Nottinghamshire County Council

minutes

City of NOTTINGHAM

Meeting	**JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE**
Date	Wednesday, 29th June 2004 (commencing at 10.30 am)

membership
Persons absent are marked with `A'

COUNCILLORS

Nottingham City Councillors:-

Saghir Akhtar
Mary Bloomfield
A Katrina Bull
Gill Haymes (Vice-Chair)
A Eileen Heppell
A Darren Mathews
A Zahoor Mir
Andrew Price

Nottinghamshire County Councillors:-

Chris Baron
Sue Bennett
Mrs K Cutts
Jim Napier (Chair)
4 vacancies

Co-opted Members:-

A Councillor Jim Blagden, Ashfield Borough Council
Councillor Jacky Williams, Broxtowe Borough Council
Councillor Mrs M Males, Rushcliffe Borough Council
Councillor Viv McCrossen – Gedling Borough Council

MINUTES

The minutes of the last meeting of the Joint Committee held on 15th June, 2004 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Councillor Katrina Bull
Councillor Eileen Heppell
Councillor Jim Blagden

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

DIAGNOSTIC AND TREATMENT CENTRE - SCRUTINY REVIEW

Consideration was given to a copy of the draft final report on the review of the proposed Diagnostic and Treatment Centre.

Councillor Price asked about TUPE and for an explanation as to whether pension rights were covered. Martin Hughes, the Lead Commissioner from Rushcliffe Primary Care Trust, explained that discussions were going on about the transfer arrangements by lawyers locally and nationally and he indicated that he could provide an up-date at a later stage. It was agreed to seek clarification on the pension issue.

Councillor Jacky Williams commented that the draft report seemed to have a lot of hope in it and she thought more should be expected. Councillor Gill Haymes agreed. She referred to objective 2 concerning the impact on the transfer of services to the DTC. She recommended that the transfer should be as seamless as possible for the public. Under the governance arrangements she welcomed that the same provision for scrutiny would apply and welcomed having regular meetings. She thought, however, that this should be firmed up. It was agreed to state that the Joint Committee had expectations of both scrutiny applying and having regular reports.

Councillor Napier stated that expectations was the key. His overall concern was that there was to be enhanced care but it was important that this had no impact on current health provision and staff. He thought this point had not come over sufficiently in the report and there was a need for more emphasis. He stressed that the DTC must not impact on existing provision both social services and clinicians. He pointed out that transport was a thorny issue and he was pleased to see that this was addressed in the report. He referred to Annexe B which acknowledged that 'transport facilities will be provided to patients in accordance with existing local NHS policies and practice.' He stated that it was not known what these were. He commented that we had said consideration needed to be given when there was a need not a want. He could imagine that some elderly people or others may have funds but have no transport so may have an issue. He thought there was a need for a caveat on transport. Martin Hughes explained that Annex B was the first draft of the contract and that this issue was dealt with in more detail elsewhere. He explained that the identification of transport would be through the referral

mechanism and that transport needs would be identified then and then met. Councillor Napier asked who made the decision. Mr Hughes stated that various options would be put to the patient and their requirements met. Councillor Napier stated that there was a need to know. Mark from Nations Healthcare explained that in the bid broad statements had been made. He indicated that it was in Nation's interest that the patient turned up. He added that they knew there were problems in picking up people in batches and they were looking at other ways. He indicated that they may use buses or their own transport. He stated that they were moving to electronic booking and at the moment had a variety of means. He emphasised that it was in Nation's interest to sort this issue out.

Councillor Jacky Williams referred to objective 3 which she thought would put pressure on Primary Care Trusts to pressure GP's which could lead to inappropriate referrals. Martin Hughes explained that in terms of the minimum take Primary Care Trusts needed to ensure that they can meet as much as possible. He pointed out that within the referral mechanisms there would be protocols to see that referrals were not inappropriate. He added that inappropriate ones would be bounced back. He indicated that the way forward was to ensure that quality was good so that when a patient had a choice there was evidence that should be where they choose to go and not because they were being forced there.

Councillor Mrs Cutts commented that transport was poor at the moment. She thought that if the Diagnostic and Treatment Centre came up with innovative ideas this would drive up standards and would be a good thing. She was convinced that the pathway would be seamless and felt that it would be better than the existing system.

In response to a question from Councillor Gill Haymes, Martin Hughes reported that there had been further changes to the proposed case mix following further discussions about clinical coherence. He explained that rheumatology and vascular had been added to the proposed outpatient's activities at the Diagnostic Treatment Centre because of their impact on other services. The remaining proposed activities were unchanged. He emphasised that clinical coherence had been the paramount factor in the decision.

Councillor Napier referred to paragraph 5.2 in the referral protocol in Annexe B. He commented that there was an expectation of the administration being together to make the central unit effective. Martin Hughes explained that this was part of a wider project. He stated that patient's choice would need to reply on this unit. The advantage was that this was starting from the beginning with the IT and that Nations Healthcare and the NHS were sorting out the easiest way to communicate. He added that the advantage was that steps could be taken to prevent clinicians short-cutting. The task was to make sure that the form covered everything.

Councillor Gill Haymes stated that she was pleased the report highlighted concerns on our Social Services Department about discharge and follow-up.

She thought it was important to both Departments that this issue was resolved before final agreement.

