

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at Northallerton Town Hall on 22 November 2012, commencing at 7.00 pm.

Present:-

County Councillor Jim Clark (Chairman).

County Councillors:-Val Arnold, Andrew Backhouse, John Blackie, John Clark, Andrew Goss, Margaret Hulme, John McCartney, Heather Moorhouse, Chris Pearson and Peter Sowray (substitute for Mike Knaggs).

District Council Members: - John Roberts (Craven), Shirley Shepherd (Hambleton) Helen Flynn substitute for Ian Galloway (Harrogate), John Raper (Ryedale) and Tony Pelton (Richmondshire).

Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson, Josie O'Dowd, Lee Humphrey and Lauren Moore (Legal and Democratic Services).

Apologies for absence were submitted on behalf of County Councillor Polly English, Mike Knaggs and Shelagh Marshall and District Councillors Ian Galloway (Harrogate), Jane Mortimer (Scarborough) and Kay McSherry (Selby).

In attendance:-

County Councillors: Tony Hall and David Blades
Approximately 160 members of the press and public.

The Chairman welcomed everyone to the meeting before asking Members of the Committee to introduce themselves. The order of the meeting was outlined together with a brief description of the Committee's powers.

Copies of all documents considered are in the Minute Book

147. Chairman's Announcements

The Chairman referred to a statement made by Kevin McAleese, the Chairman of the Board of NY & YPCT which formed part of the agenda papers for the PCT Board meeting on 27 November 2012. He took great exception to 3 remarks within the statement which he said he would be asking him to withdraw when he attended the Board meeting the following week. The three remarks referred to proposals for children's and maternity services at the Friarage Hospital namely:-

- That County Councillors sought no change to the current configuration of children's and paediatric services at the Friarage Hospital.
- That the public engagement conducted by the CCG had achieved very little.
- That there was a connection between the timing of political opposition to the proposals and the County Council elections in May 2013.

148. Public Questions or Statements

There were no public questions or statements from members of the public concerning issues not listed on the agenda.

Resolved –

That the requirement to give 3 days notice is waived and those Members of the public present at the meeting who wish to speak on the item listed on the agenda will be invited to do so during consideration of that item.

149. Children's & Maternity Services at the Friarage Hospital Northallerton – Current Situation

In his opening remarks the Chairman said that the Committee had from the outset been involved in discussions about options for the reconfiguration of maternity and paediatric services at the Friarage Hospital, Northallerton. He summarised the Committee's involvement to date and said that the purpose of the meeting that evening was to enable the Committee to hear first hand the views of the public on the proposed changes. The Committee had already heard evidence from the NHS in support of the proposals and consequently there would be no speakers from the NHS that evening.

The Chairman referred Members to the following documents that had been tabled at the meeting:-

- Letter dated 14 November from William Hague MP
- Extract from the Business Case Report on the Proposed Reconfiguration of Paediatric and Maternity Services at The Friarage Hospital, Northallerton
- Submission by David Tucker
- Extract from a report by the National Quality Board 'Quality In The New Health System'

The Chairman then invited, Bryon Hunter the Scrutiny Team Leader to address the Committee. Bryon Hunter highlighted key aspects from his covering report and confirmed that it was not necessary for formal consultation to have been undertaken for the matter to be referred to the Independent Reconfiguration Panel.

County Councillor John Blackie proposed a motion recommending that the matter be referred to the Secretary of State For Health on the grounds of patient safety. He gave an explanation of the reasons that had led him to that conclusion and said that the people in North Yorkshire deserved the same level of service as people living in communities around Barnstaple, Dorchester and Yeovil where a 24/7 consultant led service had been retained. Referral to the Secretary of State was the only way to resolve the gulf between the NHS and the public. The motion was seconded by County Councillor Heather Moorhouse.

The Chairman then invited those Members of the public who had registered to speak to address the Committee all of whom urged the Committee to refer the matter to the Secretary of State.

Dan Hawkins Chairman of the 'Save Our Hospital Campaign' provided detailed statistics on the level of public opposition to the proposals which included numbers of participants in a protest march, signatures collected on various petitions and face book group members. He also made reference to public transport being very limited and the associated excessive journey times.

David Williams spoke about the extra demand the proposals would place upon the ambulance service and the increased risk to patients arising from extended journeys.

Patients would be claimed fail to seek timely medical intervention because of the distances involved.

Lisa Nelson highlighted the outstanding safety record of the Friarage Hospital. She compared this to Kidderminster Hospital where maternity services had been downgraded to a midwife led unit and safety had diminished. She said that Option 1 was favoured by GPs in terms of patient safety, clinical effectiveness, patient experience and equity of access and referred to research that had shown centralisation and specialisation were not always best for rural and remote communities. The loss of a consultant led services would lead to a reduction in the quality of service provided and claimed that other hospitals such as Banbury had overcome issues of maintaining skill levels and recruitment. She expressed concerns about the long term viability of a midwife led unit and argued that patient safety was more important than affordability.

The following people gave personal accounts to demonstrate the impact of the proposed changes on the local community:-

Andrew Newton described the importance of open access to him and his family when caring for his severely disabled daughter. Over the course of the last 5 years his daughter had been admitted on many occasions amounting in total to 3months. Under the current arrangements family members were able to stay overnight at the hospital. The changes if affected would be to the detriment of his family.

