

## Membership

### Councillors

	Collen Harwood
	John Allin
	Kate Foale
A	Bruce Laughton
	David Martin
A	John Ogle

### District Members

A	Helen Hollis	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
	Susan Shaw	Bassetlaw District Council

### Also in attendance

Kevin Greaves

### Officers

Paul Davies	Nottinghamshire County Council
Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Idris Griffiths	Bassetlaw CCG
Denise Nightingale	Bassetlaw CCG
Richard Parker	Doncaster & Bassetlaw Hospitals
David Purdue	Doncaster & Bassetlaw Hospitals
Sally Dore	Mansfield & Ashfield CCG
Amanda Sullivan	Mansfield & Ashfield CCG

## MINUTES

The minutes of the last meeting held on 23 January 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

## APOLOGIES

Apologies were received from Councillor Bruce Laughton and Councillor Helen Hollis

## **DECLARATIONS OF INTEREST**

Councillor Susan Shaw declared a non-pecuniary interest in agenda item 5 – Paediatric Admissions at Bassetlaw Hospital and Maternity Services – issues of clarification

## **IN-VITRO FERTILISATION – VARIATION OF SERVICE**

- a) Consultation Results**
- b) Decision making**

Amanda Sullivan and Sally Dore presented a report to the Health Scrutiny Committee on the outcomes of the consultation results and the reasoning behind the decision making in relation to variations in the In-Vitro Fertilisation (IVF) Service that had been commissioned by Mansfield & Ashfield and Newark & Sherwood CCG.

Dr Sullivan explained the results from the consultation including the total number of responses and the various characteristics of those who responded. She outlined the four options proposed in the consultation and the broad range of public opinion that had been received. It had been difficult to take on board all views and it had been necessary to find a compromise position to ensure best use of resources.

It was felt that on balance there was a need to make restrictions for IVF treatment to ensure that money spent produced the best results. The decision to reduce the female age range to 25 – 35 years was felt to be the best compromise as this was considered the optimum time for success. An age limit of 40 years would be introduced for males. The CCG had written to providers to inform them of the decisions and had received eight queries from women but had not received any complaints.

During discussions the following points were raised:

- Members were concerned that the questionnaire specifically asked for a preference to be indicated on reducing the female age from 42 years to 40 years but the decision by the CCG was to reduce the age limit to 35 years. Dr Sullivan agreed that with hind sight the question should have been more open but reiterated that the decision was a compromise and had considered what other areas had implemented.
- Members felt that the decision was not a compromise as it did not reflect the views of the respondents. Dr Sullivan did not agree and said that opinion was equally divided. It was pointed out to Dr Sullivan that the public were not consulted on reducing the age limit to 35 years. Members felt that the decision undermined the consultation process and was an uncomfortable outcome that did not feel patient led and was not fair to those who would be affected by the decision.
- Members commented that women were having children later in life and may miss out on opportunity because of the new proposed age cap. Dr Sullivan stated that funding was allocated on clinical need not social factors and that it was personal choice to delay starting a family.
- Dr Sullivan felt that the CCG had shown due regard to the consultation and to the difficult and sensitive issues being discussed. She appreciated the comments made but had to balance need against the resources available

and this had resulted in the decision to lower the age cap to 35 years. The decision had not been made on purely financial grounds and was a legitimate outcome which was more generous than it needed to be.

## **RESOLVED 2017/001**

That the Health Scrutiny Committee recommended that Mansfield & Ashfield and Newark and Sherwood CCG consulted fully on the specific IVF service change it had proposed i.e. limiting eligibility criteria to 25 -34 for women and an upper age for men to 40, and to reconsider its decision making in the light of the new consultation results. The committee's expectation was that careful consideration of this recommendation would be made by the commissioners at board level.

## **PAEDIATRIC ADMISSIONS AT BASSETLAW HOSPITAL AND MATERNITY SERVICES – ISSUES OF CLARIFICATIONS**

The Chair introduced the item which had been on the agenda at the last meeting on 23 January 2017 and had been brought back to this meeting for clarification. She reminded Members that changes in hospitals are not planned or authorised by this committee or Nottinghamshire County Council. This committee was a Health Overview and Scrutiny Committee and was not one of Nottinghamshire County Council's decision making committees but it did have a role in looking at large scale changes in the NHS – what are called substantial variations of service, and how such changes were consulted on. The changes at Bassetlaw Hospital were presented to this committee on 23 January 2017 as changes made on safety grounds due to a national shortage of specialist paediatric staff.

