

Membership

Councillors

- Ged Clarke (Chairman)
- Fiona Asbury (Vice Chair)
- Victor Bobo
- John Clarke
- Barrie Cooper
- Mike Cox
- Jim Creamer
- Bob Cross
- Vincent Dobson
- Rod Kempster
- Bruce Laughton
- Geoff Merry
- Carol Pepper
- Alan Rhodes
- Mel Shepherd
- Chris Winterton
- Brian Wombwell

● absent

Other Councillors in attendance

Keith Girling
Keith Walker
Stuart Wallace

Officers

Paul Davies – Governance Officer
Matthew Garrard - Senior Scrutiny Officer
Martin Gately - Scrutiny Coordinator
Helen Lee - Scrutiny Officer

Also in attendance

Anna Soubry - MP for Broxtowe
Gloria de Piero - MP for Ashfield
Ruth Rigby - NHS Nottinghamshire County
Karlie Thompson – NHS Nottinghamshire County
Dr Chris Kenny - NHS Nottinghamshire County
Tracy Gaskill - NHS Nottinghamshire County
Paul Baggaley - Save Newark Hospital Campaign Group
Francis Towndrow - Save Newark Hospital Campaign Group
Dr Peter Jones - Save Newark Hospital Campaign Group

1. Minutes

The minutes of the previous meeting held on 28 February 2011 were confirmed and signed by the Chairman.

2. Membership

It was noted that Councillor Carol Pepper had been appointed to the committee to fill a vacancy.

3. Declarations of Interest

There were no declarations of interest by members or officers.

4. Joint Commissioning Strategy

Further to the previous presentation to committee in September 2010, Ruth Rigby introduced the latest monitoring report on implementation of the joint commissioning strategy. She drew particular attention to the following areas where targets were not being met:

- Teenage pregnancy: the trend was downwards, but the target had not been met. This programme would cease at the end of 2010/11.
- Mental health: some additional funding had been made available to offset reductions in the Supporting People budget.
- Physical disability and sensory impairment: uncertainty about whether the Info Prescription service would continue.
- Learning disability: some delays in constructing new independent sector accommodation.

It was agreed to note the progress report on the Joint Commissioning Strategy.

5. Response to Findings of Review of NHS Walk-In Centres

The Committee considered the findings of the recent review of NHS Walk-In Centres, which had been unable to conclude that the proposals to close the walk-in centres at Stapleford and Kirkby-in-Ashfield were in patients' interests. Representatives of NHS Nottinghamshire County had been invited to the Standing Committee to respond to the Review Group's findings. In their presentation, Chris Kenny, Karlie Thompson and Tracy Gaskill informed members that:

- The PCT Board on 24 March had decided to close the walk-in centres and disperse patient activity to local primary care services and primary care teams in the Emergency Departments at QMC and King's Mill Hospital.
- The Board also decided that there should be a detailed action plan to improve public confidence in primary care services; and to improve access to GP and nurse appointments, including urgent appointments, and awareness of the range of services available at surgeries and

elsewhere. The aim was to provide the right care in the right place, first time.

At the Chairman's invitation, Ms Soubry and Ms de Piero gave their views as local MPs about the proposals. Both spoke in favour of retaining the walk-in centres, referring to the use made of the centres, the value of the services which they provided, and the potential impact of the closures.

Members' questions and comments included:

- The willingness of QMC and King's Mill Hospital to host walk-in facilities was a change from the views they had previously expressed.
- Although there had been work with GP practices to improve access to primary care, there seemed to be greater progress in the Stapleford area than in Kirkby-in-Ashfield. There might be benefit in delaying implementation of proposals to ensure alternative services were in place.
- The use made of the Stapleford Walk-In Centre was an indication of the problems people currently experienced in accessing other primary care services. In Ashfield, a previous scrutiny review had found that there were not sufficient GP practices in the area.
- Walk-in centres had been created because GP surgeries were not open long enough or meeting people's needs. Given the financial pressures in the NHS, how secure would alternative services be in the future?
- Although consultation had been wide, in reaching its decision, the PCT had disregarded users' views. The proposals to build confidence were too late, since confidence had already been lost. It was reported that the Board meeting gave little attention to the views of the public, including a petition which had been submitted.
- Alternative services should be in place and shown to be working before the walk-in centres closed.
- Parking at King's Mill Hospital was very difficult, as was access by public transport for some patients.
- The public was pleased with the services provided by walk-in centres. The approach taken by some GPs' receptionists could affect access.

