the patient became uncomfortable but was unable to express this to staff.

- The patient was sat in a chair for 4 hours, which considering her bedsores and other ailments was an inappropriate position and would have been very painful.

- Due to the dementia the patient had difficulty swallowing and during the course of the patient's stay in the hospital she was put on an inappropriate diet. Staff were informed that the patient had difficulty swallowing and needed a different diet and liquid pain relief. The carer was told that they could not provide this unless they had evidence that the patient could not swallow from the speech therapist. The speech therapist was not available as it was the weekend and it was 72 hours after admittance before a visit was organised.

- The carer requested that her relative be admitted to a Hospice. The Doctor that she spoke to was new and did not know the name of the Hospice and had to ask the carer.

- The patient was finally referred to the palliative care nurse who did not come until late in the day. The ward they were in was noisy and had very little privacy and was unsuitable for meetings of this nature. The palliative nurse agreed that a Hospice bed was appropriate. A bed was available but there was no ambulance available to transport the patient and the carer was told that the transfer would take place the next day but only if the ambulance wasn't needed for an emergency.

- The patient was unconscious when transferred to the Hospice and passed away early the next morning. The carer likened the patient's experiences to that of a third world death.

- The carer felt that the staff at the hospital had not been sufficiently trained to deal with patients who had dementia and any training that had been given to staff had not implemented.

Experience 2

- An e-mail was received from a carer who raised concerns that dementia patients attending York Hospital for unrelated conditions may not be recognised as suffering from dementia and it may not taken into account when communicating with them. They may be asked to carry out certain procedures, or take a new medication, but have forgotten what is asked of them before they leave the hospital. Her relative, who had recently been diagnosed with Alzheimer's disease, had to attend the pacemaker clinic as an outpatient. The carer had offered to accompany her relative, but the relative had refused this request, as she did not recognise that she had memory problems. The carer contacted PALS (Patient Advice and Liaison Services) at the hospital and requested to be told of any instructions that had been given to her relative; the request was refused and the carer still has no idea of what her relative was told at that visit.

- The above carer feels that dementia patients often present extremely well to strangers. Busy clinic staff may not have access to a patient's full records, or may not look at anything other than the condition they are

dealing with. It would then be very likely that advice given would not be remembered or carried out. If somebody was admitted to hospital then it would become obvious to ward staff if their patient had memory problems; but with fast appointments in clinics it would be very difficult to recognise that her relative had dementia unless you were talking to her for at least a quarter of an hour, which is most unlikely with the lack of time available to individual appointments.

6. A representative of the Alzheimer's Society circulated a handout that detailed experiences of some of the members of the York and Selby branch of the organisation; these are detailed below:

Experience 3

- A person with dementia may have no understanding of what is wrong with them. Staff on the ward were not proactive in stopping a patient walking on a broken leg and risking further injury.
- The patient did not understand that she was having a bath and became very alarmed. The patient's hair was washed but not dried.
- The carer was always happy to help feed the patient and saw this type of relative support as essential in ensuring patients with dementia got properly fed during their hospital stay. She felt that staff sometime objected to her helping with these basic tasks and is opposed to any restriction on visiting hours that excludes visitors during mealtimes.
- Both of the patient's hearing aids (clearly labelled with the patient's name) went missing during the stay. This made communication impossible. Before they went missing the carer checked the batteries, as staff did not see this as part of their role.

Experience 4

- A person with dementia was admitted to York Hospital from a local care home where the care provided was excellent. Her carer and relative felt that the ward staff were only concerned with the physical damage (broken leg) and 'hadn't got a clue' about the patient's dementia. The ward sister was sympathetic but admitted that staff did not have the relevant expertise and they relied on relatives/carers to look after patients with dementia.
- When the patient's blood pressure was taken she was frightened and staff did not understand that simple procedures like this can be terrifying for people with dementia.
- The doctor had prescribed morphine but the nursing staff seemed very reluctant to administer this. The carer/relative had found a glass of water spilt on the floor after the patient had refused to take paracetamol.
- The carer/relative was able to feed the patient at meal times but sometimes arrived when food had already been left out. The patient had

no understanding that the food that had been left out was for her. The carer/relative has since raised concerns that visiting is no longer allowed during mealtimes, which could result in patients with dementia not eating.

