

NORTH YORKSHIRE COUNTY COUNCIL

16 February 2011

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

1. Since the last County Council the Scrutiny of Health Committee (SoHC) has met once, on 21 January 2011 at County Hall. The main issues I would like to highlight from that meeting are summarised below.

Consultation on proposals to improve vascular services in Yorkshire and the Humber

2. We received a presentation from Ms Pia Clinton-Tarestad, Assistant Director of Commissioning, Yorkshire and the Humber Specialised Commissioning Group as part of a formal consultation to change the way in which vascular services are provided across the region. The review was undertaken on behalf of the 14 primary care trusts in the region.
3. We fully supported the aims of improving the quality of care and safety for patients, so in broad terms we supported the principle of centralising complex and emergency surgery in a reduced number of centres so that consultants can build up their specialist clinical skills and apply the latest medical techniques.
4. We agreed that safety and outcomes for patients must be paramount but we must also take into account the need for key services to be provided locally and for patients to receive the support of their friends and relatives. But we highlighted the need to ensure smaller district general hospitals, which characterise the NHS landscape of North Yorkshire, continue to be sustainable and continue to provide a range of key services where immediate and urgent clinical and surgical interventions are required. It is a sobering thought that the review will leave the whole of North Yorkshire, England's most rural County, without any complex vascular services located within its boundaries.
5. As well as highlighting these concerns we made a number of specific points in our response including:
 - In North Craven, as under the proposals Airedale Hospital will not be a centre for specialist surgery, it may be more appropriate for patients to be taken to hospitals in the Lancashire area rather than to Bradford Hospital or Huddersfield Hospital.
 - Additional ambulance service resources will be critical to the success of the proposed arrangements;
 - The importance of York Hospital retaining its status as a centre for complex vascular procedures. This is vital to the partnership being proposed between the Scarborough and North East Yorkshire Healthcare NHS Trust and the York Teaching Hospital NHS Foundation Trust. If complex

vascular surgery is taken away from York that whole partnership arrangement would be undermined.

- The need for hospitals to be mindful of the limitations of public transport and the difficulties encountered, in particular, by the elderly when attending out-patient appointments;
- We also highlighted the contribution that community transport schemes such as the “Little Red Bus” could make towards overcoming problems for visitors.

Acute Stroke Services and Trauma/Orthopaedic Surgery Pathways in the South Tees Hospitals NHS Foundation Trust

6. The Committee’s involvement in these developments dates back to the meetings in September and December last year. At both meetings we expressed support for the new pathways under which acute stroke patients would be taken directly to the James Cook Hospital (JCUH) in Middlesbrough for specialist care and once they had become stabilised, usually after around 3 days, taken to the Friarage Hospital for on-going care and rehabilitation.
7. In respect of trauma/orthopaedic services we supported the arrangement under which major trauma cases would be transferred direct to the JCUH. All other trauma patients whose natural catchment is the Friarage would initially be seen in A&E at that hospital for assessment. Those requiring emergency surgery would be transferred to the JCUH by a twice daily ambulance service. Those not requiring emergency surgery would be treated in A&E at the Friarage and either admitted as non-surgical cases or discharged with referral for elective surgery or to the out-patient unit if necessary.
8. The meeting in January gave us an opportunity to be briefed on the final outcome of the Trust’s engagement process. We were informed that as a result of that process the proposals had been slightly amended so that patients who clearly require trauma surgery would be taken directly to the JCUH rather than being assessed first at the Friarage Hospital. We were also pleased to hear that additional ambulance resources have also been confirmed for the trauma/orthopaedic proposals.
9. We were disappointed, however, to hear that no agreement had been reached between the South Tees Hospitals Foundation Trust, NHS North Yorkshire and York (NHS NY&Y) and the Yorkshire Ambulance Service on additional ambulance resources required to take all stroke patients to the hyper-acute unit at JCUH. We emphasised that our support for this arrangement was conditional upon additional ambulance resources being put in place before the proposals are implemented. We were given an assurance that new stroke pathways would not be implemented until additional ambulance resources had been put in place.

Changes to two GP Branch Surgery Arrangements

10. There is a long standing agreement with NHS NY&Y that the Committee will be consulted on proposals to change the location of GP practices or close surgeries.
11. At our meeting in January we considered changes in Selby and in Sleights/Sandsend.
12. Our involvement in developments in Selby dated back to November 2010 when we were first notified of proposals by the Posterngate Practice to close its branch surgery in Cawood, Selby. We were pleased to hear there would be a comprehensive engagement process on the proposals and we invited the Practice Manager to return to the Committee to present the final results of that process.
13. At the meeting in January we indicated our support for the proposals but called on the practice to renew their efforts to locate suitable premises in Cawood from which blood services could be provided before the branch surgery is actually closed.
14. The second development related to the proposed merger of the Churchfield Practice in Sleights with the Sandsend Practice and to close the Sandsend Practice branch surgery also located in Sleights.
15. Again there had been a comprehensive engagement process which had not identified any major concerns and we agreed the merger would provide opportunities to improve the overall service. We supported the proposals.

Out of Hours GP Service in Richmondshire / Catterick

16. Towards the end of last year NHS NY&Y introduced new arrangements for the GP Out of Hours Service in Richmond / Catterick, Skipton and Selby areas.
17. The new arrangements were considered by Richmondshire District Council at its meeting on 14 December 2010, when it resolved that its concerns be brought to the attention of the SoHC.
18. At our meeting in January we resolved to set up a task group to look at the proposals in detail. The task group's first meeting is on Friday, 11 February 2011 and I will report verbally on the outcome of that meeting.

Health White Paper: Equity and Excellence: Liberating the NHS Health

19. Our agenda included an update in the changes in the NHS. The Health and Social Care Bill, published just before our meeting, confirmed the enhanced role for top tier local authorities in the proposed arrangements - including the setting up of health and wellbeing boards and taking over responsibility for health improvement and promotion. A particular point to note is that Scrutiny is

going to be kept separate from the health and wellbeing boards. In addition Scrutiny powers will be extended so that commissioners and providers of NHS funded services fall within its remit.

20. Things are moving at a pace. Pathfinder GP consortia have been confirmed in the Hambleton / Richmondshire and Harrogate Rural District areas. Craven GPs are included in a pathfinder with GPs in Airedale / Bradford.
21. The Bill is now passing through Parliament. As I mentioned in my previous statement over the coming months I am sure all Members will have an opportunity to contribute to how things are taken forward in North Yorkshire.

County Councillor Jim Clark
Chairman: North Yorkshire County Council Scrutiny of Health Committee

3 February 2011