The PCT representatives' responses included:

- The walk-in centres had been the first item on the PCT Board agenda on 24 March, having been moved up the agenda by the Chair. The letter from Councillor Clarke, giving the response from Overview and Scrutiny, had been tabled and discussed.
- One petition had been received during the consultation period, and a second had been available on the day of the PCT Board meeting. The Board had given serious consideration to the matter and taken account of views expressed by the public, clinicians and staff. Papers for the

Board had been issued two weeks before the meeting. Due processes had been followed.

- The PCT had complied with and exceeded the legal obligations for consultation, and taken account of views expressed. The PCT had a track record of listening, as demonstrated through the Newark review. However, consultation did not imply that the PCT would do what the public said. The Board had to take account of other views and the financial circumstances.
- There were no firm dates for the changes, which depended on further discussion with staff and other parties. In Ashfield the view was that changes could be implemented in four weeks. There were 2000 registered places available for patients at practices in Kirkby-in-Ashfield, and all surgeries' lists were open for new patients. Some practices were open till 7.30 pm and on Saturday mornings. At Stapleford, staff had requested a longer lead-in time, with implementation proposed for July.
- Full equality assessments had been undertaken. There had been sophisticated modelling of patients' pathways, including where A&E was used inappropriately. Based on national figures and local surveys, it was expected that 70% of patients would go to primary care and 30 % to A&E.
- In response to the concerns of Overview and Scrutiny, the PCT had developed a plan to raise public confidence, for example, by raising awareness of out-of-hours services.
- The GP practice based in the same building as the Kirkby-in-Ashfield Walk-In Centre would continue. It had been originally intended that the walk-in centre itself would move to Mansfield in due course. Local GPs had never supported the walk-in centre. Moreover, GPs would be commissioning services themselves in future. Both GP consortia had indicated that they wished the walk-in centres to be closed.
- Chronic diseases were best treated by the GP. Self-referral to a walk-in centre was not appropriate for patients with such conditions.
- Although NHS budgets were protected overall, because of the high rate of inflation within the NHS, and increasing demand from age-related conditions, the PCT was making savings of £46m to re-prioritise elsewhere.
- The walk-in centre on London Road, Nottingham (commissioned by NHS Nottingham City) would remain open, and could be used by patients living outside the city.
- Many areas did not have easy access to a walk-in centre. Such centres had been intended for patients who were not registered with a GP. Experience had shown, however, that registered patients were using the Stapleford and Ashfield centres.

- Better parking arrangements at King's Mill Hospital had been instigated. More parking spaces would be available when building work at the hospital had been completed.
- GPs had a duty of care to treat anyone who presented at their surgery with an urgent need. Receptionists would form part of the audit of access to GP practices.

During the discussion, it was moved by Councillor Laughton, and seconded by Councillor Wombwell, that the decision be referred to the Secretary of State for Health. The Chairman pointed out that Department of Health guidance about referrals stated that local resolution was preferred. Dr Kenny offered to convey the committee's views to the PCT Board and to seek further options for local resolution. Matthew Garrard advised the committee that guidance from the Department of Health stated that the Secretary of State would examine whether there had been every attempt to reach agreement locally, and referred to the offer which Dr Kenny had made. He also advised the committee that it should identify the grounds for any referral to the Secretary of State.

On a show of hands, 15 members voted in favour of the motion, and one abstained. It was therefore agreed that the decision of NHS Nottinghamshire County in relation to the Stapleford and Kirkby-in-Ashfield Walk-in Centres be referred to the Secretary of State for Health.

6. Changes to Health Accountability

It was agreed to defer this item to the next meeting.

