

**NORTH YORKSHIRE COUNTY COUNCIL**

**23 JULY 2008**

**SCRUTINY OF HEALTH COMMITTEE – CHAIRMAN’S STATEMENT**

**SCRUTINY OF HEALTH COMMITTEE - 4-JULY 2008**

**Threat to Accident & Emergency and Maternity Services at The Friarage Hospital, Northallerton**

1. The Scrutiny of Health Committee meeting was held in the very attractive Dales village of West Burton on a sunny and warm morning. For the local members present, for the Committee itself; given its track record on working hard to maintain access to healthcare services locally for the benefit of local people, and for the members of the public attending, that was where the good news ended.
2. We all came away from the meeting in shock at the failure of the North Yorkshire and York Primary Care Trust (NYY PCT) to confirm its unequivocal commitment to funding a 24 hour a day, 7 days a week, throughout the year Accident and Emergency (A&E) and Maternity Service at the highly valued local hospital that serves the Dales and much more besides, The Friarage Hospital in Northallerton.
3. The new threat to these core services at The Friarage has subsequently featured as headline news in the Darlington & Stockton Times, and formed the subject of its leading article. The Scrutiny of Health Committee at West Burton was quite clear – it considered it absolutely essential that a full A&E and maternity service must be provided at the Friarage Hospital. The local MP William Hague, in saying he would fight ‘tooth and nail’ to prevent these services from being ‘culled’ left no room for anybody to doubt his stance. The Editor of the Darlington & Stockton Times also wrote in his Leader that his newspaper would fiercely campaign to retain these services.
4. If the NYY PCT was wondering as to what the reaction of the public and its representatives might be to downgrading or removing A&E and maternity at The Friarage then the immediate reaction of these key players will have left it in no doubt whatsoever.
5. It is the Strategic Review of Clinical and Medical Services in Hambleton and Richmondshire which started in May that is causing the concerns. This Review is being held in the context of the Lord Darzi ‘Next Stage Review’ which charts a vision for the NHS for the next 10 years. Sadly this vision does not see a place for small District General Hospitals like The Friarage in providing full A&E and maternity services.

6. A Partnership Board with a wide range of members representing lead clinicians, GPs, the South Tees Hospitals NHS Trust, and other organisations involved in healthcare provision has been set up to oversee the Strategic Review in Hambleton and Richmondshire. The Scrutiny of Health Committee has been offered a place on this Board which it has accepted on the condition that participating will not compromise, constrain or curtail our right to scrutinise any changes in healthcare provision that flow from the Strategic Review. The Committee agreed that I (as a local member / Chairman) should take this place with County Councillor Gareth Dadd as my substitute. We see our role at the Board as representing the views and aspirations of local people who rely or potentially will have to rely on the services provided at The Friarage Hospital, and of patients past and present at the Hospital.
7. Our invitation to join the Board was disappointingly retrospective, as there has already been a workshop and one formal meeting, but it is better late than never!! The next meeting is on July 24th in York.
8. The Strategic Review is due to report its findings in October with a view to implementing changes in service provision from April 2009 onwards. This is a totally unrealistic timetable, completely unachievable if proper and meaningful consultation with the public and patients on any changes proposed is to be undertaken.
9. I will keep the County Council informed of the progress of this Strategic Review in my next statement as Chairman in October. However if there is an urgent need in the intervening period to advise of an emerging conclusion which threatens A&E or maternity (or any other key core service) at the Friarage Hospital, I will send an e-mail and hard copy to all County Councillors so that they are kept fully abreast of developments as they happen.

**Strategic Review of Clinical and Medical Servicers in Scarborough, Whitby and Ryedale**

10. A similar Strategic Review of Clinical and Medical Servicers in Scarborough, Whitby and Ryedale is commencing very soon and again the Scrutiny of Health Committee has been offered a place on the Board which will be taken (as a local member / Vice Chairman) by County Councillor David Billing, with County Councillor Martin Smith as his substitute.
11. The geographical isolation from mainstream healthcare provision of the huge catchment area served by Scarborough District General Hospital is proving its salvation as simply the next hospital is too far away. So from the outset this Strategic Review has as its objectives to ensure a safe and sustainable full Accident and Emergency Service (with all the associated services) and maternity service is maintained / improved in the future.
12. Questions put to the NYY PCT at the Scrutiny of Health Committee in West Burton obtained these absolute commitments in reply. Indeed it was the stark contrast between the replies given on the same questions about the two

Strategic Reviews that brought much relief for those local members present from the East Coast for their local hospital whilst setting off the deep anxieties around the future of the same services at the Friarage Hospital.

