

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

Minutes of the meeting held in the Grand Committee Room, County Hall, Northallerton on 24 September 2010.

PRESENT:-

County Councillor Jim Clark in the Chair.

County Councillors:- Andrew Backhouse, John Blackie, John Clark, Polly English, Andrew Goss, Margaret Hulme, Mike Knaggs, Shelagh Marshall, John McCartney, Heather Moorhouse and Chris Pearson.

District Councillors Members: - Helen Firth (Craven), Ian Galloway (Harrogate) and John Harris substitute for Rob Johnson (Richmondshire).

Officers: Bryon Hunter (Scrutiny Support), Jane Wilkinson (Legal and Democratic Services).

Present by Invitation: Janet Probert, Amanda Brown, Graham Purdy (NHS North Yorkshire and York), Graham Dickinson (Hambleton & Richmondshire Practice Based Commissioning Group), Dr Aidrian Jones (Hawes Medical Practice), Jill Moulton, Vince Connolly, Adrian Bergin, Andrew Port, Carol Dargue and Paul Buckley (South Tees Hospitals NHS FT), Nick Elanor (Friends of St Monica's Hospital) and Kath Murray (NYLINK).

In attendance:- County Councillors Tony Hall and Caroline Patmore and District Councillor Warriner (Ryedale).

Apologies for absence were received from District Councillors Rob Johnson (Richmondshire) and Eileen Vickers (Scarborough).

Four Members of the public in attendance.

COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK

43. MINUTES

RESOLVED -

That the Minutes of the meeting held on 8 July 2010 be taken as read and be confirmed and signed by the Chairman as a correct record.

41. CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed new Members of the Committee to their first meeting.

Community Services Contract In the Scarborough, Whitby & Ryedale areas.

The Chairman said that he and the Vice Chair had attended a meeting of the Whitby Hospital Action Group and the County Council's Yorkshire Coast and Moors Area Committee at which concerns around the award of the contract for community services had been expressed. In view of the comments made, the Chairman said he intended to raise two questions at the Board meeting of NHS NY&Y on

28 September 2010. A copy of the questions was tabled at the meeting and a copy placed in the Minute Book.

A Member said he had concerns about the viability of Malton Hospital. The Chair said that he was aware that many people had concerns about the future role of their local community hospital and that this was an area of work he intended to explore in depth at a future meeting.

42. PUBLIC QUESTIONS OR STATEMENTS

The Committee was advised that no formal notice had been received of any public questions or statements to be made at the meeting. The Chairman announced that any member of the public who wished to speak at the meeting would be invited to do so during consideration of the relevant item on the agenda.

43. MINOR INJURIES SERVICES IN HAMBLETON AND RICHMONDSHIRE

County Councillor Caroline Patmore declared a personal interest in the following item as a Governor on the Board of York Hospital.

District Councillor John Harris declared a personal interest in the following item as a member of the Friends of The Friary Hospital, Richmond.

CONSIDERED –

Report of the Head of Scrutiny and Corporate Performance inviting the Committee to respond to NHS North Yorkshire and York (NHS NY&Y) on the results of its engagement on proposals to introduce new arrangements for minor injuries services in the Hambleton and Richmondshire areas.

The following additional papers were tabled at the meeting:-

- NHS North Yorkshire & York - Summary of key questions and points raised at drop-in sessions.
- NHS North Yorkshire & York – Summary of Additional public feedback.
- Briefing Note – The Friends of St Monica’s Hospital, Easingwold.
- Map of GP Practices with a Minor Injuries Service in Hambleton & Richmondshire.
- Copy Letter – Hudswell Parish Council to NHS North Yorkshire & York dated 22 September 2010-09-28.
- Copy Letter – Grinton Parish Council to NHS North Yorkshire & York dated 20 September 2010.

Amanda Brown, (Locality Director Hambleton & Richmondshire) introduced the report. She summarised the key issues and highlighted the new requirement set down by the Care Quality Commission for all minor injuries services to be registered. She described alternative provision and the arrangements for weekends and out of hours. She concluded by drawing attention to the very low activity levels and said that the increased regulatory framework meant that it was not possible for the service to continue in its current form.

