



<u>Committee and Date</u>	<u>Item</u>	<u>Paper</u>
Joint Health Overview Scrutiny Committee	3	B
11 October 2006		
3.00 pm		
	Public	

**MINUTES OF THE MEETING HELD ON 4 SEPTEMBER 2006 AT 10.00 AM
AT THE AFC TELFORD LEARNING CENTRE, HAYBRIDGE ROAD,
WELLINGTON, TELFORD**

Responsible Officer Harold Bound

e-mail: harold.bound@telford.gov.uk

Tel: 01952 202502

Present

Members of the Joint Committee:

Borough of Telford and Wrekin:

Councillors Rosemary Chaplin, Jacqui Seymour and Derek White (Chair) and Dilys Davis (co-optee).

Shropshire County Council:

Councillors June Drummond, Yvonne Holyoak, Shirley Sambrook, Margaret Winckler and Jo Jones (co-optee).

Others Present

Viv Parry, Shropshire County Council Health Overview and Scrutiny Panel
Jean Mainwaring, Shropshire County Health Overview and Scrutiny Panel.

Jack Collier, Corporate Director Community Services, Shropshire County Council
Ken Clarke, Head of Audit and Scrutiny, Borough of Telford & Wrekin
Tom Dodds, Scrutiny Officer, Shropshire County Council
Alison Smith, Principal Scrutiny Officer, Borough of Telford & Wrekin

Margaret Bamford, Shrewsbury and Telford Hospitals
Trish Rowton, Deputy Chief Executive Shrewsbury and Telford Hospitals
Simon Conolly, Chief Executive Telford and Wrekin Primary Care Trust
Julie Grant, Chief Executive of Shropshire County Primary Care Trust
Clive Walsh, Strategic Service Plan, Programme Director

1. Apologies

Apologies for absence were received from Councillors Veronica Fletcher (Borough of Telford & Wrekin) and Dilys Gaskill (Shropshire County Council) and Dennis Edwards (Borough of Telford & Wrekin – co-optee).

2. Declarations of Interest

No declarations of interest were made

3. Minutes

- 3.1 The Minutes of the meeting held on 17 July 2006 were confirmed as a correct record, subject to the addition of June Drummond to the names of those present at the meeting.

4. Formal Consultation on Acute Health Services

- 4.1 A presentation was given on proposals from the Shropshire County and Telford and Wrekin Primary Care Trusts for significant service changes in Acute Health Services with the objectives to deliver sustainable quality services and financial recovery. A copy of a document setting out proposals and recommendations for formal consultations with stakeholders, NHS staff and the public was circulated during the meeting.
- 4.2 This was the second stage of the formal consultations on service changes. The consultations on the proposals from the Shropshire County Primary Care Trust for service changes in Primary Care, Community Services and Older People's Mental Health had been extended to 29 September 2006 in order to enable the proposals to be considered in their entirety. The Board of the Shropshire P.C.T. would consider the Stage 1 proposals, and observations submitted regarding them, in October.
- 4.3 Account had to be taken of the changing circumstances including the requirements of an aging population, advances in drug and other treatments available, European Law on hours of work and the training and experience of health care staff. It was necessary to respond to these changes and to address longstanding financial problems. Nevertheless, a commitment was being made to retention of the current consultant led accident and emergency services at Shrewsbury and Telford hospitals.
- 4.4 Proposals were put forward to ensure that two clinically sustainable hospitals could operate within a financially viable teaching foundation Trust.
- 4.5 With regard to Children's services it was proposed that as far as was practicable children should be cared for at home. For children assessed as requiring hospital treatment, inpatient units would be maintained at both hospitals. However, attempting to provide 24 hour medical staffing at both sites may lead to one or both not remaining clinically sustainable. The option being put forward for consultation was that unit at the Princess Royal Hospital should be staffed at night with qualified nurses and a consultant would be on call if required. If there was a clinical need for 24 hour care, arrangements would be made for a transfer to Royal Shrewsbury hospital.
- 4.6 Day care and outpatient urology services would continue to be provided at both sites, but it was proposed that all inpatient surgery should be carried out

at Telford. The proposed arrangement would help to maintain urological cancer services in the County.