13. However there may be implications in the Strategic Review which are not so rosy for healthcare services provided at Whitby and Malton Community Hospitals. Given the Committee's strong and long track record of defending services at these 2 excellent Community Hospitals you may be assured that any proposals to downgrade or remove services will be strongly resisted by our representative at the Partnership Board.
14. I will keep the County Council advised of the progress of the Strategic Review in Scarborough, Whitby and Ryedale which is due to report its findings in November 2008, again a totally unrealistic timetable for matters of such importance to the local communities in this vast health patch - some 2000 square miles with a catchment population of 230,000.

### **Polyclinics**

15. There was a very interesting, informed and revealing discussion at the Scrutiny of Health Committee on Polyclinics. The debate was sparked by presentations from Jane Marshall, Director of Commissioning and Service Development at the NYY PCT and Dr. John Crompton, Chairman of the North Yorkshire Local Medical Committee (NYLMC), the Committee which has as its members every GP in the County.
16. There was two starting points on which both Jane Marshall and Dr John Crompton were agreed – first neither liked the term Polyclinics. Unfortunately neither of them, nor indeed the healthcare community as a whole, can come up with a better term to describe the concept of these clinics, or the services intended to be offered by them so we appear stuck with Polyclinics as a descriptor for the time being.
17. Secondly there was also agreement that we have a first class network of GP services across the County of North Yorkshire, and those GPs serving Scarborough where the first Polyclinic is being proposed are excellent.
18. Jane Marshall described the services intended to be offered at a Polyclinic, which included having a GP available for both registered and unregistered patients between 8.00am – 8.00pm 7 days a week around the year, and co-locating a number of health and community services in the same Centre, for example homeless, sexual health, counselling and substance misuse services.
19. She suggested that there were real strides forward in primary healthcare provision presented by the concept of Polyclinics. She emphasised that Polyclinics were not about providing new buildings but much more about providing improved services and enhanced access to healthcare.

20. Dr John Crompton outlined the concerns the British Medical Association has around Polyclinics and in particular emphasised the issue of registration of patients at these new centres, which he suggested threatened to undermine the stability of local GP services currently in existence.
21. This de-stabilisation, he suggested, is likely to be very pronounced in GP surgeries in rural and deeply rural areas that tend to operate at the very margins of the minimum numbers of patients required to be viable. He mentioned that in terms of patient satisfaction, GPs in North Yorkshire were rated more highly than in any other Primary Care Trust area in England.
22. In short his message was that Polyclinics present a scenario of 'throwing out the baby with the bathwater'.
23. The Committee had agreed to resist coming to any conclusion at this time because the debate around Polyclinics still rages on. However it expressed support for the BMA view that registration of patients by Polyclinics threatened the stability of existing GP services and it was particularly concerned on the potential impact of registration on those GP practices serving the rural areas of North Yorkshire.
24. One point of re-assurance came through the debate. Whilst there are opposing views on Polyclinics it was obvious that the NYY PCT and NYLMC respect each other's position and it was good to see the evidence that there was now a much better working relationship than in the days of the infancy of the PCT between these two key players in healthcare provision.

### **The proposal for a Polyclinic in Scarborough**

25. The Committee also approved the engagement process with the local public and patients in Scarborough with regard to the proposal to establish a Polyclinic especially serving the 5 wards that suffer extreme deprivation in the town. The Committee will be the key player in ensuring this engagement process is robust, all embracing and meaningful so it will be keeping a close watch on how the public debate progresses on this proposal.
26. It heard Jane Marshall say there was £4 million on offer over the next 5 years for the establishment of a Polyclinic in Scarborough, which could be entirely spent on new healthcare services from existing buildings. If the PCT did not spend this £4 million on a Polyclinic it would be returned to the Department of Health – it could not be spent on any other healthcare provision.
27. Dr John Crompton said that whilst still opposed to the concept of Polyclinics if the Department of Health was to impose a Polyclinic on North Yorkshire the NYLMC said that the health inequalities patently evident pointed to it being established in Scarborough.
28. I drove on a glorious summer's evening from Hawes to Danby (and back) mainly along quiet country lanes to address the Yorkshire Moors and Coast

Committee on 10th July. The members of this Committee acknowledged that an investment of £4 million in Primary Care in Scarborough was too good to miss as long as the existing network of GP services was not threatened.

29. The trick on the Polyclinic table is thus to ensure the banking of the excellent GP services we have now in Scarborough alongside the substantial improvements that an investment of £4 million in Primary Care can offer. The next few weeks will determine whether this trick is available for the taking. It promises to be an interesting time and I will report the outcome to the County Council in October.

**John Blackie**

**County Councillor for the Upper Dales  
Chairman – NYCC Scrutiny of Health Committee**