Richard Parker, acting Chief Executive, Doncaster and Bassetlaw Hospitals introduced the briefing which sought to update members on the alteration to paediatric admissions at Bassetlaw Hospital and provided additional information on maternity services. The briefing note had been circulated to Members prior to the meeting.

Mr Parker confirmed that the Paediatric Ward (A3) was closed to inpatient admissions from 30 January 2017 due to a shortage of specialist paediatric medical and nursing staff and that this was a national shortage. He explained the measures the Trust had implemented to support children's care at Bassetlaw Hospital and the processes in place for children who needed to be transferred to Doncaster Royal Infirmary or Sheffield Children's Hospital. He confirmed that the Trust remained absolutely committed to Bassetlaw Hospital and to maintaining paediatric services at Bassetlaw and he believed that the recent investment of £278,000 for purpose built children's outpatient facilities demonstrated their commitment.

Mr Parker referred to the recent publicity that had asserted a number of units were earmarked for closure as part of the STP proposals and named South Yorkshire and Bassetlaw specifically. He confirmed that the Trust remained committed to maintaining maternity services at Bassetlaw and would actively engage with any clinical service review and subsequent consultations. The position had also been clarified by the Director of South Yorkshire and Bassetlaw STP.

During discussion the following points were raised:

- Members expressed concern that the original data on the number of transfers was significantly different to the data presented today. Mr Parker said that the

numbers transferred would be variable and would take time to even out. The current figures reflected winter pressures which would be expected to be higher and some children were included who would have been transferred to Sheffield anyway. However as the Trust wished to be seen as being open and honest, data was published on the Trust website.

- Recruitment issues were discussed and in particular the strategies used. There were concerns that the Trust did not seem to be advertising currently. Mr Parker said that there was a smaller field to recruit specialist paediatric nurses from and that the Trust was represented at job fairs locally, regionally and nationally and had established good relationships with Sheffield University and Sheffield Hallam University to try and recruit more student nurses. Mr Parker was hopeful that nurses would be recruited from the September school and that other Trusts had experienced similar problems. He said that the fear of closure did not help and the Trust sought to reassure potential candidates that there were no plans to close and that the Trust would continue to provide the services it was commissioned to provide. He hoped that the recent investment in children's services reflected the Trust's commitment.
- Members were concerned that the recent changes to funding for nursing courses would only make the situation worse. The effect of removing bursaries would not be known for three years until the cohort graduated but students would be able to apply for grants to fund their training. Revalidation programmes and other workforce issues were under discussion. Ms Nightingale confirmed that staffing issues and their impact had been tabled at the recent Chief Nurses Summit.
- Mr Griffiths confirmed that despite the significant financial challenges faced next year, Bassetlaw CCG considered the children's ward at Bassetlaw Hospital as an integral part of the services and that closure of the ward had not been considered. He said that he stood by the decision to close the ward on safety grounds.
- Meetings had been held with parents of children who had concerns and these had been resolved. An offer of walking through both Bassetlaw and Doncaster Children's services to help build confidence and dispel any fears. The families of children with long term illness had met with staff to ensure they understood that their open access plans were unchanged.
- Mr Parker was confident that staff were familiar with the new pathways and said that flow diagrams for pathways were available and weekly staff meetings were held to ensure good communication and that any issues were dealt with.
- Mr Purdue confirmed the arrangements in place to transport children and their families between the sites and said that feedback from patients and their families had been positive.
- Members felt that there was confusion over the historic name of A3 and the more recent title of Children's Unit and it was confirmed that this was being addressed,
- Mr Parker confirmed that there were no plans to change maternity services but the Trust would engage with any review of services across Bassetlaw and South Yorkshire.
- Mr Parker offered to host a visit to Bassetlaw Hospital so that members could see first-hand the services that had been discussed.

The chair thanked Mr Parker and his colleagues for providing extra clarity on the topic and asked for a review to be added to the work programme for the November meeting.

## **WORK PROGRAMME**

The work programme was discussed and it was agreed to add Paediatric Admissions at Bassetlaw Hospital to the schedule for November

The meeting closed at 4.20 pm

## **CHAIRMAN**