Experience 5

- A patient with Alzheimer's and severe sight impairment was admitted to hospital at the request of her GP. Both the Alzheimer's and the sight impairment were pointed out to staff but despite this there was no supervision or help with meals or medication.

- During visiting hours medication was often found spilt all over the bed table and the floor and was left for relatives/carers to clear up. The patient's relative felt that she went without food and medication and staff seemed unconcerned. The relatives were very concerned especially as another confused patient was witnessed picking up the discarded medication.

- Relatives asked permission to visit the patient at mealtimes; the ward sister agreed to this. On arrival a staff nurse pointed to a notice on the wall and said, 'can you not read that visitors are not allowed at meal times.' On being informed that the ward sister had given permission for the lady to be fed, she turned her back and walked off.

- Whenever there was a change of staff the family felt that they had to start all over again as there had been no real communication between staff. When first admitted to York Hospital the patient could walk.

- The only time the patient got out of her chair by the bed was when relatives walked her up and down the ward as the staff said it took 3 or more people to get her to stand up. By the time she was discharged she was completely dependent and unable to walk.

- After 4 months the patient was sent to a special ward for older people with mental health difficulties at Selby Hospital because it was felt that being on a general ward with sick patients was not good for her. Although the patient was meant to be based on this ward the actual practice was to move her to the ward during the day and return her to the general ward at night, which was a confusing and disorientating experience for someone suffering from dementia.

- After 5 months the relatives received a telephone call to say that the patient would be discharged the following day. No arrangements had been made for care or appropriate equipment to be provided to the relatives/carers. On being taken home a care package was arranged to help the family care for their relative at home but after only one day the care staff refused to return because the family had not been provided with a hoist to move the patient with. This left the relatives, who both had back problems, to cope with all the lifting.

Evidence received from voluntary services

7. Several Voluntary Organisations gave evidence at the session and this is set out below:

Age Concern

8. A representative of Age Concern read out an e-mail a colleague had sent her. This highlighted the issue of people with dementia who live alone and their relationship with their GPs. This detailed the case of a dementia sufferer who lives alone in one of the suburbs of York. This person sometimes makes appointments to see their GP and then forgets to tell the Age Concern representative. They would then struggle with things such as booking taxis and collecting prescriptions. In one recent incident the person had been given a letter by her GP to go for an X-ray. It was only after persuading the receptionist at the surgery to look up this information that Age Concern were aware and were able to assist the patient to the appointment. The Age Concern representative has since spoken to the GP and they now work closely to support the needs of the person with dementia.

9. The Age Concern representative mentioned another incident of a lady having been given a hospital appointment. The lady had forgotten what the appointment was for and when Age Concern tried to assist her they were denied any information, as they were not next of kin.

10. On a visit to one of the elderly persons' wards at York Hospital the Community Services Manager at York Age Concern witnessed elderly patients crying out for different reasons; all of whom were being ignored. She felt that because the patients were elderly then nobody was talking to them. She felt that it was much easier to support patients and their families/carers once a diagnosis of dementia had been.

Older People's Assembly

11. A representative of the Older People's Assembly thought the evidence that had been received so far was frightening, especially for single older people. Dementia was a disease that slid slowly into people's lives and did not happen overnight. When all the things that had so far been discussed were combined with a non-family orientated GP service that only offered people 10 minutes slots and seldom came out to visit them in their own homes then this could be said to accentuate the problem of loneliness. He also felt that care workers were poorly paid and staff needed to look holistically at a patient's circumstances.