At the invitation of the Chairman, Mr Nick Elanor, Secretary of the Friends of St Monica’s Hospital addressed the meeting. He drew the Committee’s attention to the tabled briefing note and said that the Friends of St Monica’s were opposed to the closure of the Minor Injuries Unit at St Monica’s Hospital for the stated reasons. He believed that too much prominence had been given to the issue of registration and that closure of the minor injuries unit could be the first step towards the complete

closure of St Monica's. He said that local GP's opposed the closure and that the League of Friends was reluctant to hand over the monies they had collected until the handover of the management of the hospital was complete and the Hospital's future secure.

County Councillor Caroline Patmore addressed the meeting. She expressed her support for the comments of Mr Elanor and made the following additional points:-

- That without private transport York Hospital was difficult to access.
- That the aging local population would find it especially difficult to access alternative provision.
- A&E Services at York Hospital – Patients with minor injuries would face a wait of several hours before receiving treatment.
- The engagement plan was poor and had not been properly executed as a result she had received many complaints.

Mr Tony Pelton addressed the meeting and said he was opposed to the closure of minor injury units in Richmondshire as the alternative provision was too difficult to access especially that located at Darlington Memorial Hospital.

Dr Adrian Jones gave his perspective as a General Practitioner on the proposals. He supported the closure of the minor injury units on the following grounds:-

- That all GP surgeries are currently paid to provide a minor injuries service.
- That patients presenting with a minor injury at a community hospital weaken the level of care given to in-patients.
- The safety of in-patients is compromised when nurses leave the ward to attend to a patient with a minor injury.
- Activity levels at minor injury units are very low and the majority of injuries treated are very minor.
- The monies used to maintain minor injury units could be used more effectively to benefit an increased numbers of patients.
- The Minor Injury Units require significant investment in order to meet national standards.
- Patients with minor injuries accessing the Friary tend to live close to the Hospital and people living in remote areas do not tend to use the service.
- A patient with a minor injury would receive a better standard of care if they attended a GP surgery than they would if they attended a community hospital.
- At community hospitals there was no back-up or governance available.

Dr Jones did accept the comments made about transport.

Janet Probert said the CQC registration requirements meant that all nurses providing a minor injuries service had to be trained to Level 3 nurse practitioner standard. At present none of the nurses working in the community hospitals had this qualification. The proposals if implemented would not result in any savings.

Amanda Brown argued that the engagement process had been thorough. She conceded however that due to the holiday period public events had not been well attended. She assured the Committee that all views would be accurately reported to the Board.

Members debated the matter at length and made the following points:-

- That the engagement plan presented to the Committee at its July meeting had not been followed.

- That treatment of minor injuries of the type routinely presented should be within the range of treatment legitimately to be expected at community hospitals.
- That the proposals undermined public confidence in community hospitals.
- That the issue of CQC registration was not mentioned in the original proposals.
- That the alternative provision is not on a like for like basis and represents a 30% reduction in the accessibility of the service.
- That the proposed increased distance/journey times to access the service are unreasonable.
- Single GP practices will find it very difficult to treat minor injuries due to the amount of time they spend routinely visiting patients away from the surgery.
- That the out of hours service centre at Catterick Garrison is behind the wire and patients will have to approach an armed guard before being allowed access.
- That determination of the proposals should be deferred until the advent of GP Commissioning.
- That there is nothing to support the claim that GPs are more experienced at dealing with minor injuries.
- What is the minimum number of patients required before a Minor Injuries Unit is viable.
- How will tourists access the minor injuries service in Hambleton & Richmondshire and how will they know where to go to access the service.
- The proposals need to be properly tested with GPs before they are implemented.
- GPs should have been properly consulted about the proposals.
- Concern that lack of knowledge about the alternative provision available will result in patients going to A&E Departments for treatment and that this not appropriate.
- That community nurses routinely prioritise their duties and the treatment of minor injuries should not compromise patient safety.
- That central government is promoting 'localism' and the comments made today should be listened to.

Graham Dickenson, Chairman of the Hambleton & Richmondshire Practice Based Commissioning group confirmed that not all of the 17 GP Practices in Hambleton & Richmondshire had been actively canvassed about the proposals.

Janet Probert and Amanda Brown responded to Members comments and said that it was difficult to successfully balance safety and localism. They said that the comments of the Committee would be reported to the PCT Board meeting in October.