7. Presentation from "Save Newark Hospital" Campaign Group

At its previous meeting, the committee had decided to invite Save Newark Hospital Campaign Group to express their views. Paul Baggaley gave a presentation on behalf of the group. He explained that the group's aim was not for Newark Hospital to have a full A&E department but to have an emergency care centre, and for Friary Ward to re-open. He asked the committee to request an independent review of the PCT's decision about services at Newark Hospital, on the grounds that new evidence showed that NHS Nottinghamshire County and Sherwood Forest Hospitals Trust had contravened s242 of the National Health Service Act 2006, failed to consult the Standing Committee, and that the proposals failed to meet two out of the four tests for service reconfiguration.

Mr Baggaley referred to the decision to close Newark Hospital to new admissions between 6 pm and 8 am; the failure of United Lincolnshire Hospitals to meet targets for emergency care, leading to a worse service for Newark residents and inequitable services; the report in Hansard, 25 January 2011, that the College of Emergency Medicine had stated that if an A&E unit is to be downgraded to an urgent care centre, the nearest A&E unit should be no more than 12 miles away; increased demands on A&E at King's Mill Hospital; the impact on the ambulance service; the withdrawal of the direct bus service from Newark to Lincoln Hospital; the lack of action on other transport recommendations; reported shortcomings in consultation, with only three parish councils consulted; the County Coroner's comments

about the changes in service; the planned growth of Newark's population; and comparisons with Worksop, a town of similar size which had a district hospital; and overwhelming support for an independent review from parish councils and Newark and Sherwood District Council.

Comments made by members included:

- Sherwood Forest Hospitals Trust had not consulted the committee about some changes which had been made, including admissions.
- Many of the alternative services mentioned during the review were not in place.
- Little account had been taken of the needs of families of patients who had been sent to alternative hospitals.
- Changes at Newark Hospital had been driven by the strain created by the cost of developments at King's Mill Hospital.
- The local MPs had called for referral to the Secretary of State.
- The PCT was not present to respond to members' comments. They were due to respond at the committee on 16 May.
- The Minor Injuries Unit would be open 24/7, but patients would only be admitted overnight if appropriate.
- Information from parish and town councils was that they had not been consulted properly.
- At a previous meeting, the Joint Health Scrutiny Committee had supported proposals for major trauma centres. For clinical and financial reasons, it would not be possible to locate one in every town.
- The committee had not been informed of the College of Emergency Medicine's view (referred to by Save Newark Hospitals) that an A&E facility could not be downgraded if there was no alternative facility within 12 miles.
- Newark Hospital should be properly staffed, with the full range of skills.
- Had sufficient account been taken of plans to increase Newark's population?
- Newark Hospital had never been designed to deal with major trauma. Other hospitals had better facilities for treating serious conditions.

Mr Baggaley, Mr Towndrow and Dr Jones responded to some of the comments which had been made.

It was moved by Councillor Laughton and seconded by Councillor Creamer that the proposals for services at Newark Hospital be referred to the Secretary of State for Health, because the Trusts had failed to consult the Committee, and in doing so had lost the confidence of the committee.

The Chairman again pointed out that Department of Health guidance was that local resolution was preferred, and that the PCT was already due to attend the meeting in May to respond to concerns and to report on the steps being taken in response to members' recommendations. Mr Garrard referred to his earlier advice about the need to seek to resolve the matter locally, and to provide grounds for any referral. In response to a request from members, he also advised that it would be difficult for the committee to demonstrate that it had attempted to reach local resolution without having put the issues to the PCT as advised in the report and heard the PCT's responses. He pointed out that the NHS was not required to consult the committee about any changes which were made on clinical safety grounds (which would include the changes to admission times).

On a show of hands, ten members voted for the motion and four against. It was therefore agreed that the changes in service at Newark Hospital be referred to the Secretary of State for Health.

Mr Garrard advised the committee that the referral would also have to be made to MONITOR, given that Sherwood Forest Hospitals Trust had foundation status.

7. Programme of Work

It was agreed that the programme of work be revised in the light of the above discussions, and presented to the next meeting.

The meeting closed at 1.25 pm.

CHAIR

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