

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 22 March 2013, commencing at 10.00 am.

Present:-

County Councillor Jim Clark (Chairman).

County Councillors:-Val Arnold, David Blades (substitute for Margaret Hulme), John Blackie, John Clark, Andrew Goss, Mike Knaggs, John McCartney, and Chris Pearson.

District Council Members: - Elizabeth Shields substitute for John Raper (Ryedale), and Shirley Shepherd (Hambleton).

Officers: Bryon Hunter (Scrutiny Team Leader), Mike Webster (Health & Adult Service), Jane Wilkinson (Legal and Democratic Services).

In attendance Executive Member County Councillor Tony Hall.

Present by invitation:

Hambleton, Richmondshire and Whitby Clinical Commissioning Group – Dr Vicky Pleydell
South Tees Hospitals NHS Foundation Trust – Jill Moulton

Apologies for absence were submitted on behalf of County Councillors: Polly English, Margaret Hulme, Shelagh Marshall, Heather Moorhouse and Chris Pearson and District Councillors Ian Galloway (Harrogate), Kay McSherry (Selby), John Raper (Ryedale), John Roberts (Craven).

Copies of all documents considered are in the Minute Book

The Chairman announced that this would be the last meeting County Councillor Mike Knaggs would attend before he retired. He paid tribute to his long service and thanked him for his contribution to the work of the Committee.

158. Minutes

That the Minutes of the meeting held on 8 February 2013 be taken as read and be confirmed and signed by the Chairman as a correct record.

159. Chairman's Announcements

- National Review of Children's Cardiac Surgery – Campaigners from the "Save our Surgery" charity had won a high court challenge to stop children's cardiac surgery being removed from Leeds. A high court judge had ruled that the consultation process was unlawful. A hearing on 27 March 2013 would determine the remedy. In a separate development the Secretary of State had extended by a month the deadline for receipt by him of the report from the Independent Review Panel. The report was now not due until 20 April 2013.

The Joint Scrutiny Committee was actively seeking support from local authorities in Yorkshire and the Humber to retain both the Leeds and Newcastle units. The Chairman said he would continue to keep the Committee informed of developments and that he intended to write to the Independent Review Panel to confirm the points made by the Joint Scrutiny Committee.

160. Public Questions or Statements

No formal notice had been received.

161. Children's and Maternity Services at The Friarage Hospital, Northallerton

Considered –

The report of the Scrutiny Team Leader updating the Committee on developments with regard to the referral by the Committee to the Secretary of State for Health of Children's and Maternity services at the Friarage Hospital, Northallerton.

The Committee was informed that since the report had been written, the advice of the IRP and the subsequent decision of the Secretary of State on the way forward were still awaited. To date no indication had been received when these might be expected. In the light of the forthcoming County Council elections and the commencement of the purdah period, Members were keen not to delay any formal consultation process whilst at the same time wanted to remain involved and retain the ability to influence a consultation before it actually started. With the agreement of Dr Plyedell the Committee supported the approach outlined in the report regarding the giving of advice and if launched the timetable for a formal consultation.

Dr Vicky Pleydell was grateful for the steer from the Committee and took the opportunity to inform Members of a piece of work that if a consultation was launched could have a bearing on its outcome. NHS North Yorkshire & York had commissioned 18 months ago advice for providers when making commissioning decisions with the object of improving the quality of healthcare services and ensuring that they met all key standards. Children's and maternity services were covered by the advice which recommended the optimum number of hours a consultant should be present on a ward in order to deliver a high quality service. The ideal standard quoted was 168 hours per week. Members noted that nationally very few units were able to achieve this, the average being somewhere between 50-96 hours. The CCG at its forthcoming Board meeting would as part of its legacy from the primary care trust discuss this matter and what action if any it should take. At present a consultant was present at the Friarage Hospital on average 40 hours per week and at James Cook University Hospital 96 hours per week.

It was clarified that with regard to maternity services the advice related only to high risk deliveries and that mid-wife led maternity units were not affected.

