



Telford & Wrekin
COUNCIL

<u>Committee and Date</u>
Joint Health Overview and Scrutiny Committee
29 January 2010
10am

<u>Item/Paper</u>
Public

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 30 OCTOBER 2009 IN THE SHREWSBURY ROOM, SHIREHALL 11.00AM – 12.55PM

Responsible Officer Michelle Evans

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Present

Members of the Joint Committee

Shropshire Council:

Karen Calder, Gerald Dakin (Chairman), Ann Hartley, Jo Jones, Liz Parsons and Tina Woodward

Telford and Wrekin Council:

Dilys Davis (Co-optee), Veronica Fletcher, Angela McClements, Val Lindley (Co-optee), Dag Saunders (Co-optee) and Derek White (Chairman)

Also Present

Keith Barrow, Leader of Shropshire Council

Jacqui Seymore, Cabinet Member for Adult and Consumer Care, Telford & Wrekin Council

John MacDonald, Programme Director

Jo Chambers, Chief Executive, Shropshire County Primary Care Trust

Paul Tulley, Director of Strategic Planning & Commissioning Shropshire County Primary Care Trust

Simon Conolly, Chief Executive, Telford & Wrekin Primary Care Trust

Tom Taylor, Chief Executive, Shrewsbury & Telford Hospital NHS Trust (SaTH)

Steve Evans, Shrewsbury & Telford Hospital NHS Trust (SaTH)

Fiona Bottrill, Scrutiny Manager, Telford & Wrekin Council

Ken Clarke, Head of Finance and Audit, Telford & Wrekin Council

Tom Dodds, Lead Officer Performance, Scrutiny and Innovation, Shropshire Council

Michelle Evans, Committee Officer, Shropshire Council

1. Apologies for Absence

- 1.1 Apologies for absence were received from Val Beint, Director of Community Services, Shropshire Council and Liz Nicholson, Director of Children and Young Peoples Services, Shropshire Council

2. Declarations of Interest

- 2.1 No declarations of interest were received.

3. Minutes

- 3.1 The minutes of the meeting held on 27 April 2009 were confirmed as a correct record.
- 3.2 In response to a query it was confirmed that a site visit to The Wirral would be arranged once the results of the consultation were known.

4. Shropshire, Telford & Wrekin Health Economy

- 4.1 The Committee considered the report of Shropshire and Telford Executive Group – copy attached to the signed minutes – which presented conclusions and recommendations as to the next steps in taking the clinical strategy forward.
- 4.2 Mr John MacDonald, Programme Director gave a presentation – copy attached to the signed minutes. He explained that the key conclusion was to consolidate services for the most sick and injured onto one site as these services could not be sustained on both sites indefinitely. He went through the clinical strategic options and the plans to immediately address critical issues which would involve investment in Accident and Emergency and general surgeons, concentrating emergency and major vascular surgery on one site whilst retaining general surgery and paediatrics on both sites for a limited period of time.
- 4.3 Mr MacDonald explained that the longer services were delivered across both sites, the greater the risk to sustaining quality services in the long term. Therefore, the ranking of options in the interim needed to be concluded and a decision made as to how quickly to move forward to the best option.
- 4.4 Mr MacDonald reported that a risk management and contingency plan for middle grade staff would be submitted to the Primary Care Trust and SaTH Boards in January following which it would be presented to the Joint Health Overview & Scrutiny Committee for information together with six monthly progress reports.
- 4.5 In conclusion, Mr MacDonald stated the need to move to a single site as soon as possible and he reported that a public consultation would be undertaken mid 2010 on the interim options and the principle of a single site for the longer term.
- 4.6 Mr Tom Taylor, Chief Executive of SaTH explained the proposals made at the SaTH Board meeting that had taken place the previous day. He explained the three levels of service starting with the bronze service which had certain risks, to the gold service which would involve being on one site, however, in order to address the immediate risks, the SaTH Board had recommended adopting the silver service and appointing an additional vascular surgeon in order to provide a cross county service.
- 4.7 Mr S Evans, SaTH gave a clinical perspective and explained the importance of maintaining clinical standards. He explained that due to technological and training advancements over the last 10 years, there were now more specialist surgeons and less general surgeons. These specialist surgeons were experts in particular areas of surgery but did not have the breadth of knowledge and/or skills for emergency surgery.
- 4.8 Mr Evans explained that at present a specialist vascular service was not provided and even in life threatening situations such as an Aneurysm, it was a lottery as to whether patients were seen by a specialist vascular surgeon. Therefore, the plan was to provide a specialist vascular surgery rota, which the Royal College of Surgeons recommend being provided from a single site however in the interim a cross county service could be provided on both sites.
- 4.9 It was felt by the Joint Committee that consultation was not required for the appointment of an additional vascular surgeon as this was not a major change however formal public consultation would be required if moving services from either site or to a single site. Members discussed the need to be clear about the 2020 vision before any services were moved between hospital sites. The services

provided by SaTH had been rated 'Excellent' by the Care Quality Commission and consultants at PRH had informed the PCT Board at the public meeting that vascular and breast surgery were safe and sustainable until 2016. In light of this Members enquired whether it would be reasonable to use this time to work with partners to develop plans and to run a single consultation process on the future of vascular surgery, the 2013 and the 2020 option. Members also commented on the need to ensure that any changes to vascular surgery were appropriate for a largely rural area and questioned if vascular surgery was centralised at the Royal Shrewsbury Hospital would the teams supporting the surgeons also move.