The Chairman thanked everyone for their contribution and that said after listening to the debate what struck him was that the timing of the engagement was ill-advised, he had concerns about the engagement process itself and said that better communication/promotion of the alternative provision available was needed.

RESOLVED –

- (i) That the Scrutiny of Health Committee does not support the proposals to introduce new arrangements for the minor injuries services in the Hambleton and Richmondshire areas on the basis of:-
 - 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.
- (ii) The Scrutiny of Health Committee recommends NHS North Yorkshire and York to defer its proposals for the minor injuries service in the Hambleton and Richmondshire areas until GP commissioning arrangements become clearer as envisaged under the recently published White Paper – Equity & Excellence; Liberating the NHS and the Transforming Community Services initiative has been fully implemented.

44. PROPOSED DEVELOPMENTS IN SERVICE FOR STROKE SERVICES AND TRAUMA ORTHOPAEDIC SERVICES AT SOUTH TEES HOSPITAL NHS FOUNDATION TRUST

CONSIDERED –

Reports from South Tees Hospitals NHS Foundation Trust describing how and why it planned to engage with key stakeholders and the public on proposals to change the care pathways of stroke and trauma/orthopaedic patients from the Hambleton and Richmondshire areas.

The item was introduced by Jill Moulton who said that the proposals originated from national strategies for stroke and trauma care. She acknowledged the involvement of NHS North Yorkshire & York and said the content of the papers in front of Members were the result of extensive local clinical discussions on how to achieve best practice for patients. Those discussions had now reached a stage where they could be broadened out for public debate and she invited the Committee to comment on the proposals. She emphasised that neither change would undermine the viability of A&E services at the Friarage Hospital, Northallerton.

Clinicians and NHS Managers specialising in stroke and trauma care addressed the Committee. They described in detail how patient outcomes would improve as a result of the changes.

County Councillor Tony Hall said that in his capacity as Chair of Stroke Awareness Member Task Group he had visited both hospitals. He had been very impressed with the specialist facilities at James Cook University Hospital and after having seen both sites said that the proposals for stroke services made perfect sense. At his request Jill Moulton agreed to include the Stroke Association and local stroke clubs as consultees in the stroke services engagement plan.

Members expressed full support for the principle of patients being given the best possible care and sought further information on the proposed engagement plans. At Members request Jill Moulton agreed to send via email an explanatory letter setting out the new arrangements for both services to all affected parish councils. She also agreed to produce at the conclusion of the engagement process a simple public information leaflet that included 'questions and answers'.

Kath Murray, Chairman North Yorkshire Local Involvement Network endorsed the proposals unequivocally. She said she was reassured that patients would return to their local hospital for ongoing rehabilitation.

County Councillor Blackie asked if the increased journey time would have an adverse impact on patient care. He was advised that the extra distance involved would be offset by improved efficiencies in the treatment patients received. County Councillor Blackie said that the Yorkshire Ambulance Service and air ambulance service were a vital part of the proposed arrangements and asked if they were in agreement with the proposals. He said that the Yorkshire Ambulance Service had previously failed to meet response time targets and in view of this asked if the Primary Care Trust had agreed to provide the additional resource the ambulance service would require to implement the proposals. He was advised that both YAS & NEAS had been contacted about the proposals and that they had in turn contacted the air ambulance service. The Primary Care Trust was well advanced with preparing costings on the additional resource required with a report due to be considered at the PCT's Board meeting the following week.

Members were reassured by the statements that A&E services at the Friarage Hospital, Northallerton would be unaffected and unanimously voiced their support for the proposals and requested that the results of the engagements plans were reported back to the Committee in due course.

The Chairman thanked Jill Moulton and her team for their attendance and for the information they had provided at the meeting.

RESOLVED –

- (i) That South Tees Hospitals NHS Foundation Trust and NHS North Yorkshire & York be commended on the level of engagement conducted with the Committee on developments for stroke and trauma orthopaedic services.
- (ii) That the Scrutiny of Health Committee endorses the engagement plans for stroke and trauma orthopaedic services subject to inclusion of the amendments made during the meeting.
- (iii) That the results of the engagement plans be reported to the Committee at a later date.
- (iv) That the Scrutiny of Health Committee strongly supports the proposed changes to care pathways for stroke and trauma/orthopaedic patients in the Hambleton & Richmondshire areas.
- (v) That the Scrutiny of Health Committee commends NHS North Yorkshire & York to resource the additional ambulance service required when the proposals are implemented.