Members contended that any argument put forward suggesting consultant hours at James Cook University Hospital could not be increased because of the high costs involved was flawed unless evidence was produced to show that the current figure of 96 hours was the optimum cost effective in terms of quality standards balanced against adverse outcomes. Members made reference to the work on marginal analysis conducted by a former Director of Public Health, Dr Peter Brambly and said that further work was needed before any decisions could be taken.

The Chairman thanked Dr Pleydell and Jill Moulton for the information they had provided and said he was appreciative of their constructive approach to working with the Committee.

Resolved –

That in the event that the Secretary of State announces that a formal consultation is to be launched, Members will offer advice to Dr Pleydell on how that process should be managed.

That in the event of a formal consultation, it should not be launched before 1 July 2013 and that the usual 12 week period should be extended to a 16 week period to allow for the holiday period.

That in the event that the Secretary of State makes an announcement before the 2 May 2013, that the Chairman be authorised to arrange a meeting of the Group Spokespersons to formalise an appropriate response (to be circulated) on behalf of the Committee.

162. North Kirklees Clinical Commissioning Group and the Wakefield Clinical Commissioning Group – “Meeting the Challenge” Consultation

Considered –

The report of Bryon Hunter, Scrutiny Team Leader asking the Committee to agree its response to proposed changes to maternity, children’s inpatients, A&E and unplanned care and surgery services at Pontefract, Wakefield and Dewsbury Hospitals.

The Chairman informed the Committee that due to heavy snow, representatives from Wakefield and North Kirklees CCGs had contacted the County Council to say that they were unable to attend the meeting that day.

The consultation sought to implement the business case put forward by the Clinical Services Strategy which set out the long term options for all three hospitals. Under the proposals Pindarfields Hospital would become a centre for complex and emergency care whilst Pontefract and Dewsbury Hospitals would provide planned care. Attached to the report was a summary of the consultation document. The consultation was due to end on 31 May 2013 and affected communities in the Selby area.

The Scrutiny Team Leader invited the Committee to endorse the proposals and said that he would make arrangements for the results of the consultation to be presented to a future meeting.

County Councillor John McCartney a member from Selby said he was particularly interested to know details of the services to be provided at Pontefract Hospital and how the changes would be financed given the level of savings required by the Mid Yorkshire Hospitals NHS Trust.

Members of the Committee offered no other comment on the proposals before endorsing them.

Resolved –

- (a) That the Scrutiny of Health Committee supports the proposals for Pindarfields, Dewsbury and Pontefract hospitals as published in the “Meeting The Challenge” consultation.
- (b) That that a further report setting out the Clinical Commissioning Groups’ decision on the results of the consultation be referred to the Committee during the summer of 2013.

163. Work Programme

Considered –

The report of Bryon Hunter, Scrutiny Team Leader inviting Members to comment upon and approve the content of the Committee's future work programme. As it was the last meeting of the Committee before the County Council elections on 2 May 2013 the work programme had been kept deliberately light to allow the new Committee to determine areas of future involvement.

Bryon Hunter proposed that the meeting scheduled for June should be an induction event possibly lasting the entire day rather than a formal meeting of the Committee. This would enable new Members of the Committee to get to grips with NHS terminology and structure. Members endorsed his suggestion and added that a further meeting of Committee would probably be needed sometime during July 2013 in order to receive details of CCG Delivery Plans which would by that time be available. Members said that attendance at the training event in June should not be restricted solely to Members of the Committee and they highlighted the need for the new Committee to build relationships and develop protocols with the Health & Well Being Board and CCGs. The role of the Committee with regard to public health also needed to be made clear.

Dr Vicky Pleydell said she was happy to support a June training event and that she would circulate the details to colleagues in other CCGs. She agreed to liaise with the Scrutiny Team Leader regarding the arrangements and programme for the day.

Details of a series of "Fit 4 the Future" open events organised by the Hambleton, Richmondshire and Whitby CCG for over 65s, their families and carers were circulated at the meeting. In their capacity as community leaders, Dr Pleydell invited Members to promote the events and to encourage members of the public to attend and participate.