- 4.10 The move from a bronze service to a silver service was welcomed by members as it was recognised that everything needed to be in place before moving to a gold service. Concern was raised as to how West Midlands Ambulance Service would be affected by any changes. The importance of working together to achieve the best service for Shropshire was highlighted.
- 4.11 Mr Simon Conolly, Chief Executive, Telford & Wrekin Primary Care Trust apologised for having to reschedule the PCT Board meetings. Without prejudicing what would be decided the following Monday, he reported that the Board had met informally for 3 hours the previous Tuesday evening and had engaged in a very heated and thoughtful dialogue. A representative from the Royal College of Surgeons had made it clear that the best option for vascular services was for a gold standard single site, however, he also recognised the validity of the network model which was being proposed. Mr Conolly felt that the Board would wish to move away from a bronze service as soon as possible without further consultation in order to rapidly implement this.
- 4.12 Mrs Jo Chambers, Chief Executive, Shropshire County Primary Care Trust explained that the Primary Care Trust as commissioners of services had a responsibility to commission the safest and best services that it could and it was felt that improvements should happen as soon as possible. As the same amount of investment was required in order to move from a bronze service to either a silver service or a gold service, the Board of Shropshire County Primary Care Trust had decided that it would support the move to a gold service as soon as possible which would mean that more patients would survive an emergency situation which, at the end of the day, was the responsibility of the Primary Care Trust. It had therefore been recommended to move to a hub and spoke model as soon as possible.
- 4.13 In response to concerns raised, Mr Paul Tulley, Director of Strategic Planning and Commissioning, Shropshire County Primary Care Trust explained that the decision on vascular surgery would not impact on, or have a detrimental effect on, other services at the Princess Royal Hospital. However he had not attended the meeting of Telford & Wrekin Primary Care Trust the previous week and so could not address the specific issues.
- 4.14 A number of concerns were raised by Members about the validity of clinical data, that not enough information had been received in order to make an informed decision and the differing views of surgeons and clinicians on how to take services forward. Other issues raised included whether other services were gold standard and why the focus was on vascular surgery.
- 4.15 Mr MacDonald clarified that the information had been given by the Head of Vascular Surgery and that there had been considerable clinical involvement and external input. He reassured the Joint Committee that it had never been intended to move general surgery or Accident and Emergency without a full consultation, however the

Joint Committee were currently only being asked to discuss the move to a network or hub and spoke model for vascular surgery.

- 4.16 Mr Taylor stated that it was clear that all the Boards wished to move towards providing the best services as soon as possible, however, further work was required in order to be in a position to do this, which was why the SaTH Board wished to employ an extra surgeon in the interim and then come back in 2010 for public consultation.
- 4.17 Members of the Joint Committee supported the recommendations to move ahead to a shared rota as soon as possible. It was felt that these ideas had been discussed for a long time and the evidence showed that a lot of work had gone into them before being reported to the Joint Committee.
- 4.18 The Leader of Shropshire Council felt that the reason for the recent controversy was that the public had not had a say, so it was now very important to involve the public, and to listen to what they say.
- 4.19 The Lead Officer Performance, Scrutiny and Innovation clarified the recommendation before the Joint Committee, which was proposed, duly seconded and **RESOLVED:**
- A. That the Joint Health Overview and Scrutiny Committee agree the move to a network solution to facilitate vascular surgery as soon as possible without consultation.**
- B. That any move to a hub and spoke, single site vascular surgery would require formal public consultation.**

5. Next Steps

- 5.1 Members discussed how they wished to proceed with joint scrutiny and the agenda items for future meetings. It was agreed to focus on hospital at home services for children and care in the community. The Lead Officer Performance, Scrutiny and Innovation agreed to circulate the Children's Care Pathway Development Group report and summary to members.
- 5.2 It was clear that the Joint Committee needed to work closely together on the issue of a single site and to ensure that services in the community were sustainable. It was felt that the Joint Committee could no longer sit back and let the PCT and SaTH Boards set the agenda. It was felt that more would be achieved if a number of small working groups were set up to go out and do some work and report back.
- 5.3 In response to a query regarding the redevelopment of Mental Health Services at Shelton Hospital, the Lead Officer Performance, Scrutiny and Innovation reported that the outline business case had to be approved by the end of the year. The next workshop between South Staffordshire & Shropshire Foundation Trust and the Health Overview & Scrutiny Committees would take place at 4pm on Tuesday 1 December when Members would be updated on the project.
- 5.4 It was agreed that the Terms of Reference for the Joint Committee be updated to remove the Chairman's casting vote.

5.5 It was also agreed that the Chairmen of the Health Overview & Scrutiny Committees write to the PCT and SaTH Boards to clarify what would happen in the interim and what would happen next.

Chairman: _____

Date: _____