Amy Walker described her isolation when her family were unable to get to the hospital after she had given birth to her second child at JCUH. Harrogate Hospital had been her preferred choice but because of the distances involved was told she had to go to JCUH when she went into labour. Her pregnancy coincided with the temporary closure of maternity services at the Friarage in 2009. Complications with her pregnancy necessitated her travelling on a weekly basis to JCUH and had been very disruptive to family life.

Heather Pallant a mother of two haemophiliac boys described how time was of the essence when either of her sons needed hospital care on an unplanned basis. The Friarage Hospital had on many occasions saved her sons lives and its proximity gave her peace of mind.

Cath Vickers said that her pregnancy had been termed 'low risk' but that when she had gone into labour she had needed an emergency caesarean. Her situation had changed dramatically within minutes and if consultants had not been on hand it could have ended in tragedy.

Caroline Kitchen said that as a result of giving birth on the A19 she needed treatment for post traumatic stress disorder and post-natal depression.

As the spokesperson for a number of other mothers Vikki Hughes commended the care given to premature babies in special care baby unit at the Friarage Hospital. If there had not been a 24/7 consultant-led service at the Friarage Hospital her life and that of her baby and others like her might have been lost. She agreed with previous speakers that an unforeseen change in circumstances often led to emergency care being needed and she predicted the proposals would lead to an increase in the number of emergency births. The Friarage unlike other hospitals promoted breast feeding.

David Tucker highlighted the 'summary' of his tabled submission. He said that the CCG relied on the views of clinicians at the expense of those expressed by patients. Patient safety was compromised by excessive travel times and he was sceptical about the long term viability of a mid-wife led unit.

Members of the audience commented as follows:

- NHS was making decisions for financial reasons as opposed to patient safety
- The proposals breached the duty of care owed to patients by the NHS and could lead to increased litigation
- Expressed concern at the shortage of beds at James Cook University Hospital
- Said that the practice of transferring low risk patients from the Middlesbrough area to Northallerton was causing anxiety as families found visiting difficult because of the distance
- Complained about lack of patient choice
- Expressed concerns about the ambulance service being able to cope with any additional demand
- The proposals compromised the reputation and credibility of the local NHS
- Expressed fears that local people would stop fund raising efforts for the Friarage Hospital

County Councillor Tony Hall who was present at the meeting commented that the throughout the engagement exercise conducted by the clinical commissioning group, strong support had been expressed in favour of option 1 (sustaining a consultant led paediatric and maternity service). When the Board of NHS NY & Y met on 25 September 2012 and concluded that Option 1 was not feasible the course of action was clear. The gulf between the CCG and the public meant that referral to the Independent Reconfiguration Panel was because of the circumstances inevitable and the right thing to do. He concluded by saying that the next steps should include finding innovative solutions to maintain all existing services at the Friarage.

The Chairman then invited Members of the Committee to comment. Members commented as follows:-

- Moved by the personal accounts given that evening
- Patient safety paramount concerned that reduced accessibility would increase patient risk
- That the proposals do not meet the health needs of local communities
- The proposals would result in a reduction in the quality of the services provided
- Additional ambulance service costs not calculated suspect would be in excess of the £2.7m needed to retain consultant led services.
- Were concerned by recent media reports of ambulance delays at JCUH and patient having to wait up to two and half hours before being admitted because of a shortage of beds
- Referred to evidence provided to a previous meeting that JCUH had capacity to deal with an additional 1000 births without the need for staff levels to be increased. If this is the case JCUH has the capacity to fill staff rotas on two sites.
- That throughout the whole of their pregnancy women would be anxious about the arrangements for giving birth
- The proposals would impact on rural sustainability and lead to a migration away from rural areas

The Chairman said it was difficult to balance finance against emotions but that the proposals did not represent the best solution for the problems being encountered. He remained unconvinced that the proposals would lead to savings and said that increased ambulance costs and travel costs to individuals would exceed the £2.7m needed to retain consultant led services. In the circumstances referral to the Secretary of State was the only option. He hoped that the extra monies could be

provided from central government and said that if the problem was one of finance then Option 1 should be consulted upon.

County Councillor John Blackie commended members of the facebook group for all their hard work and the powerful and moving arguments they had put forward. He said an independent objective view was needed and this could only be achieved by referring the matter to the Secretary of State for Health.

Members then voted on the motion put forward earlier in the meeting.

The Committee resolved unanimously to refer the proposals to the Secretary of State for Health.

Resolved –

That the Chairman be authorised to refer this matter in writing to the Secretary of State for Health on the basis that the letter prepared by himself and the Vice Chairman, County Councillor John Blackie is circulated for comment to all Members of the Committee before finally being sent.

That the reasons for such referral are:

- 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
- That the CCGs own scoring model had the option of investing in a consultant led service scoring the highest in Patient Safety, Clinical Effectiveness, Patient Experience and Equity of Access
- The Committee would welcome the Secretary of State's advice on how difficulties relating of relating to affordability , sustainability and the cost effectiveness of maintaining a consultant led service could be overcome
- Strength of public opposition

The meeting concluded at 8.45 pm.

JW/ALJ