

NORTH YORKSHIRE COUNTY COUNCIL

18 February 2015

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.

Temporary changes to the opening time of the Paediatric Short-Stay Assessment Unit (PSSAU) at the Friarage Hospital

Following the review of consultant-led children's and maternity services at the Friarage Hospital members will recall that the final outcome was that consultant-led services were closed and the setting up of the PSSAU was seen as a key part in reassuring the public that a local service was being retained.

The Unit was opened in October 2014 and set up with opening hours of 10.00am to 10.00pm 7 days per week but on 12 January 2015 the South Tees Hospitals NHS Foundation Trust announced at short notice that due to staffing shortages the Unit would close at the earlier time of 8.00pm Monday to Friday and 5.00pm on weekends and bank holidays. Despite efforts by the Trust to recruit consultants, the paediatric team has a shortfall of four fulltime equivalents due to long term sicknesses and vacancies.

I understand the problems the Trust faced in terms of maintaining safe staffing arrangements in the Unit but I do feel its public statement that the changes were minimal, did not acknowledge the impact that the changes will have, particularly at weekends. Looking ahead it will be essential that any planned review of the Unit should only take place after it has been staffed as was originally intended and the opening hours have been restored to 10.00am to 10.00pm 7 days a week. The Trust is now saying it will take until September for the planned staffing arrangements to be in place. I am concerned that when we reach that time they will come forward with a case to reduce the opening hours permanently. We must guard against these temporary changes becoming the permanent solution. I am confident that we have the support of NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group in our approach.

Scarborough Hospital, A&E major incident

On 5 January 2015 the York Teaching Hospital NHS Foundation Trust declared a major incident at Scarborough Hospital due to an unprecedented surge in demand for services.

Reassuringly the major incident was stood down after only one day but I understand that other hospitals serving the County were coming close to making similar declarations due to demands on A&E.

I note the Health and Wellbeing Board will be considering Winter Planning at its meeting on Friday 13 February 2015. It is essential that across health and social care, and with the involvement of the community/voluntary sectors, there is a drive to prevent people presenting themselves at A&E units and patients are discharged to their homes or into care as soon as possible.

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

The new provider for the urgent care service is Northern Doctors Urgent Care. They have a track record of successfully providing urgent care services in other parts of the country.

The two care centres will be based in Scarborough Hospital and at Malton Hospital. This will enable urgent care services that are currently provided separately to be merged together, co-locating a walk-in service with A&E in a 24/7 Urgent Care Centre at Scarborough Hospital along with a walk-in service with the current MIU at Malton Hospital.

This approach will help towards ensuring patients are seen and treated in one place, which was a key theme raised during the engagement exercise.

Directing patients to the appropriate service as they arrive at the Urgent Care Centre will relieve pressure on A&E at Scarborough Hospital and enable urgent care and A&E staff to support each other in times of high demand.

During the consultation phase the consistent view of the Committee was that the centres should be located in the two hospitals. I am pleased it has worked out that way.

‘Fit 4 the Future’ – Transforming the Care we Deliver in Whitby and the Surrounding Area Whitby Hospital

Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) announced in December that the two shortlisted bidders entering the next stage of the procurement process to select a provider of community and out of hours services in Whitby and the surrounding area were Humber NHS Foundation Trust and Virgin Care Services.

The successful organisation will be announced in March 2015 and the CCG will then work with them to finalise the contract ahead of an expected start date of 1 July 2015.

All Age Autism Strategy

Since the Committee became involved in this matter a year or so ago, waiting times and the number of young people waiting has continued to increase. At our meeting on 23 January we were pleased to hear that a draft strategy has been prepared with a view to developing a co-ordinated plan that meets the needs of all children, young people and adults across North Yorkshire. This approach will enable a more integrated coordinated approach across Children and Young People Service, Health and Adult Services and Health.

Whilst we do welcome the strategy, in order for the Committee to gain a better understanding of some of the statistics and guiding principles which underpin it, the Committee's Group Spokespersons will be meeting with representatives of the Primary Care Unit at our mid cycle briefing on 13 March 2015. The Committee will maintain an on-going involvement in autism services to ensure waiting times for assessment are finally reduced.

