

minutes



Meeting HEALTH SELECT COMMITTEE

Date Tuesday, 13th December 2005 (commencing at 10.30am)

membership

Persons absent are marked with 'A'

COUNCILLORS

J T A Napier (Chair)
Mrs K Cutts (Vice-Chair)

	John Allin		Alan Rhodes
	Kenneth Bullivant		Mrs Nellie Smedley
A	Steve Carr	A	Lynn Sykes
A	Yvonne Davidson		Parry Tsimbiridis
	V H Dobson	A	Kevan Wakefield

CO-OPTED MEMBERS

A Mandy Richardson
Barbara Venes
1 Vacancy

ALSO IN ATTENDANCE

Councillor M Brandon-Bravo
Councillor Jose Barry (Bassetlaw District Council)

MINUTES

The Minutes of the last meeting of the Select Committee held on 8th November 2005 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillor Steve Carr
“ Lynn Sykes

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

CENTRALISATION OF CANCER SERVICES INTO SOUTH YORKSHIRE

A copy of the comments of Bassetlaw District Council's Health Panel on the centralisation of cancer services in South Yorkshire was circulated.

Phil Mettam from Bassetlaw Primary Care Trust explained that the National Institute for Clinical Excellence (NICE) issued improving outcomes guidance which were based on a robust evidence base. He indicated that the North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium (NORCOM) had signed off a new model for cancer services and that implementation of the model was now being worked up. It was proposed that only radical and complex surgery would be moved to Sheffield and that all pre and post operative care would continue to be provided locally. He indicated that from a commissioning perspective the PCT would be working on issues of equity and access.

Ian Greenwood, Director of Strategic and Service Development from Doncaster and Bassetlaw Hospitals NHS Foundation Trust indicated that current gynaecological cancer surgery was based on both Sheffield and Doncaster. He explained that the big change was that for only the small proportion that required surgery which was previously carried out in Doncaster would in future be in Sheffield. He indicated that the hospital was disappointed this would happen but would focus on the diagnosis and follow up. He pointed out that people were already travelling to Sheffield for surgery and it was only ovarian cancer surgery which would be moving. He added that Bassetlaw Hospitals Trust had very good outcomes and access and they wanted to maintain this.

Sue Gill from Bassetlaw Primary Care Trust commented that December was a key deadline for the Government target on waiting times. They wanted to ensure that no changes were made to prejudice the current good waiting times. They also wanted to ensure that Bassetlaw got the same equity as patients from Sheffield and other places.

Councillor Bullivant commented that parking in Sheffield was very difficult and it was difficult to get to from the rural areas in Bassetlaw. He also pointed out that people went to Lincoln for treatment and asked what would be happening to that service. Sue Gill stated that the current work was being done around NORCOM which covered South Yorkshire. She pointed out that the Department of Health's Improving Outcomes Guidance rules for cancer issued by the National Institute for Clinical Excellence (NICE) would apply nationwide but that there was a different structure for dealing with cancers in Nottingham and Lincolnshire. Councillor Allin commented that Bassetlaw covered a large area. He pointed out that patients from Warsop were referred to Bassetlaw Hospital and he wondered how these would be affected as it was a long way to Sheffield from Warsop. Ian Greenwood stated that there were no plans to change the outpatients arrangements in Bassetlaw, in fact there were plans to make it a weekly clinic rather than fortnightly. He accepted there were access difficulties. He explained that the implications on access depended on the type of cancer. The Improving Outcomes Guidance rules for gynaecology cancers is the first to have a plan on centralising, with head and neck cancers no decision had been made. He pointed out that with haematology the Trust would remain a level 2 facility in Doncaster.

Councillor Tsimbirdis commented that bearing in mind the levels of deprivation and the difficulty of travelling to Sheffield he questioned how it would improve health by centralisation. He felt that there was a need to see if there was room for manoeuvre. Phil Mettam agreed that there were real transport issues. He added that the proposed changes came from outcomes post surgery and the reason was from evidence based outcomes which came from NICE. He accepted that patients would have more difficult journeys but outcomes would be improved.

Councillor Rhodes was concerned about healthcare being removed from Bassetlaw. He felt that patients would be concerned and wondered how the Trust would convince cancer patients that this was not a reduction in service. Sue Gill explained that the changes affected the operation and the days following. She indicated that patients generally wanted the best outcomes and for that they were prepared to travel. She felt that it was about reassuring people that they were not about to transfer to a strange environment but would be part of the team that was dealing with them before.

In response to a question from Barbara Venes, Sue Gill indicated that palliative care and hospices would still remain local.

Councillor Josie Barry from Bassetlaw District Council indicated that the partner of the main surgeons was retiring and the health authority would not accept one person carrying out the surgery alone. She commented that women who had this problem wanted the best service they could get and it was no good offering a service close by if it was not the best service available. She commented that to be looked after by a team of experts was best and that people were prepared to travel for the best treatment. She accepted that there would be problems with transport. Sue Gill indicated that there had been no specific consultation with GPs.

