

CABINET – 18 MARCH 2014

ITEM 4 – QUESTIONS FROM COUNTY COUNCILLORS

Question received from the following Member:

1. From Councillor Hards to Councillor Hibbert Biles

“Following the reply to the question which I addressed to Councillor Hibbert-Biles at Cabinet on 25 February, I’ve been making enquiries about the “improved integrated sexual health service” to which the Cabinet Member referred.

Although the services will be provided in what might loosely be described as “premises in geographical locations where previous services were in place”, I understand that only the Banbury contraception & sexual health (C&SH) clinic will be in the same location as before and that many of the new locations are less well provisioned.

Taking Didcot as an example:

The new integrated sexual Health service provided at the Oak Tree Health Centre will:

- a. not have a dedicated confidential reception area – the proposal is for a table in the waiting area. Of course this may change in the future if pushed but has implications for both staff safety and patient confidentiality.
- b. Have a new computer system which will be unfamiliar to the genito-urinary medicine (GUM) and C&SH staff, which is not yet running, and for which no training has yet been given to staff in C&SH
- c. Have considerably less storage facilities for pills, antibiotics, dressings etc than is currently available in Didcot Health Centre despite the inclusion of GUM services in the clinic.
- d. Have a limited number of clinical rooms which will not be sufficient to provide the increased service and as well as accommodating the existing number of C&SH focused staff. This does not look like an enhanced service – it is an additional service for GUM but requires a contraction of the C&SH service.

What steps did the Cabinet Member for Public Health take to ensure that the tender specification was adequate, and that the contract which was signed fully met that specification?”

Answer

“The sexual health service will be delivered from a combination of community and secondary care locations in similar geographic locations to existing clinics. Unfortunately it is reported to us by the new providers that while they wanted to lease existing sites, they were not able to do so for all sites. However, all the new clinics which will house the new service will be based in

the same towns as current services and meet the agreed specifications to give a wide coverage across the county.

Access to services is a priority of the commissioners and across the service as a whole there will be an increase in hours of service compared to current hours. The commissioners of this service believe that the new integrated service being implemented will provide improved sexual health services across Oxfordshire and will meet the changing needs of the residents of Oxfordshire.

Taking Didcot as an example:

The new integrated sexual Health service provided at the Oak Tree Health Centre will:

- a. Not have a dedicated confidential reception area – the proposal is for a table in the waiting area. Of course this may change in the future if pushed but has implications for both staff safety and patient confidentiality.*

Oak Tree Health Centre is CQC registered and has been serving the local community since 1997 and has many satisfied patients. We are not aware that staffs currently working at Oak Tree Health Centre are at risk to their personal safety any more or less than any NHS provider. Therefore we would have no concern that OUHT personnel operating out of the same site would be at any more or less risk to their personal safety unless the councillor is party to information we do not possess.

We have been assured that patient confidentiality is of the highest importance and that the all staff will be made aware of OUHT policy about confidentiality and information governance.

- b. Have a new computer system which will be unfamiliar to the genito-urinary medicine (GUM) and C&SH staff, which is not yet running, and for which no training has yet been given to staff in C&SH*

The NHS is comprised of several organisations who will have decided on different systems to manage their data and records. We have been satisfactorily assured by the new providers that they have the appropriate data handling and governance systems in place in support of their service. It is not uncommon for personnel moving to different employers in healthcare have to learn to work with new computer software systems. We are assured that staff transferring from OH to OUHT will receive appropriate support and induction.

- c. Have considerably less storage facilities for pills, antibiotics, dressings etc than is currently available in Didcot Health Centre despite the inclusion of GUM services in the clinic.*

In commissioning sexual health services, the procurement and management of assets to deliver safe quality care are the responsibility of the provider. We

have no responsibility for the size of the storage facilities to assist their asset management and would not consider this a concern provided that all regulations and guidelines are met to ensure the delivery of a quality service which does not compromise patient safety.

- d. Have a limited number of clinical rooms which will not be sufficient to provide the increased service and as well as accommodating the existing number of C&SH focused staff. This does not look like an enhanced service – it is an additional service for GUM but requires a contraction of the C&SH service.*

The Cllr is correct in the fact that this is not an enhance service but an integrated service. The current services which have been in place for some time have been split between two providers and the contracts for these services are due to terminate 31 March 2014.

At the start of the procurement process the sexual health needs of the population of Oxfordshire were examined and it was apparent that the services could be redesigned to better meet the needs of the population. The specified service which has been commissioned is in line with national guidelines for best practice for delivery of sexual health services and was designed in full consultation with all stakeholders including existing providers.

Using current activity for the service in Didcot as an indicator, we are assured that the clinic secured by OUHT will provide sufficient capacity to deliver future services for the local community.”

2. From Councillor Howson to Councillor Tilley

“Can the Cabinet Member provide an estimate of how much revenue was collected from students aged 16-17 in bus and other travel income for journeys from home to schools and colleges in the first term of the current school year when these young people were required to remain in education or training as a result of the raising of the education participation age?”

Answer

“The total: £69,148 total income for September – December 2013.

It would not be possible to estimate the impact of the increase in the participation age as this would require an interrogation of individual students to ascertain whether, had the participation age not increased, they would have stayed on at school.”

3. From Councillor Fooks to Councillor Rose

“As Oxfordshire County Council is actively encouraging staff to use bicycles where possible, to reduce unnecessary car use, why has the Bike to Work scheme to assist in the purchase of bicycles been stopped?”

Answer

“The Cycle to work scheme was withdrawn in 2012 due to the complexities of administering the scheme and changes to VAT legislation which meant that potential savings made by employees were significantly reduced. A number of local cycle shops do offer discounts to Oxfordshire County Council staff on the purchase of cycles and accessories.”