Review of Personal Medical Services Contracts

NHS England is reviewing the contracts they have with GP practices.

At our meeting on 23 January 2015 we heard that there are 3 types of contract available to commission General Practice services:

- General Medical Services (GMS)
- Personal Medical Services (PMS)
- Alternate Provider Medical Services (APMS)

GMS contracts are negotiated nationally on an annual basis whereas PMS contracts are locally negotiated, but in the main reflect the national picture in relation to services delivered. APMS contracts are commissioned following an open tender process and as such individually negotiated based around an agreed specification.

The difference between the two main contract types, GMS and PMS, has eroded over the years following the introduction of the new GMS contract in 2004 and PMS contract holders have had access to the same range of additional and enhanced services as GMS practices.

NHS England is committed to ensuring equitable funding across all contract types and undertook a national analysis of PMS contracts last year which suggested that PMS contracts cost more than GMS contracts with no demonstrable difference in the range of services being delivered. This resulted in the opinion that a premium was being paid to PMS practices.

NHS Yorkshire & the Humber is leading on this work locally. The aims of the review are to determine the level of premium, if any, being paid to practices and take action to release the premium back into the system.

The Committee was informed that “there could be an impact on services currently being delivered by practices; that is not to say that services will be stopped, which is unlikely, but they may be commissioned and delivered in a different way”.

The Committee will maintain its involvement in this matter so that as CCGs firm up their commissioning plans we are kept fully in the picture so that no services in primary care are changed without appropriate consultation.

Care Quality Commission (CQC) Inspections

The CQC is the independent health and adult social care regulator. Its job is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage them to improve. It does this by monitoring, inspecting and regulating services to make sure they meet fundamental standards of quality and safety. It publishes its findings, including performance ratings to help people choose care.

On 14 January 2015 the CQC published the results of its inspection of the Leeds and York Partnership NHS Foundation Trust (LYPFT). The overall rating was the Trust “requires improvement”. The majority of the concerns raised by the CQC relate to services in York and North Yorkshire, particularly older people’s inpatient care which was rated inadequate. Members will recall that in October of last year the LYPFT temporarily closed Worsley Court, the community unit for the elderly in Selby. This decision was taken in order to meet CQC requirements for mixed sex accommodation and also to support staff to significantly and rapidly improve the quality of nursing care through training and development. This programme and the required additional supervised practice have now concluded. Worsley Court partially re-opened on 11th January 2015 and it will fully re-open from Sunday, 15th February 2015.

Inspections are currently underway in the South Tees Hospitals NHS FT, Yorkshire Ambulance Service, the Tees, Esk and Wear Valleys NHS Foundation Trust. Before starting

their inspections, the CQC routinely contacts the local scrutiny of health committee with a view to the committee providing information and evidence which might inform the inspection. I have provided background information and correspondence with regard to performance issues at YAS and referred the CQC to our various committee meetings when services provided by the STFT and the TEWVFT have been discussed.

The York Hospitals NHS Foundation Trust will be inspected in March of this year.

National Review of Congenital Heart Disease (Adults & Children)

The Safe and Sustainable Review of children's congenital cardiac services in England was brought to a halt in June 2013.

A new review, led by NHS England, is now underway to consider the whole lifetime pathway of care for people with congenital heart disease (CHD). As part of that work a consultation from 15 September to 8 December 2014 on 13 Standards and a Service Specification is taking place. The standards will underpin a specification under which there will be three levels of CHD services for children and adults:

- specialist surgical centres (level 1);
- specialist cardiology centres (level 2); and
- local cardiology centres (level 3).

The Yorkshire & Humber Joint Scrutiny Committee submitted its response to the consultation in December last year.

Whilst we had broad support for the proposed standards and the service specification we did feel the consultation had not really taken into account the Independent Reconfiguration Panel's criticism of the original Safe and Sustainable Review with regard to the lack of stakeholder and public engagement, particularly in relation to the involvement, engagement and consultation with Black and Minority Ethnic communities.

NHS England has launched a new consultation about how it will prioritise which specialised services and treatments to invest in. The Joint Committee will consider developments around specialised services in due course, including how it will impact on the Review of Congenital Heart Disease.

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

5 February 2015