

NORTH YORKSHIRE COUNTY COUNCIL

23 July 2014

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

The main areas of involvement of the Scrutiny of Health Committee and developments in the NHS impacting on our work since my last report are summarised below.

Children's and Maternity Services, Friarage Hospital

Following our referral of the proposals to him, Jeremy Hunt, Secretary of State for Health announced in May that he would not be asking the Independent Reconfiguration Panel to carry out a full and independent review of this matter. This was a disappointing outcome.

However, from the perspective of the Scrutiny of Health Committee it has gone as far it can so we now need to accept this decision and look forward. We will now ensure the proposals are implemented as smoothly and with as little disruption to patients as possible. This will include making sure ambulance transfer arrangements are put in place, the James Cook Hospital and the Darlington Hospital have sufficient capacity to deal with the additional births and community nursing services and consultant out-patient services are fully in place.

“Fit4theFuture” Initiatives in the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG)

The Hambleton, Richmondshire and Whitby CCG have launched two “Fit4theFuture” Initiatives:

- “Fit4theFuture” – Enhancing community health and social services in Whitby and surrounding area
- “Fit4the Future” - Preparing for an aging population

The first initiative includes a vision for a new Whitby Hospital and at our meeting on 13 June we considered the Whitby Hospital Strategic Estate Options Appraisal. We were informed that the preferred option was to remodel and refurbish the four storey building on the rear of the current site which would then be able to meet all clinical requirements. The remaining surplus area could then be developed for community use such as extra care housing and bungalows for people with learning disabilities or alternative housing. It was emphasised that the proposal was very much at the initial planning stage and therefore could be the subject of significant change before final approval was granted. A report is due to be presented to the CCG’s governing body on 24 July.

“Fit4the Future” - Preparing For An Aging Population highlights the problems facing the whole of the CCG area and the need for more joined-up primary care, non-urgent care, community care and social care so that people can live independently in their own homes. A long term plan for reconfiguring and integrating community services as well as a long term strategy for the Friarage Hospital is expected to be published during the autumn.

Right Care First Time – Urgent Care Services in Scarborough and Ryedale

Between January and March of this year the Scarborough and Ryedale CCG consulted formally on proposals for improving urgent care services in Scarborough and Ryedale.

'Urgent care' is for a sudden illness or injury that needs treating fast, but is not considered to be a 999 emergency. No appointment is needed to access an urgent care service. Urgent care services should not be used to treat minor symptoms that could be treated by GPs, pharmacists or using over the counter medicines.

The current urgent care services included are:

- GP out-of-hours service
- Walk-in service at Castle Health Centre, Scarborough
- Malton Minor Injuries Unit (MIU)

The main themes identified from the consultation were:

- Broad support for the need to review urgent care and the case for change
- Location of the new centres – easy access with ample free parking, good public transport links for those without transport
- Scope to improve consistency in quality of urgent care
- No gap in walk-in service provision between Castle Health Centre contract expiring and new service launching
- Concern of impact on other services provided at Castle Health Centre
- Issues raised around access to primary care which is leading to inappropriate use of urgent care and emergency services
- Need for patient education pre and post launch

Based on these findings a specification for the new service has been produced and the CCG is now carrying a procurement exercise with a view to announcing a preferred bidder at the CCG Board meeting in September.

We have consistently expressed concern over the fact that the CCG had no plans to stipulate where exactly the centres should be located, other than to say they should be in Scarborough and in Ryedale. Our main concern is over the long term future of the MIU at Malton Hospital if the Ryedale centre is not located at the Hospital. Our further involvement will be dependent on decisions taken at the CCG board meeting.

Developments at York Hospitals NHS Foundation Trust

At our meeting on 13 June Mike Proctor, Deputy Chief Executive at York Teaching Hospitals NHS Foundation Trust briefed us on a range of developments, including:-

- community hubs in Malton and Selby;
- developments in community services in the Whitby area and at Whitby Hospital;
- midwife led unit at Scarborough Hospital; and
- increasing elective surgery at Bridlington Hospital.

We heard that faced with a growing demand for services and an increasingly elderly population, unless care pathways changed the current system would be unsustainable. It was pointed out that significant numbers of secondary care patients could be managed better and more cost effectively by providers working together.

