

## NORTH YORKSHIRE COUNTY COUNCIL

13 OCTOBER 2010

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

1. Being appointed Chairman of the Scrutiny of Health Committee certainly involves a steep learning curve. The NHS landscape in the County is complex and there is a continuous stream of developments coming forward from the NHS locally - many of which attract much local concern and media interest. Added to these very local issues Transforming Community Services and the NHS White Paper will have a major impact on the NHS and, indeed, how the SoHC works.
2. However, in the short time that I have been Chairman I hope that I have been able to make sure no momentum has been lost in terms of ensuring it is consulted on service development and also able to work proactively to improve health care across the County.
3. Against this background the issues I would like to highlight in my first statement as Chairman are set out below.

#### Workshop on the NHS White Paper

4. On 10 September we held a workshop on the NHS White Paper to help Members fully understand its implications on GPs, the NHS and local authorities. In very broad terms the main proposals are:
  - Empowering patients to have more choice and control over their health care;
  - GPs will be taking over commissioning from the primary care trusts (PCTs),
  - PCTs and Strategic Health Authorities will be abolished;
  - a national Public Health Service will be established;
  - locally, top tier local authorities will lead on public health and employ the Director of Public Health,
  - health and well being boards will be set up in each top tier local authority area.
  - Local Involvement Networks will be replaced by a new patient champion, Healthwatch.
5. The workshop was well attended by members from the SoHC and the Care and Independence Overview and Scrutiny Committee. I would like thank Cllr Chris Metcalfe, Derek Law and Gary Fielding for attending and guiding our discussions.
6. A Health Bill is expected later this year and I am sure all County Councillors will have more opportunities to contribute on how the proposals, particularly those that will impact directly on local authorities, are taken forward locally.

## **Scrutiny of Health Committee Meeting – 24 September 2010**

7. This was my first meeting as Chairman.

### **Minor Injuries Units in Hambleton and Richmondshire**

8. This was the main agenda item. It focussed on the results of NHS NY&Y's engagement process on proposals to transfer minor injuries services provided at the Lambert Hospital in Thirsk, the Friary Hospital in Richmond and St Monica's Hospital in Easingwold to local GP practices during the day and to A&E departments at the Friarage and York Hospitals during the overnight and weekend periods.
9. The meeting was well attended and included representatives from NHS NY&Y, a local GP and the head of the Hambleton/Richmondshire Practice Based Commissioning Group all of whom spoke in support of the proposals.
10. County Councillor Caroline Patmore and the Secretary of the Friends of St Monica's Hospital in Easingwold highlighted their concerns and why the proposals should not be implemented. Serious concerns were also expressed about the impact of the proposals on the Friary Hospital and the inadequacy of the GP out of hours arrangements in the Richmondshire area.
11. There was also a good deal of criticism of NHS NY&Y for not following the engagement plan as endorsed by the Committee in July. We also reaffirmed our earlier view that holding the engagement during the holiday period was not advisable.
12. After a wide ranging debate we resolved not to support the proposals on the basis that:
- The engagement plan was not followed and the process for consultation flawed.
  - The degree of uncertainty around the commitment of GPs to provide the minor injuries service through their practices.
  - Uncertainty surrounding the treatment of minor injuries during the out of hours period and the removal of a convenient and accessible service for local communities.
  - The proposals coincide with moves toward enhanced GP commissioning and acute trusts being given responsibility for the community hospitals in their areas.
13. We also recommended that NHS NY&Y should defer its proposals until GP commissioning arrangements as envisaged under the White Paper become clearer and the Transforming Community Services initiative has been fully implemented.

Stroke Services and Trauma Orthopaedic Services at South Tees Hospitals  
NHS Foundation Trust

14. We also considered proposals coming forward from the South Tees Hospitals NHS Foundation Trust to improve care pathways for patients requiring access to acute stroke care and services for Transient Ischaemic Attack (TIA) and to improve Trauma and Orthopaedic Services. The Trust is planning to introduce the changes in the New Year. We heard how both proposals originated in national strategies.
15. The proposal is for all patients with a suspected acute stroke to be diverted to the James Cook Hospital (JCH) and brought back to the Friarage after 72 hours or when medically stable enough to do so. Currently only patients who would benefit from thrombolysis (clot busting drugs) are taken to the JCH.
16. With regard to trauma, in order to make best use of consultants and theatres at both the JCH and the Friarage, care would be centralised at JCH whilst the Friarage would become an orthopaedic treatment centre for elective procedures – the volume of orthopaedic activity undertaken at the Friarage will increase as a result of the change, as more elective work than currently undertaken will be carried out at the hospital. We also heard how the arrangements will facilitate more integrated working between JCH and the Friarage, with consultants running clinics and undertaking lists at both hospitals.
17. We were assured that neither proposal will undermine the viability of A&E services at the Friarage and on that basis we supported both proposals. In order to provide additional assurance the Trust undertook to come back to the Committee with the results of its engagement process later this year.

**Whitby and Malton Community Hospitals**

18. A good deal of uncertainty is continuing to be voiced locally about the long term future of both Malton and Whitby community hospitals. In respect of Malton Hospital these concerns have reached Ryedale District Council and at its meeting on 2 September the Council resolved to request the SoHC to examine the situation. We plan to do this at our meeting in January next year.
19. On 26 August 2010 County Councillor John Blackie and I met with the Whitby Hospital Action Group and we attended the Coast and Moors County Area Committee on 16 September 2010. On both occasions serious concerns were being voiced about the long term future of services at Whitby Hospital.
20. Fellow County Councillors Jane Kenyan, Joe Plant and John Clark are also involved in these developments and we are all working together to make sure NHS NY&Y is left in no doubt about the strength of feeling in the area.

**County Councillor Jim Clark**

**Chairman: North Yorkshire County Council Scrutiny of Health Committee**

**1 October 2010**