Councillor Mrs Cutts commented that thought NICE was Exchequer driven. She felt that the question about services in Lincoln had not been answered. She thought that the travel issue could not be minimised. There may be a need to look at bus services. She added that there would be the issue of small children and that the matter needed to be looked at as a whole. She felt there was a need to explain what the local services would be before and after the change as people needed to know how it would affect them. Phil Mettam pointed out that it was difficult for them to discuss services in Lincoln as they were managed separately. He indicated that Bassetlaw was part of the clinical network in South Yorkshire. Part of the PCTs role would be to work with the clinical network in Lincoln. He added that they would work with local GPs and patients to understand difficulties so patients and GPs had information to make the right choice. He added that he could not say at this stage what the Lincolnshire model would be.

Barbara Venes referred to the cost of travelling and asked what arrangements there would be to travel to the centres of excellence. Ian Greenwood stated that it would depend on an individual's circumstances. He agreed access was a big issue. The hospital trust had raised the issues but could not say how it would impact. He added that the hospital wanted to make the service as local as possible. Sue Gill stated

that the changes would not happen until the infrastructure was in place. She explained that NORCOM consisted of the 13 Chief Executives of PCTs in the area.

Councillor Napier felt that it was odd that NORCOM and the PCTs were not planning to public consult on the service change. He thought that this would create anxiety. He commented that Bassetlaw was one of the best hospitals and he was not sure how Sheffield performed. He could not see why the best could not be provided in Bassetlaw. He felt that there were cost implications and asked what was the cost and what would Bassetlaw Hospital be losing. He added that if the Bassetlaw PCT disappeared it was the thin edge of the wedge. He thought that the whole team would disappear not just the consultant. He expressed concern about the reference in the report to make cost savings where possible to offset the loss of income at Bassetlaw Hospital and he saw it as a threat to the capacity of Bassetlaw Hospital. He saw this as a real threat to reduce services in north Nottinghamshire which will impact on Sherwood Hospitals Trusts and other trusts. Phil Mettam said that the Trust were worried about commissioning as well. He added that in 2008 the NHS was to have 18 week waiting times for all patients and the PCT were working with the Trust as to how to achieve this with a joint approach. He added that they were starting to develop this approach to manage the threat of resources moving out.

Councillor Napier asked where the evidence was that the service would be better. He thought that the loss of resources, access, and clinicians will impact on the rest of the county.

Councillor Napier suggested that a letter should be sent on behalf of the Select Committee to NORCOM, Bassetlaw Hospitals Trust, Bassetlaw PCT and local MPs that they supported the Acute Trust in its aspiration for better services but expressed concern that there was no public consultation on the proposed changes and no evidence that the infrastructure would be there for the benefit of the people of Nottinghamshire. This was agreed.

ANNUAL HEALTH CHECKS – SHERWOOD FOREST HOSPITALS TRUST

Councillor Napier commented that there were 14 areas where the Trust were not compliant. He added that in the main there was a programme for this to be achieved by the end of the month. He noted however that there was one area, standard C4b concerning minimising the risks associated with the acquisition and use of medical devices, it was taking longer. He suggested that a letter be written asking why it would take so long to be compliant. He referred to the comments from the Patient and Public Involvement Forum in the health check and indicated that he was impressed by their comments. He thought that this was a good sign for the future. He noted that they had challenged the hospital about the annual infection control report not being submitted to the Trust Board meeting. He also commented that it was good that the Trust and the Patient and Public Involvement Forum were working well together. He indicated that the significance of the core standards were that these were the base minimum to be provided in the future. Councillor Tsimbiridis suggested that a letter be sent to the Patient and Public Involvement Forum thanking them for their detailed response. Councillor Allin commented that the standard of cleanliness at Kings Mill Hospital had improved. He felt that the ward housekeepers had led to this improvement.

Barbara Venes commented that the Forum had drawn attention to the need to establish a satellite GUM service in the Newark area.

It was agreed:-

- (1) That a letter be sent to Sherwood Forest Hospitals Trust asking why it was proposed to take so long to comply with standard C4b concerning risks with the acquisition and use of medical devices minimisation.
- (2) That a letter be sent to the Patient and Public Involvement Forum to thank them for their detailed response to the Healthcare Commission's standards.
- (3) That a letter be sent to the Sherwood Forest Hospitals Trust supporting the request from the Patient and Public Involvement Forum for a satellite GUM service being provided in Newark.

ANNUAL HEALTH CHECKS – PCTs

It was agreed to establish an Annual Health Check Study Group consisting of the Chair and Vice-Chair of the Select Committee to consider the annual health checks of Primary Care Trusts where district/borough councils declined the invitation from the Select Committee to consider them.

LIFT PROGRAMME

Councillor Mrs Cutts referred to the delays in the Keyworth Centre. Reference was made to the problems of access to acute trusts and parking problems. Councillor Allin felt that there would be car parking problems when the new Kings Mill Hospital was finished. Councillor Napier felt that this was an issue for the Environment Select Committee to look at.

It was agreed to have a report at the next meeting on the situation with the Keyworth Health Centre.

PRIMARY CARE TRUST RE-STRUCTURING STUDY GROUP - UPDATE

The Select Committee noted the work of the PCT restructuring study group and it was agreed to add Councillor Jim Napier to the membership of this study group.

MRSA STUDY GROUP – UPDATE AND TERMS OF REFERENCE

The terms of reference of the MRSA Study Group as set out in the report were agreed.

WORK PROGRAMME

Councillor Mrs Cutts commented that it appeared that decisions in England concerning the approval of new drugs took longer than Wales and Scotland. She thought that this issue needed looking at. It was agreed that this be included in the work programme.

The meeting closed at 11.32 am.

CHAIR

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