Alzheimer's Society

12. The Alzheimer's Society offers a befriending service for carers and has had recently had some lottery funding. They are shortly hoping to offer a befriending service to people with dementia.

13. The Alzheimer's Society had put together a leaflet entitled 'This is me'. The leaflet would include information on an individual patient i.e.: photo, date of

birth, primary carer, medication, diet, and assistance required. Patients/carers could hand this leaflet to a member of staff in the hospital to inform them of details that they would need to know. At the moment the Society were trying to introduce the idea of the leaflet into hospitals. Some nursing homes had already agreed to their use and had found them very useful.

MIND

14. The Director of the York & District branch of MIND reiterated that they too offered a befriending service. He raised the concern of dementia sufferers becoming dehydrated, as they couldn't always take liquids without assistance. He also said that if a patient was happy with their care they were more likely to accept that they needed it and more successful relationships tended to be built. He also raised concerns regarding the access and support the traveller community had in relation to dementia care as they were a hard to reach group that were often overlooked. They were likely to either get lost in the system or forgotten and early intervention and pro-active responses, along with intensive support could be beneficial and make a huge difference. Discussions drew out the need for sensitivity in relation to diverse cultural needs.

General discussion

15. Both MIND and Age Concern also offered befriending services. The Alzheimer's Society also offered a 'care and coping' course which ran continuously.

16. The Media and Campaign Officer for the Alzheimer's Society said that there was still a huge stigma surrounding dementia and it was important to stress that people could still live productive and useful lives after diagnosis.

17. The Age Concern representative said that some Ward Committees had provided monies for community support workers. Even if they only visited people once of twice a year they could assist with the identification of those with the early stages of dementia. The support workers also took elderly persons to social events to help avoid loneliness and depression. Members of the Committee asked if statistical information on the number of care workers funded by Ward Committees could be provided and Age Concern agreed to look into this.

Evidence received from service providers

18. Several Service Providers attended the session and provided the following information:

York Hospital & North Yorkshire and York Primary Care Trust (PCT)

19. The Directorate Manager for Elderly Services at York Hospital stressed that they were now dealing with an aging population, which put strains on the available resources. There had been recent investment in terms of staffing but some of the stories that had been heard today had highlighted problems that caused by a lack of staff. There were some wider training issues around

dealing with patients with dementia when they were admitted to hospital for secondary care and these needed to be explored. It was known that 50% of people that were admitted to hospital had mental health problems. There was also an increase in the numbers of people being diagnosed with dementia. The length of stay in hospital for a patient with a mental health problem tended to be longer than those without and there were rarely enough activities to keep them occupied.

20. The Hospital, along with their colleagues in the PCT, had been investigating the possibilities of a 'psychiatric liaison service'. Discussions indicated that this was a multi-agency scheme, which unfortunately had been stalled due to a lack of funding. There was a need to push this further forward to provide the link between the community and the hospital. A lot could be gained if there could be a liaison between interested groups. At the present time the 'psychiatric liaison service' does not exist although a pilot had been undertaken some time ago. The pilot scheme had produced some clear anecdotal evidence on the benefits of the service.

21. There were proposals for a new scheme that would allow care workers to go into people's homes immediately after discharge from hospital. These workers would be specifically trained to deal with the needs of the people they were assisting. It would be rapid response care but for short periods of time.

22. She also acknowledged that there was a need to improve staff attitudes and support for staff whilst at the same time looking at involving carers more.

23. Representatives of York Hospital confirmed that they had recently set up a new protected mealtimes initiative. Those patients who needed assistance at mealtimes were served their meals on a red tray so that staff could easily identify them. Training had been provided to all staff and nutrition audits were undertaken.

24. One of the problems with mealtimes had been that things carried on as normal throughout them. Under the new initiative visitors are not allowed during mealtimes, doctors do not visit (except in emergencies) and staff do not undertake duties other than helping the patients with their meals. The new initiative would be monitored.