We were advised that the Trust, together with the CCG had elected to develop community hubs in Malton and Selby on a pilot basis as opposed to going down the formal procurement route. Both community hubs were still in the initial stages of development, a final timescale had still to be agreed although the Malton pilot was slightly more advanced. It was hoped an initial model for Malton would be in place by October. In response to our questions we were informed that the Trust aimed to provide patient transport and that problems surrounding data sharing had delayed progress.

To ease the demand on in-patient beds at Scarborough Hospital more elective surgery is being carried out at Bridlington Hospital. Patient feedback had been very positive. The vast majority of patients were reported as saying that they were happy to travel the increased distance if it meant their operation could go ahead as planned. Based on this success the Trust was considering plans to extend the surgery available to include day cases.

We were also informed that the mid-wife led unit at Scarborough Hospital would shortly be re-opened.

Federation of GPs

At our mid cycle briefing meeting in May we heard that York Medical Group and Minster Health practices are federating. The federation will cover a total of 10 practices and a patient population of 70,000.

At our Committee meeting on 13 June we heard that plans for 21 GPs to federate in the Hambleton, Richmondshire and Whitby CCG are well advanced. I understand that plans for GPs to federate are being considered or taking shape in the other CCGs.

The reasons put forward for federation particularly by smaller practices include:

- long term sustainability, the need to seek operational savings that can be realised through enhanced “buying-power”.
- Many premises are not well suited to meet future demand.
- Ability to bid for services that will be put out to tender in the future.

Whilst we heard that robust governance arrangements are being introduced, we remained concerned over the potential for conflicts of interest as the CCGs, the main commissioners, would be evaluating tenders and possibly commissioning services from GPs who are part of that CCG.

Ophthalmology (Eye Clinic) Services at Whitby Hospital and Selby

Local Members have expressed concern over the closure of the eye clinic at Whitby Hospital without any public engagement or consultation.

I have written directly to the Chief Executive and Deputy Chief Executive, York Hospitals NHS Foundation Trust, who informed me that the ageing population has placed the ophthalmology service under particular pressure locally. There is a national problem with recruitment of medical staff in this speciality. The Trust has assured me that no decision has been made to close the service permanently. The Trust and the Hambleton, Richmondshire and Whitby CCG have agreed that the CCG are free to commission the service in Whitby from another provider to the extent they choose. The CCG has confirmed they are exploring other options for providing the service.

It is disappointing that the closure went ahead without any prior engagement with the public. I will be writing formally to the Trust and the CCGs to make my views known. I will also copy my letter to the North Yorkshire and Humber Area Team of NHS England.

The Trust has also informed me that they are facing a similar situation in Selby and that they have been in discussion with Vale of York CCG around a similar approach to safeguard services overall. For the foreseeable future the service will be provided at York Hospital in the same way that most other outpatient services currently are for York and Selby residents.

The Trust commented that if they had the consultant manpower there is no doubt they would wish to continue the service in both localities if commissioners so wanted.

New Scrutiny of Health Guidance

The Department of Health published new guidance last month which summarises parts of the Health and Social Care Act 2012 relating to health scrutiny. It confirms the aim of health scrutiny:

“The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.”

The guidance reaffirms health scrutiny's strategic role taking an overview of how well integration of health, public health and social care is working, seeking information about the performance of local health services and institutions; and being part of the accountability of the whole system.

One of the most important aspects of the guidance, in my view, is need for health scrutiny to maintain effective channels by which the public can communicate concerns about the quality of NHS and public health services. In North Yorkshire the Scrutiny of Health Committee draws heavily on the knowledge of local councillors in achieving this.

The guidance also refers to the public inquiry, led by Sir Robert Francis QC, into care failings at Stafford Hospital in which he commented that “scrutiny ought to involve more than the passive and unchallenging receipt of reports”. In North Yorkshire I think we have found a reasonable balance. Whilst our agendas frequently have an element of overview reports which do not require an issue to be challenged, we offer constructive comments and advice rather than passively noting the issue. We are frequently in “full scrutiny mode”. I particularly have in mind our recent involvement in the changes at the Friarage Hospital which we referred twice to the Secretary of State for Health. Another example is our work on the impact, particularly in rural areas, of withdrawal of the Minimum Practice Income Guarantee for GPs on which I have also written twice to NHS England.

County Councillor Jim Clark

Chairman: North Yorkshire County Council Scrutiny of Health Committee

11 July 2014