

## NORTH YORKSHIRE COUNTY COUNCIL – 21 February 2007

### SCRUTINY OF HEALTH COMMITTEE - STATEMENT BY THE CHAIRMAN

#### Scrutiny of Health Committee meeting in Selby – Friday 9 February 2007

1. The meeting was attended by Johnny Wardle, Chairman, North Yorkshire and York Primary Care Trust (NY&Y PCT), Janet Soo-Chung (Chief Executive), Nick Steel (Director of Finance), Janet Probert (Director of Operations) and Dr Andrew Clark (PCT Lead on Public Health matters). They updated the Committee on the PCT's short term financial measures which were introduced in January and summarised work towards developing a long term financially affordable plan for modernising and re-configuring services.
2. Members will recall that the PCT introduced a range of measures with a view to reducing its year end deficit by £10m from the forecast financial year end amount of £45m in the red. These include a temporary suspension, for three months, of a range of services such as treatment of varicose veins, wisdom teeth, epidurals for chronic lower back pain and bunion surgery as well as direct access to certain diagnostic imaging services such as MRI scans.
3. Central to these measures is the PCT's Exceptions Panel for Prior Approval which comprises clinicians and managers, whose role is to ensure that only those patients whose needs are exceptional will be able to access these treatments and diagnostic services. The PCT also summarised how it is working closely with the Hospital trusts, examining the role of the Out of Hours service and what is done in primary care generally to try and develop innovative ways of reducing cases in Accident and Emergency departments and emergency admissions.
4. The PCT commented that it is confident the deficit will reduce by £10m by the end of the financial year (April 1<sup>st</sup> 2007) but added that precise figures are not yet available up to the end of January which would enable the PCT to say what progress is being made.
5. In terms of looking to the future the PCT emphasised its commitment to work with all stakeholders and with patients and the public to develop a long term plan. The PCT highlighted how medical science is advancing and how new drugs and procedures are becoming available but some of these advances are extremely expensive. Dr Clark referred in particular to a new treatment which can reverse the on-set of blindness but the course of drugs is very expensive at around £1,000 per month.
6. The Committee offered its services to the PCT in trying to help it deal with its financial difficulties on the basis that a problem shared is a problem halved. Both Johnny Wardle and Janet Soo-Chung welcomed this positive approach and suggested the Committee and individual Members might play a major role in ensuring that patients and the public are fully involved in the planning of future developments.
7. The Committee meeting was managed as two separate evidence gathering sessions. Following discussions with the PCT the Committee then heard from Dr McGrann,

Chairman of the North Yorkshire Local Medical Committee (NYLMC) since 1996. Every GP in North Yorkshire and York is a member of the NYLMC. Dr McGrann commented that all too often the NHS receives poor or negative media coverage but we all need to remember that the NHS is doing a tremendous job day in, night out around the year. The NYLMC also acknowledges the serious financial situation in the NHS locally and how action does need to be taken.

8. Dr McGrann did express serious concerns that the duty of care GPs owe to their patients has been undermined by the PCT's Prior Approvals Panel and in which the NYLMC has no confidence.
9. The NYLMC is also extremely disappointed that the PCT has not responded to 3 letters which it sent to the PCT during January. One letter set out 30 specific questions which required urgent answers from the PCT, including whether it was prepared to assume clinical responsibility for the result of the implementation of its proposals in the event of a claim being made by a patient against a GP for professional liability.
10. Dr McGrann also queried the extent to which the procedure is fully understood by the Hospital trusts. He suggested that the list of suspended services and procedures was being used to deny patients access to other services and procedures which have not been suspended. Dr McGrann emphasised that GPs accept the need to modernise services but think that the PCT's recent actions are a step backwards leading to a diminution of care. His final postscript was that there was a need to bring the public into the debate around the actions needed to address the NHS financial deficit in North Yorkshire and York.
11. As part of the final agenda item Martin Connor, Chief Executive of Selby District Council summarised the background to a bid for funding to build a new Community Hospital in Selby using the Department of Health's funding pot of £750m which is available nationally over the next 5 years. The proposal will also include brand new offices for Selby District Council on the same site as the new Hospital. A decision on the bid is expected by the end of March 2007.

### **Visit to Selby War Memorial Hospital**

12. After the Committee Members visited the Selby War Memorial Hospital to see first-hand the range of services it provides and to engage with key staff on the vision for the future. We were extremely impressed with what we saw, including the dedication and commitment of the healthcare professionals and support staff, and their enthusiasm for the new Community Hospital should the bid be successful. As usual in Community Hospitals there is a vibrant Friends of Selby War Memorial Hospital organisation that provides volunteers and tirelessly raises funds for investment in the Hospital and its services.

### **Consultation by the Scarborough and North East Yorkshire NHS Trust on Maternity Services at Bridlington, Malton and Whitby Community Hospitals**

13. The SoHC is going to be involved and will be holding evening meetings on:

- ❖ Thursday, 22 February 2007 at 6.30pm at Bridlington Leisure Centre - Joint Committee with the Scrutiny of Health Committee from East Riding of Yorkshire Council. \*
  - ❖ Thursday, 1 March 2007 at 6.30pm at Whitby Pavilion, Whitby. This meeting will also examine the impact that closure of the Mulgrave Ward at Whitby Hospital has had on patients, and the public perception that services at the Hospital are in continuous decline. I have sent a written request to Janet Soo-Chung for a senior representative from her PCT to attend this meeting, and I await her reply.
  - ❖ Wednesday, 7 March 2007 at 6.30pm at Bridlington Leisure Centre - Joint Committee with the Scrutiny of Health Committee from East Riding of Yorkshire Council. \*
  - ❖ Monday, 12 March 2007 at 6.30pm at Ryedale District Council Offices, Malton. We also intend to formulate our final response to the Consultation on the maternity services at the 3 hospitals at this meeting.
- \* Representatives from the North Yorkshire SoHC are County Councillors John Blackie, Val Arnold, Margaret Hulme, David Heather and David Billing and Borough/District Councillors Jim Preston and John Raper.