- 4.7 There was an increasing need for renal dialysis services and it was proposed that the number of stations at the Princess Royal Hospital should be increased from 6 to 20, and that an additional 6 stations should be provided at Welshpool.
- 4.8 It was also proposed that there should be investment of up to £2m in cardiac and vascular imaging equipment at both sites.
- 4.9 No changes were proposed to maternity services at Shrewsbury and Telford, and use of facilities available at Community hospitals would be encouraged.
- 4.10 The Financial Recovery Plan involved the control of costs through productivity improvements and took account of projected increases in income through Payment by Results. Shropshire County and Telford and Wrekin Primary Care Trusts had agreed in principle that their contribution to the West Midlands NHS Bank could be used to reduce the historic debt at Shrewsbury and Telford Hospital Trust, subject to the Trust delivering their financial recovery plan. The Trust had agreed to repay the remainder of its historic debt by 2011/12.
- 4.11 Views were being sought on the vision for healthcare provision in Shropshire and Telford and Wrekin. This would involve treatment as close as possible to the patient, consistent with safety and affordability. The responsibilities of the NHS and of patients were set out in the consultation document. A programme of public meetings was being drawn up, and information on the dates and venues of meetings would be published as soon as possible.
- 4.12 Concern was expressed about the proposal for night time cover at the Telford hospital paediatric unit to be provided by nurses, in particular in relation to the costs involved for families on low incomes and without transport in travelling from Telford to Shrewsbury. There was also concern that proposals to treat more children at home could lead to a closure of paediatric units. A question was raised as to where the consultant on call would be based.
- 4.13 Members were informed that the average rate of occupancy on children's wards was 60%. The development of a community support service would enable more children to be cared for at home and for admissions to hospital to be made only when absolutely necessary. A protocol was being drawn up for assessments to be made by GPs, specialist nurses or consultants as to the most appropriate place of treatment. The normal requirements relating to consultants being on call would apply.
- 4.14 The Chairman expressed the view that treatment at home would be more expensive as it would involve highly qualified staff having to spend more time travelling. A point was made that there would be a need for more district nurses, but the Stage 1 consultation proposed that the number of community nurses should be reduced.

- 4.15 It was reported that children recovered more quickly if treated at home. It was proposed that paediatric nurses, rather than community nurses, should carry out more outreach work.
- 4.16 More information was sought regarding how treatment at home would work in Shropshire, and the number of children who would be affected by the proposed changes to paediatric services. Members were informed that it would not be possible to maintain the status quo, and that it would not be possible to staff two 24 hour rotas. The imposition of the 48 hour working time directive would mean that changes to working practices would be necessary.
- 4.17 There was a need to ensure that the correct information was given to parents about any changes to arrangements for night-time cover, and that parents did not travel to Shrewsbury unnecessarily. It was suggested that technology should be used for examinations at Telford.
- 4.18 Jo Jones asked whether sufficient facilities were available for the care of premature babies. It was reported that no changes to Neonatal facilities were currently being proposed, and that sufficient cots were available. A national review was being undertaken of units suitable for premature babies, and any changes proposed following this review would be subject to a separate consultation. The service was currently funded on a West Midlands wide basis.
- 4.19 Questions were raised regarding the facilities available for dealing with epidemics. Members were informed that when necessary, the appropriate escalation strategy would be adopted, including arrangements for isolation if appropriate.
- 4.20 Margaret Winckler stated that she did not believe that the proposed changes would address the financial problems, and that she considered that the responsibilities of other agencies would be increased. The requirements being made for patients to travel further for treatment would adversely affect disadvantaged people throughout the County.
- 4.21 Yvonne Holyoak stated that community care schemes, dial-a-ride services and ambulance car schemes were available. Concern was expressed that many members of the public were not aware of these schemes and how they could be accessed.
- 4.22 Concern was expressed about the increase in travel distances for persons needing in-patient renal services.
- 4.23 Reference was made to the different funding arrangements applying to patients living in Wales. Members were informed that negotiations regarding this issue were ongoing, and that the financial recovery plan assumed that there would be a gradual adoption of the same funding tariff for patients from Wales as applied to patients from England.
- 4.24 Members were informed that it would be preferable for all renal services to be on one site, but there were capacity problems, and it would be unreasonable to require patients to travel long distances for day surgery.