In response to a question Mr Hughes explained that it had been agreed that the timetable would slip three months from the original date. There was a need for some issues to be explored in more depth. There was also a need for more time to sort out service level agreements between the Queen's Medical Centre and the Diagnostic and Treatment Centre. It was now agreed that commercial agreement would be in October, financial closure in November, with the service starting in February 2006.

The Joint Committee noted that the review had been a positive experience and it was agreed:

1. That the Chair and Vice Chair would agree to revise the report in the light of comments at today's meeting and that it be submitted to Rushcliffe Primary Care Trust for them to respond to.

2. That Martin Hughes be thanked for his contribution to the Joint Committees work on the review.

3. That on-going up-dates on the progress of the project be sought.

4. That Alistair McGrady and Chris Holmes be thanked for their work on the review.

NOTTINGHAM CITY HOSPITAL: PRESENTATION ON SERVICE DEVELOPMENT STRATEGY FOR THE NEXT FIVE YEARS

Gill Martin, Divisional Service Manager at Nottingham City Hospital, gave a presentation to the Joint Committee on the service development strategy for the hospital for the next five years. She referred to the application for Foundation Hospital status which meant that they were having to learn new ways of working. She indicated that they had to satisfy the needs of the Department of Health, the Regulator and stakeholders. She explained that the hospital was still planning to provide general services and also have specialist services. Teaching and research were very important to the hospital as this maintained them at the leading edge and was a good way of recruiting staff. They encouraged people to work on new technical innovations. In addition they worked in partnership with other providers, for example for the Queen's Medical Centre. This built on the acute services strategy and the transfer of children's services had been agreed. She stated that the City Hospital still saw itself as part of a network and not as a stand alone.

Gill Martin explained that as a Foundation Hospital the City would be able to act independently on decisions about investment and would not have to wait for the Strategic Health Authority or for a planning round to come. They could decide their own timetable and could access money from other sources. She

referred to the strategic outline case for redevelopment of the hospital over 8-10 years. She stated that a lot of detailed planning was needed and there would be opportunities for joint ventures. She indicated that they were not allowed to increase the proportion from private care. She pointed out that currently funding of equipment replacement was a difficulty but with Foundation Status there would be new ways to provide this by loans, leasing or joint ventures. Foundation status would also enable the hospital to accumulate surpluses, which could then be invested. She referred to the new ways of funding hospitals in the future – payment by results. She explained that at the moment the City Hospital tariff was at 100 and was therefore level. Their view was to get to 97 on the tariff to generate investment cash. She indicated that the Foundation Hospital would have contracts with Primary Care Trusts. Over and above the contract level the Primary Care Trusts would have to pay and that if it was under the hospital would have to refund the Primary Care Trusts. She referred to the Members Council and indicated that she thought people were suspicious of it. She stated that the public health agenda was important and that the hospital were appointing a Public Health Director jointly with Erewash Borough Council.

Gill Martin stated that as part of the preparation of the service development strategy all departments had thought that they would grow. She pointed out that, however, when they had looked in more detail they had seen that they had not grown in the last three years. The service development had got to have an income stream to develop. She explained that there were capital schemes for Neurology and Cardiology. A 23-hour unit for day cases was also planned. This would not be as an in-patient but would focus on the needs of patients. A PET scanner would be provided which scanned soft tissue without the need for interventions. A £40 million investment over the next two years was planned. It was hoped that the activity would generate funds. She explained that the Regulator was very focused on the financial viability of hospitals and the Regulator needed to have confidence in the management and leadership of the Trust. She reported that the final application for Foundation status was submitted in June and there was a need to wait for the latest star rating of the City Hospital announcement in July. The Department of Health would decide on the application and forward it to the Regulator for examination. She stated that the Waive 1 applications would commence in July but the City Hospital hoped to start in October.

In response to a question from Councillor Mrs Males, Gill Martin stated that the Burns Unit would remain at the City Hospital.

In response to question from Councillor Mrs Cutts, Gill Martin stated that the City Hospital had obtained 450 members. She indicated that they had advertised for members and were developing a recruitment process. She pointed out that there had been national problems in recruiting members as it was perhaps difficult for the public to understand what was the benefit to them. She explained that the catchment for members covered Nottingham City, Gedling, Rushcliffe, Broxtowe, Erewash and Newark and Sherwood Primary Care Trusts.

In response to a question from Councillor Jacky Williams Jill Martin stated that the hospital's links with the university would not change.

In response to a question from Councillor Gill Haymes, Jill Martin agreed to let the Joint Committee have a copy of the application for Foundation status. Councillor Gill Haymes stated that it would be helpful to have a copy of the Acute Services strategy. She stated that the Committee were interested in their being a cohesive package to avoid conflict and the Committee would want reassurance that this was a criteria. Jill Martin stated that it was possible to up-date constantly with the Regulator. Councillor Gill Haymes thought that the Joint Committee should have a role in the review. She wondered whether consideration had been given to the Joint Committee's involvement. She commented that the 23-hour unit seemed a good idea but wondered whether it would conflict with the Diagnostic and Treatment Centre.

In response to a question from Councillor Andrew Price, Jill Martin stated that she did not know what would happen with regard to foundation hospital status if the City Hospital lost its star rating. In response to a question from Councillor Mrs Cutts, Jill Martin stated that rehabilitation was part of the City Hospital's services and they were working on their rehabilitation strategy at the moment.

The meeting closed at 12.00 noon.

CHAIR

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