Specialist Nurse for Mental Health (York Hospital)

25. The Specialist Nurse for Mental Health (York Hospital), who worked mainly in the elderly units, said that her role was mainly reactive rather than proactive. When a patient on a ward was causing a problem then she would assess the situation and offer advice on possible solutions. She felt that she offered a good service but was a one-member team. She would only offer advice on a patient in the early stages of dementia if she were called in because the patient was causing a problem. She felt that there was a need for training in mental health issues and that attitudes towards mental health problems needed to be changed**.** Discussions were had around how much training medical staff in other directorates had on mental health issues and it was generally agreed that there was a lot of room for improvement.

City of York Council

26. The Service Manager for the Social Work Department at City of York Council (CYC) pointed out that there should be a named nurse for each patient on a hospital ward. Further discussion identified that carers and relatives were not always familiar with hospital systems and may not know how to access this information.

27. She raised the fact that consultants and doctors that worked on the elderly wards had different attitudes towards the care of those with dementia than those working in other areas of the hospital. She said that it was very easy for people with dementia to come into hospital and be discharged without their mental health needs being noticed. If a patient did not 'cause problems' or a problem is not highlighted by staff then their mental health could easily go unnoticed.

Issues Arising

28. Members felt that the evidence gathered to date had raised the following concerns and issues that needed to be addressed.

Accessing & Sharing Information

- In the age of computerised record keeping is there no way that patients who have a diagnosis of dementia, live alone and need more support could be flagged up in some way
- Different service providers had different computer systems and these were not always compatible with each other
- It would be very easy to flag up on GP notes if a patient had dementia & no relatives. The Voluntary Organisations such as Age Concern and Alzheimer's Society would then be able to assist
- There was difficulty sharing confidential information across agencies.
- Is there a way that certain information could be shared with voluntary organisations to enable them to assist their clients

Involvement of Carers/Relatives

- Older people and their families often did not know how to deal with the early stages of dementia (pre-diagnosis) and were often not given enough support. Once a patient was 'in the system' they (and their families/carers) were more likely to get the support they needed
- The importance of keeping carers/relatives involved during a patient's stay in hospital
- Poor pay for care workers
- There was a fine balance between knowing when to ask the patient questions and when to ask the carer/relative. It was noted that people with dementia could be convincing.
- There was a need to improve carer experiences.

Attitudes towards dementia

- There is a lot of ignorance surrounding dementia and many people do not know how to deal with parents who are incapacitated by it. Better publicity may help
- Attitudes towards mental health needed to be changed

Dementia patients and the hospital environment

- The importance of keeping carers/relatives involved during a patient's stay in hospital
- Hospital visiting times and supervision at meal times
- Practical considerations are very important when a patient is in hospital (i.e. working hearing aids, whether a patient can eat and drink unaided)
- Clinicians in 'short appointment clinics', such as the outpatients' clinics may not always have full medical history on hand and may not recognise that a patient has memory problems/dementia
- Hospital staff do not always talk to relatives/carers but amongst themselves
- It is sometimes difficult to get hospital staff to take on board the concerns that carers have or to listen to the information that they can provide about the needs of the patient
- Carers/relatives are not necessarily familiar with hospital systems. Is there anything that can be done to change this?
- How should the needs of elderly people, especially those with dementia, be met when attending hospital appointments and during hospital stays?
- There was a lack of private space for meetings and assessments to take place in the hospital environment

Psychiatric Liaison Service

- The fact that a 'psychiatric liaison service' did not exist at the present time.
- Information regarding what a liaison service would provide is attached at Annex A to this report

Voluntary Organisations

- Not everyone is aware of voluntary organisations and what they can do to assist. The general public are not always given a good picture of what is out there in terms of moral support

General

- Family GPs no longer exist and often are not aware of a person's history
- We are an aging population and thus there will be more people with dementia
- People's choices must be respected
- Many people are reluctant to accept that they have dementia
- There was a fine balance between knowing when to ask the patient questions and when to ask the carer/relative. It was noted that people with dementia could be convincing.