45. SAFEGUARDING DENTAL HEALTH IN CRAVEN – EQUAL ACCESS, EQUAL OPPORTUNITIES – A REVIEW OF DENTISTRY PROVISION IN CRAVEN BY CRAVEN DISTRICT COUNCIL'S OVERVIEW AND SCRUTINY COMMITTEE

CONSIDERED –

The report of Craven District Council's Overview and Scrutiny Committee on access to dentistry provision in Craven. An Action Table of the Review recommendations was tabled at the meeting.

The report was introduced by District Councillor Helen Firth who summarised the key findings. In particular she referred to the use of a mobile unit which she said need not be restricted to operating solely in the Craven area. She saw no reason why a mobile unit could not operate successfully across the whole of North Yorkshire. She

stressed the need for the recommendations to be endorsed by the Committee as this would give the Review added impact. This was demonstrated by NHS North Yorkshire & York not issuing a formal response until after they had learnt that the report had been included on the agenda that day.

Members commended the report and congratulated Craven District Councillors on the quality of the work produced.

A Member said that problems accessing dental services were not restricted to rural areas. The cost of dental premises in some North Yorkshire towns was proving to be prohibitive and forcing many dentists to go private. In response to questions raised by Members, the Committee was advised by Graham Purdy that under the terms of the national contract, primary care trusts were responsible for ensuring that there were sufficient providers in order to meet local need, they could not however specify to providers the exact location of their premises.

RESOLVED –

- (i) That the Scrutiny of Health Committee endorses the recommendations in the 'Safeguarding Dental Health in Craven – Equal Access, Equal Opportunities: A Review of Dentistry Provision in Craven'.
- (ii) That the Scrutiny of Health Committee calls upon NHS North Yorkshire & York to give serious consideration to the findings of Craven District Council's overview & scrutiny committee on access to dentistry provision in Craven.
- (iii) That the report of Craven District Council's overview & scrutiny committee on access to dentistry provision in Craven be brought to the attention of all borough/district councils in North Yorkshire via the next meeting of the North Yorkshire Scrutiny Network

46. WORK PROGRAMME

CONSIDERED –

The report of the Head of Scrutiny and Corporate Performance inviting the Committee to review the content of its future Work Programme.

The Scrutiny Support Officer drew Members attention to the additional meeting of the Committee on 15 October. He confirmed that the meeting would start at the usual time of 10.00 am and not 10.30 am as was incorrectly stated in his report. Originally he had hoped to include an item on Malton Hospital in order to respond to the notice of motion dated 2 September from Ryedale District Council. Subsequently however he had learnt that the Chief Executive of Ryedale District Council was due to meet that day with representatives from Scarborough & North East Yorkshire Healthcare NHS Trust. In view of this he suggested that the matter be deferred to the New Year when the outcome of those discussions and the provider of community services would be known. He further suggested that the Committee could cover this matter in its work on the role of community hospitals as referred to by the Chair in his announcements. Members agreed with his comments. County Councillor John Clark said he would prefer the response to Ryedale District Council to be deferred if this meant that the motion would receive detailed consideration.

Against a background of Transforming Community Services and Trusts now working on their own Quality Account for 2010/11 it was agreed that the possibility of holding a joint meeting with the City of York Overview & Scrutiny Committee to understand

how these initiatives are to be taken forward by the York Hospitals Foundation Trust would be useful.

Members noted that the focus of the November meeting was on the ambulance service and requested that invites to attend the meeting be extended to representatives of both air ambulance services in operation in North Yorkshire. Following discussion it was also agreed to include on the same agenda reference to the work being undertaken by the LINK in the Craven area on the air ambulance service together with confirmation of the position regarding the provision by NHS North Yorkshire & York of the additional ambulance service resource required in order to implement changes to the care pathways for stroke and trauma orthopaedic services at South Tees Hospitals NHS Foundation Trust as discussed earlier in the meeting.

With regard to hospital screening policies it was agreed that the Scrutiny Support Officer should seek written confirmation from NHS North Yorkshire & York on the current position.

RESOLVED –

That the content of the Work Programme be approved and the recommendations made during the meeting incorporated.

JW/JD/ALJ