### **Yorkshire Air Ambulance**

14. Together with County Councillors David Billing and David Heather I will be meeting with Martin Eede, Chief Executive of Yorkshire Air Ambulance (YAA) on 22 February 2007. The purpose of that meeting will be to plan how the Committee could act as a catalyst to bring about a conference or forum at which agencies including the NHS and Planning Authorities could start work towards making more sites available for night time transfer of patients by helicopters provided by the YAA.

### **Scarborough Pain Clinic**

15. Together with County Councillor David Billing I have met with representatives of the PCT, the Scarborough Hospital NHS Trust and the Pain Clinic Support Group to discuss the issues in more detail. The first meeting in this series was with the pain clinic support group which was held on 15 February in Scarborough.

### **The future of services at Scarborough District General Hospital**

16. At the invitation of Leo McGrory, Chairman of the Scarborough Hospital Patient and Public Involvement Forum I was invited to sit on the panel at a public meeting on 15 February to discuss the future of services at the Hospital. Other panellists included Robert Goodwill MP for Scarborough and Whitby, and the Chairman and Chief Executive of the Scarborough Hospital Trust.
17. The meeting was good natured and heard that the emergency PCT proposals put in place in January to make savings have had less of an impact on Scarborough Hospital

than at other hospitals in the County. It was again firmly emphasised that there would be a full Consultant led 24/7 Accident and Emergency service maintained at Scarborough Hospital in the future.

18. There was around 60 members of the public present who were re-assured to hear all this news. The main cause of concern expressed by the public was the failure of the Yorkshire Regional Strategic Health Authority and the NYY PCT to each field a representative at the meeting, this despite several contact calls having been made to the 2 organisations.
19. Given that the local MP had taken the trouble to come up from Westminster to be present at the meeting it was perhaps a misjudgement on behalf of the 2 organisations not to send a senior officer along. However Stephanie Sturrock, a NYY PCT non-executive board member (and locality lead for Scarborough, Whitby and Ryedale) was present and although she stayed silent during the meeting I saw that she took notes of the proceedings which hopefully she will feed back to the PCT Board.

#### **North Yorkshire and York PCT engagement with its healthcare partners and the public**

20. Members will recall that I expressed concerns in my last Statement to the County Council in December about the lack of engagement being shown by the new NYY PCT with its healthcare partners, professionals within the NHS, the Scrutiny of Health Committee, and the public.
21. A demonstration of this lack of engagement followed with the letter sent out on December 22<sup>nd</sup> by Janet Soo-Chung and containing far reaching proposals for cutbacks in NHS services with instructions that these should be in place by January 1<sup>st</sup> 2007. We now know there had been little or no dialogue prior to the despatch of this letter between the PCT and the Hospital Trusts and GPs in particular, and our own Social Services Directorate were not even sent an original copy of the letter until early January despite the additional impact the proposals were bound to have on the services it provides for local people.
22. Subsequently after proper dialogue with partners many of the proposals in the letter of December 22<sup>nd</sup> have been modified into a more acceptable or workable form or have been dropped completely.
23. It seems the NYY PCT has been listening to the concerns that have been expressed about this lack of engagement and I certainly welcomed the presence of the Chairman and Chief Executive plus senior officers at our Scrutiny of Health meeting in Selby on February 9<sup>th</sup> which I have discussed earlier in this Report. I also welcomed the commitment expressed by Johnnie Wardle at the meeting to be talking to, and listening more, to key partners in the future.
24. Dr. McGrann reported also at Selby that there had been a series of constructive meetings in early February with the NYLMC and Derek Law, Director of NYCC Social Services confirmed that his senior officers were also meaningfully engaged in discussions with the PCT.

25. I am having a high level meeting with the NYY PCT, along with County Councillors David Billing and David Heather, the Leader of the County Council and Chief Executive John Marsden on February 22<sup>nd</sup> and I shall certainly welcome at this meeting the improvement in engagement of the PCT with its partners over the last month.
26. I still consider there is room for improvement by the PCT with its engagement with the public, hence my comments about the lack of representation at the Public and Patients Involvement Forum meeting in Scarborough where an MP was present. The local Forums are being abolished (by December 2007) and a County wide organisation, a Local Involvement Network (LINKs) is being put in their place.
27. In this time of transition, and against a backcloth of severe NHS service reductions, it seems even more important that the voice and views of the local people should be heard loud and clear by the PCT, a point I am sure will feature in the discussions we have on February 22<sup>nd</sup>.
28. Until the LINKs are fully up and running, perhaps by this time a year hence, much depends on the Scrutiny of Health Committee to ensure the public have an input into the NHS. The Committee will have to tread the fine line between scrutinising and campaigning, not an easy task given the very high level of concern about the future of healthcare services in our local communities.
29. It is essential however, and a statutory duty, that the NHS takes account of the views of its customers, the public, in the design, planning and operation of its services.
30. I shall report the outcome of the meeting with the PCT on February 22<sup>nd</sup> in my Report to the May County Council.

**County Councillor John Blackie (Upper Dales Division)**

Chairman - NYCC Scrutiny of Health Committee  
19th February 2007