- 4.25 It was essential to ensure that both hospitals remain viable. It would be difficult to move all interdependent services onto one site and consideration would need to be given to the implications for other services. The skills mix required at both sites would need to be examined and some staff would need to work at both sites.
- 4.26 It was suggested that consideration be given to closer working arrangements with hospices, and that minor surgical procedures be undertaken at community hospitals.
- 4.27 In response to questions from members it was reported that all cancer services were currently under review on a wider basis than in Shropshire and Telford. The issues involved were very complex and if any changes were proposed there would need to be a separate consultation exercise.
- 4.28 It was reported that all NHS Trusts were being asked to adopt Foundation Trust status by 2008. This arrangement would increase accountability without increasing bureaucracy. If the hospitals became a Teaching Trust their ability to attract the best quality staff would be improved.
- 4.29 Concern was expressed about the impact of Payment by Results on the finances of Primary Care Trusts, and the funding that would be available for other services funded by Primary Care Trusts.
- 4.30 Jean Mainwaring expressed concern about the impact which earlier discharges from acute hospitals would have on community hospitals and the means testing arrangements for care packages. Members were informed that currently there were some problems of bed blocking in community hospitals, but that no problems were being encountered in discharging patients from acute hospitals. The means testing arrangements for care packages would be no different from the arrangements that currently apply.
- 4.31 Margaret Winckler stated that no mention was made of a contingency reserve in the financial section of the document, and asked what provision was being made for increased energy costs. It was reported that the financial situation precluded making provision for a contingency reserve. It was assumed that the level of income would increase as a result of the adoption of Payment by Results, and provision had been made for pay inflation.
- 4.32 Questions were raised about the availability of capital resources for the proposed changes. It was acknowledged that the lack of availability of capital funding had been a major constraint on proposals being put forward for changes to services. However, capital amounting to £2m was available for investment in cardiology services and the PCTs were confident that capital could be obtained for the proposed changes to renal services.
- 4.33 Yvonne Holyoak stated that she supported the vision set out on page 17 of the consultation document but that it would be heavily reliant on effective partnership arrangements and co-operation of medical staff. Members were informed that clinicians had been involved from the outset in discussions

regarding the proposals outlined. It was pointed out that changes would be necessary because of reductions in working hours and reductions in the number of doctors in training. Work was currently ongoing on the clinical protocols which would need to be adopted.

- 4.34 Questions were raised about the robustness of the assumptions in the financial section of the consultation document, and concerns were expressed about the arrangements for the payback of debt to the NHS Bank. Members asked about the implications of failing to meet the financial recovery package. It was suggested that greater efforts needed to be made to reduce the amount of wasted expenditure on drugs.
- 4.35 Members were informed that the NHS Bank would operate at a West Midlands Regional level, and that initial deposits made would need to be paid back over a three year period. If any Trust was not able to deliver its financial recovery plan intervention measures would have to be applied.
- 4.36 Questions were asked about the continued application of targets and the impact of further reductions of 211 staff outlined in the consultation document.
- 4.37 It was reported that with the introduction of Foundation Trust status, whilst targets relating to patient care would be retained, other targets would not apply. Revised staffing arrangements would be introduced and use would be made of multi-disciplinary groups. A rigorous assessment was being made before any vacancy arising was filled. It was also necessary to consider whether some treatments could be undertaken without admitting patients to hospital.
- 4.38 The Chairman stated that the meeting was the start of the scrutiny process. The main objective would be to ensure that the best possible services were achieved for the whole of Shropshire. Further discussions would be required with the Primary Care Trusts and advice would need to be sought from health care workers and information obtained from other areas.
- 4.39 Clive Walsh stated that the formal consultation for the Stage 2 proposals would extend to 27 November 2006, and that the two Primary Care Trusts would consider all of the responses made by stakeholders and the views put forward at the public meetings which were to be arranged.

Chair: _____

Date: _____

The meeting finished at 12.25 p.m.