

minutes



Meeting	COMMUNITY HOSPITALS SELECT COMMITTEE
Date	Monday, 3rd November 2008 (commencing at 3.00 pm)

Membership

Persons absent are marked with `A`

COUNCILLORS

Chris Winterton (Chair)
Brian Wombwell (Vice-Chair)

A	Reg Adair		Ellie Lodziak
	Vince Dobson	A	Parry Tsimbiridis
A	Andy Freeman		David Taylor
	Pat Lally		

Also in attendance:

Councillor Tom Appleby – Mansfield District Council
Councillor John Wilmott – Ashfield District Council
Oliver Newbould - Nottinghamshire County Teaching Primary Care Trust (NCTPCT),
Assistant Director Commissioning
Tom Atack – Nottinghamshire County Teaching Primary Care Trust, Head of
Commissioning & Performance

APOLOGIES FOR ABSENCE

Apologies for Absence were received from Councillor Parry Tsimbiridis.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

Change to Local NHS – Mansfield Community Hospital & Ashfield Health Village

Oliver Newbould, Assistant Director of Commissioning NCTPCT outlined the proposals to change services currently provided on wards at Mansfield Community Hospital and Ashfield Health Village.

Early in 2009 all medical patients occupying 2 wards, currently operated by Sherwood Forest Hospitals Trust, at Mansfield Community Hospital and 1 ward at Ashfield Health Village, will transfer to the newly completed Kingsmill Hospital as part of the Modernisation of Acute Services (MAS) project.

It is proposed that 80 rehabilitation beds (general and musculoskeletal) be established on the vacated wards at Mansfield Community Hospital, and 40 medical rehabilitation beds, including a 16 bed stroke and neurological unit, at Ashfield Health Village. Options for the use of other vacated accommodation include the relocation of Orchard Medical Practice, development of local Primary care facilities by moving St. John's Health Centre onto the site, and possible provision of a community pharmacy. Orchard Medical Practice currently has 6 doctors looking to expand and provide additional services, and has outgrown its current facilities. Additionally a "step-up" ward could be developed to provide short term care for patient's not requiring acute treatment, if a similar scheme currently underway at Ashfield Health Village proves to be successful.

The benefits of the changes are that patients have access to community based specialist rehabilitation, shorter stays at Kingsmill hospital, better integration of health and social care services, improved access to medical and clinical education, and the continued effective use of excellent rehabilitation facilities already located on site.

Councillor Winterton thanked Mr. Newbould for his presentation, and for the tour of the wards affected by the changes at Mansfield Community Hospital that had been arranged prior to the meeting. He noted that Mansfield Community Hospital served a large catchment area and that Ashfield Health Village was some distance away. He asked if the Trust had considered the implications of transferring elderly patients further away from family support, which was so important during rehabilitation, and how much choice and flexibility would be available to them. Mr. Newbould explained that patient choice would be limited and the location would be dictated by the condition of the patient and their clinical needs.

One of the key issues for the planners will be access to the site for patients and visitors to the hospital, the Orchard Practice, St. Johns Medical Centre, and providing sufficient parking. The consultation will address access and transport issues and whether a regular bus service would be a viable option, and a Transport Sub Group could look at the service model.

Councillor Wilmott reported that in Nottingham, the Queens Medical Centre and the City Hospital provided a good transport service for patients and visitors, and asked if something similar could be provided for both Mansfield Community and Kingsmill hospitals and Ashfield Health Village. Councillor Wombwell agreed and added that sufficient car parking should be available. He was reassured that the excellent facilities and equipment currently in use at the wards would be relocated with the patients to ensure an efficient and effective use of resources.

In reply to a question from Councillor Lodziak, Mr. Newbould reported that the results of the consultation had generally been quite positive so far. Users and staff of Chatsworth Ward who had expressed concern about the move to Ashfield Health Village had visited the village to look at the new site, and could have some contribution to make to the design of the facilities. The Trust will have input from HR to support staff experiencing difficulties.

Councillor Lally noted the impact on the 10,000 patients attending the Orchard Practice in particular, and asked if the Trust felt that 2 public meetings was sufficient to ensure a proper consultation.

Mr. Newbould said that the meeting in Mansfield in October had been well attended, another is scheduled to take place in Ashfield, and the Trust was prepared for more if required. The Orchard Medical Practice would conduct its own consultation with their patients and feed in the results. The consultation had been widely advertised across the whole area, through the Chad, interviews on local radio and use of website links.

Councillor Appleby said the relocation of services was logical to ensure effective use of the site and resources, and that services needed to diversify to address health problems specific to the local area. Mr. Newbould indicated that issues considered had included appointment availability by extending opening hours, provide training for GP's which aims to retain doctors in the local area, sexual health and family planning advice available in the community, diet and exercise advice easily accessible and the provision of a new diagnostic and treatment centre to deal with the problem of substance – misuse. He said the plans were developed as part of the Modernisation of Acute Services and the priorities were community health based for improvements supported by good and effective GP Services.

Councillor Winterton suggested working with the High Point Practice Based Commissioning Cluster to focus attention on patient needs particular to the Mansfield area.

Mr. Newbould agreed to provide an outline of the consultation plan and information on responses received for the next meeting.

Meeting closed at 4.10pm

CHAIR
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