

NORTH YORKSHIRE COUNTY COUNCIL

19 DECEMBER 2012

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

1. The main developments and issues arising since my last report are summarised below.

Children's and Maternity Services at the Friarage - Referral

2. At the meeting of the Scrutiny of Health Committee (SoHC) on 22 November 2012 we resolved unanimously to refer this matter to the Secretary of State for Health. The main issue underpinning this referral was that the loss of a consultant led children's and maternity service at the Friarage will lead to a significant reduction in the quality of services children, their parents and expectant mothers will receive.
3. Since the original Lord Darzi Review in 2008 and which has been reinforced in the Health and Social Care Act (2012) quality in the NHS is seen as:

Clinical Effectiveness

Quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;

Safety

Quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and

Patient Experience

Quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

4. These quality dimensions are the very same factors on which Option 1 - a consultant led paediatric and maternity service being retained at the Friarage - scored highest in the Clinical Commissioning Group's own scoring methodology.
5. In addition to these issues relating to quality the Committee could not ignore the strength of public concern expressed over the proposals:
 - Some 200 members of the public attended our meeting on 22 November and voiced their concerns.
 - On 26 May 2012 a march involving some 4,000 people and led by the Rt. Hon. William Hague MP took place from County Hall to the Friarage Hospital.
 - A petition on the social networking site Facebook has been signed by over 10,000 people.
 - A petition led by the Northern Public Services Alliance has 800 signatures.

- A number of parish councils, both Hambleton and Richmondshire District Councils and the County Council have also expressed opposition/concerns over the proposals.
6. The Rt. Hon. William Hague MP also wrote to me and called on the SoHC to refer the matter to the Secretary of State.
 7. There is clearly a tremendous ground swell of opposition to the proposals but we do need to be conscious of the fact that this opposition may not just be against the proposed changes but rather an expression of concerns for the longer term future of the Friarage. The NHS has always emphasised that the proposals are not about the long term future of the Hospital, which they say will continue to have a long term vibrant future. Unfortunately the NHS has not set out what that future will entail in terms of the services that will continue to be provided at the Friarage and how they will meet the needs of local communities. The future may be clearer when the PCT publishes the proposals by KPMG on the future provision of healthcare in North Yorkshire on 15 January 2013.

National Review of Children's Cardiac Surgery - Referral

8. Following the review of Children's Congenital Cardiac Services in England, at its meeting on 4 July 2012, the Joint Committee of Primary Care Trusts (JCPCT) agreed the designation of congenital heart networks led by the following surgical centres:
 - Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Alder Hey Children's Hospital NHS Foundation Trust
 - Birmingham Children's Hospital NHS Foundation Trust
 - University Hospitals of Bristol NHS Foundation Trust
 - Southampton University Hospitals NHS Foundation Trust
 - Great Ormond Street Hospital for Children NHS Foundation Trust
 - Guy's and St. Thomas' NHS Foundation Trust
9. Under this arrangement the unit at Leeds General Infirmary will close and children from across North Yorkshire will have to receive their care in Newcastle.
10. The Yorkshire and Humber Joint Scrutiny Committee on 24 July 2012 resolved to refer the changes to the Secretary of State. In order to finalise the evidence for its referral the Joint Committee sought a range of additional information relating to the scoring methodology that underpinned how the various options were assessed. Due to delays in receiving this information but to some extent having to accept that the information would not be forthcoming the final referral was not actually submitted until earlier this month. The referral is based on the following conclusions:
 - "The range of interdependent surgical services, maternity and neonatal services are not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families;
 - The dismantling of the already well-established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks;

- The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber;
 - Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time;
 - The implications of patient choice and the subsequent patient flows – resulting in too onerous caseloads (i.e. overloading) in some surgical centres, with other centres unable to achieve the stated minimum number of 400 surgical procedures”.
11. If it is eventually decided by the Secretary of State that a full review is warranted I will be seeking a meeting with the Independent Reconfiguration Panel so that I can give evidence directly to them.
12. It should be noted that Lincolnshire County Council and the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee have also referred the proposals to the Secretary of State for Health.