With the agreement of the Chairman, County Councillor Blackie informed the Committee of concerns he had about the response times of Yorkshire Ambulance Service to emergency calls in remote areas of Hambleton and Richmondshire.

The National Response Time standard for a Category A call (emergency) was 8 minutes irrespective of location for 75% of all calls. Whilst generally accepted that in remote areas this standard could not always be achieved lately some incidents had fallen outside of acceptable limits. County Councillor Blackie gave an example of a patient who needed to be urgently transported from a village near Bainbridge to James Cook University Hospital who had waited 2 hours and 4 minutes to be transferred. Had the air ambulance not been available the transfer of the patient would have been delayed further. County Councillor Blackie questioned why it was necessary to have to wait for a double crewed ambulance to arrive before the air ambulance could be called. The drive for savings had he claimed stretched resources to the limits and highlighted the need for back up plans in order to maintain cover and use the available resources efficiently. He suspected that other remote areas were experiencing similar problems and he called upon Dr Pleydell on behalf of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group to note his comments. County Councillor Blackie said staffing shortages and a ban on overtime had led to ambulance stations at Bainbridge and Ingleton being closed on a number of occasions during February. He said that because of the distances involved priority should be given to keeping remote ambulance stations open at all times but in practice this was not the case. Remoteness was not recognised and he said there was a clear need for a back-up plan that featured as a priority the needs of those furthest placed from receipt of urgent and unplanned care. County Councillor Blackie sought the support of the Committee to add the topic of ambulance response times to the Committee's work programme.

Dr Pleydell said the Clinical Commissioning Group was aware of problems with YAS response times in Hambleton and Richmondshire. Representatives from the ambulance service had been invited to attend the next meeting of the CCGs Governing Body to discuss concerns raised at Patient Congress meetings. She agreed to forward to County Councillor Blackie details of the Governing Body meeting and in return he agreed to supply her with the details of the ambulance response to the patient he had described earlier in the meeting. Dr Pleydell said that the time taken to get this patient to the James Cook University Hospital was just within acceptable limits but that it did seem overlong and was at the outer limits of patient safety. She agreed that generally speaking the sooner a stroke patient was under the care of specialist professionals, the better. Dr Pleydell suggested that on occasions the paramedic on a rapid response vehicle maybe better qualified to make the decision whether to call for an air ambulance.

County Councillor John Clark pointed out that members of the public were also unhappy with the delivery of the GP out of hours service. It was clear that the various agencies involved needed to improve and co-ordinate their response better so as to avoid a situation whereby the air ambulance was called out when it was not actually needed.

The Chairman said the response times of the ambulance service to emergency calls was an important issue for people in remote rural areas.

Dr Pleydell gave assurances that the CCG would look at the issue of response times in the round. It was her view that in remote areas it was acceptable that the national standard of 8 minutes for Category A calls could be stretched up to 20 minutes. However failure by larger margins would need to be qualified and anything over 45 minutes was too long. She pointed out that demand for the service had increased significantly and that there was a need to educate the public in order to reduce demand. More patients could be seen locally by GPs as opposed to travelling to distant hospitals and there was a need to develop schemes to affect this but she stressed that people had to be realistic about what could be delivered.

County Councillor Blackie pointed out that the example he had quoted was not an isolated incident. The public had a right to expect a response that was tailored to meet the circumstances in which they lived. If the decision to call an air ambulance could be made by the paramedic on a rapid response vehicle this would save valuable time.

The Chairman agreed that an item on ambulance response times be included on the agenda of the next meeting and in the meantime County Councillor Blackie agreed to liaise with Dr Vicky Pleydell regarding the forthcoming meeting of the CCGs Governing Body.

Resolved –

That the work programme be received and agreed as printed including the suggestions made at the meeting and recorded in the Minutes.

The meeting concluded at 11.40 pm.

JW/ALJ