- The need to maintain the health and safety of the patient at all times and for positive relationships to be built.

Options

29. Members will need to consider whether they have enough information to produce a draft final report and identify some appropriate recommendations.

30. If Members feel that they need further evidence they will need to indicate whom this information should be gathered from and when they would like to receive it.

Recommendation

31. It is recommended that Members consider and agree:

    i. Whether it is necessary to gather further information and if so from whom and when

    ii. If the above is not considered necessary then to make appropriate recommendations to be included in the draft final report.

    Reason: To progress this review

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Interim Report Approved √ **Date** 11.09.2008

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – What a liaison service would provide.

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Annex A

York Hospitals NHS
NHS Foundation Trust

CYC – Health Scrutiny – Dementia review
1st September 2008
Additional Information from York Hospital

WHAT A LIAISON SERVICE WOULD PROVIDE.

- Improved access to an initial mental health assessment and treatment for all patients.

- Early screening on admission with regard to mental health needs

- In depth assessment of mental health need for patient's in order to ensure the appropriate care, treatment and management of these needs at the same time as their physical health needs are being met.

- Ensure suitable risk assessments are undertaken regarding mental health need in order to reduce length of stay and prevent further loss of independence.

- Optimise and expedite discharge for patients with mental health needs. E.g. discharge home with care package instead of nursing/ residential home placement.

- Appropriate assessment for transfer to transitional and intermediate care for those with mental health needs.

- Reduce readmission rates for this patient group by ensuring comprehensive mental health assessment and referral onto specialist services.

- Training and awareness sessions for general hospital staff – and ongoing modelling of patient centred care.

- Provide a source of information, advice and support to hospital staff regarding crisis management for patients in acute distress.

- To offer advice and support in developing ongoing plans of care to enable staff to deal with challenging behaviours, both during current and subsequent admissions.

- Improve joint working across all agencies – particularly when assessing ongoing after care needs. Provide a link between Mental Health services (NYYPCT), Social Services (CYC) and general hospital services.

Staffing required

Team Leader – specialist nurse in post
Additional nursing
Occupational Therapist
2 Sessions of psychiatrist
Social worker
Support Staff

Sue Beckett
Heather Sweetman
Dr. Kesavan

September 2008

Health Scrutiny Committee Work Plan 2008/09

Work Area	Tasks	Timeframe	Responsible Officer
LINks	• Participate in training and events in connection with the development of the LINk in conjunction with Host (North Bank Forum) • Receive regular updates from Trusts • Report back with a detailed working relationship between LINks, NBF & the Health Scrutiny Committee	Ongoing Ongoing January 2009	Nigel Burchell / Scrutiny Officer (as appropriate)
Dental Provision In York	• Receive regular update from PCT		Scrutiny Officer together with appropriate persons from the PCT.
Annual Healthcheck	• Begin preparations for 2008/09 Annual Healthcheck	December 2008	
Current Scrutiny Review (A review on dementia and secondary care)	• Receive interim report • Receive draft final report • Consider final report prior to its consideration by SMC	September October November	Scrutiny Officer together with appropriate officers in Directorates
Protocol for the Yorkshire and Humber Councils Joint Health Scrutiny Committee	• Adoption of Protocol for the Yorkshire & Humber Councils' Joint Health Scrutiny Committee	October 2008	Scrutiny Officer
Local Area Agreement & Healthy City Board	• Update Report	November 2008	Scrutiny Officer with Denise Simms (Senior Partnership Support Officer – Without Walls) and Rachel Johns
Consultation on the NHS Constitution	• Report on Consultation on the NHS Constitution	October 2008	Scrutiny Officer
General	• Update on events attended in relation to Health Scrutiny	October 2008	Scrutiny Officer

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