NHS North Yorkshire Budget Situation and KPMG Review

13. In my last statement to County Council I referred to the financial deficit facing the PCT, including that in June the projected deficit at the end of the year was £19m. In order to maintain the deficit at this level the PCT announced in September 2012 that it was going to introduce a range of measures to save £10m in this year. The list included
- A review of elective activity
 - A review of outpatient follow up appointments in line with best practice
 - A review of Minor Injuries Units opening hours with a view to some closures
 - A review of community hospital beds with a view to some short-term closures
 - A review of high cost treatment and drugs
 - Potential cessation of enhanced primary care service payments
 - A review of Mental Health and continuing health care placements
 - Ceasing expansion of health visitor implementation
 - Redesigning patient transport services.
14. At the meeting of the SoHC meeting on 9 November 2012 we heard that the total savings necessary next year could run to over £75m.
15. If this was not bad enough it was a total surprise and a matter of serious concern to us all that towards the end of November there were reports in the press of a leaked long list of cuts being considered. This included: services at Scarborough’s hospital being severely curtailed, with the downgrading of the town’s maternity service and moving high-risk births to York, closing the town’s accident and emergency unit at night and providing more emergency or unplanned treatment in York. The PCT has since issued a press release to calm fears which included an assurance that there will be a continued accident and emergency unit and maternity service at

Scarborough Hospital. Other options included changes to hospital care in Harrogate which could see services move to York or Leeds and closing minor injury units, reconfiguring community hospitals in Ripon and Whitby and shutting St Monica's Hospital in Easingwold.

16. My view and which has been widely reported in the press is that the PCT talks about saving maternity services in Scarborough but do not say anything about the future of consultant-led services and it offers no comfort for community hospitals. The people of North Yorkshire will continue to be extremely concerned about the future of their health service as these are the biggest changes being proposed for the NHS in North Yorkshire since the NHS was created.
17. Members will have an opportunity to debate this matter later in the County Council meeting.

Mental Health Services in the Harrogate district – Alexander House, Knaresborough

18. NHS Harrogate and Rural District Clinical Commissioning Group, NHS North Yorkshire and York and Tees, Esk and Wear Valleys NHS Foundation Trust have launched an engagement process to run from 10 September to 21 January 2013 which will involve meetings with service users, members of the public, community and voluntary groups and local stakeholders on the proposed way forward for day hospital services, memory services, in-patient services and nursing/residential care home health liaison service. Under the proposals the in-patient beds at Alexander House would be closed. Alexander House would become a base for community teams and services. In the meantime Alexander House would provide accommodation for a small number of patients from Malton whilst a specialist in-patient unit for the whole of North Yorkshire is built on the Malton Hospital site. This new facility will provide care for older people with dementia who have complex and challenging needs.
19. I have chaired 2 of the local meetings at which there was considerable public interest in the proposals. Further public meetings may be held in January.
20. The results of the public engagement exercise will come to the SoHC in the New Year.

Airedale NHS Foundation Trust - Dr Foster Hospital Guide 2012

21. In the recently published Dr Foster annual hospital guide the Airedale NHS Foundation Trust is featured both as a high performing trust in terms of very low hospital mortality rates and also for performing efficiently and effectively over the last 12 months. For the first time Dr Foster has looked at the relationship between clinical efficiency and quality by comparing mortality ratios with an index of 13 indicators of inefficient practice. These include emergency re-admissions, long lengths of stay, discharges without a diagnosis, patients not attending and ineffective procedures.
22. Very few hospitals stand out as delivering efficient and high quality care – indeed Airedale is one of only 4 trusts out of the 145 analysed to score well in both measures.
23. Airedale is also named as one of two Trust of the Year runners up. This means it is ranked joint second best hospital in England.

24. This achievement comes in the same year as the Trust was judged to be the safest hospital in England by CHKS Ltd*, has just received a fully compliant Care Quality Commission inspection report and has its efficiency improvements recognised in statistics published by the Department of Health.

** CHKS is an independent provider of healthcare intelligence and improvement services to the NHS and the independent sector.*

25. This is very good news for the Trust and for the local communities it serves.

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

December 2012