

## Membership

- absent

### Councillors

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

### Officers

Kit Hall - Adult Social Care, Health and Public Protection Department  
Martin Gately - Scrutiny Co-ordinator  
Paul Davies - Governance Officer

### Others in attendance

Phil Mettam - Chief Operating Officer, NHS Bassetlaw and Bassetlaw  
Commissioning Organisation  
Dr Steve Kell - GP and Bassetlaw Commissioning Organisation  
Denise Nightingale - NHS Bassetlaw

## 1. Apologies for absence

Apologies for absence were received from Councillors Asbury (other reason), Bobo (other reason), John Clarke (other reason), Cox (medical), Creamer (other County Council business), Cross (medical), Merry (other reason), Pepper (other reason) and Pettengell (medical).

## 2. Declarations of interest

There were no declarations of interest.

### 3. Bassetlaw Clinical Services Review

Phil Mettam, Steven Kell and Denise Nightingale gave a presentation on the proposals for maternity, paediatric and fractured neck of femur services at Bassetlaw Hospital. Mr Mettam believed that significant progress had been made since he had last met the committee on 5 September. He believed that the PCT had found ways of continuing to deliver services locally. There were national and local drivers for the changes, relating to increasing specialisation, rising clinical standards from the Royal Colleges, and opportunities to deliver care in community settings. Maternity services would be provided by a consultant-led obstetric unit at Bassetlaw Hospital, with high risk cases directed to Doncaster or Sheffield as appropriate. In paediatrics, the medical teams at Bassetlaw and Doncaster Hospitals would be merged, alongside the development of community paediatricians to support children and their families in their own homes. Fractured neck of femur services would be provided through an Assessment and Treatment Centre located at Bassetlaw Hospital.

Mr Mettam believed that there had been good engagement with the public, general practitioners and hospital clinicians. Four meetings had been held with Bassetlaw District Council, with positive feedback.

The speakers responded to members' questions and comments.

- Would paediatric patients treated elsewhere be brought back to Bassetlaw Hospital for their recovery? - They would, in line with national guidance and existing practice.
- Would the proposals increase or reduce the cost of paediatric services? - There would be an increased cost of consultants, which could be set against the current spending on locums. There would be discussion with the hospital trust about how the cost of some services would be met. The community part of the model had not yet been costed.
- Did the proposals take account of increases in population? - They did, including public health advice, especially in relation to maternity services. With a population of less than 250,000, it was difficult to sustain some sub-specialisations, and 500,000 was the key population for some specialisms. It was pointed out that the external review of paediatric services had found them to be safe but not sustainable, hence the proposed changes to the workforce.
- Where would consultants be recruited from? - There were currently sufficient paediatricians and obstetricians coming through from training, and rotas covering the two hospitals should prove attractive.
- In maternity services, were choices available and sign-posted to patients? - Choice and sign-posting were in place, but with scope for improvement in for example the management of caesarean sections.
- How extensive had consultation been on maternity services? - Pre-engagement work had been broad-ranging. Later consultation had been

through the Maternity Services Committee, comprising local mothers and midwives.

- In relation to fractured neck of femur, were there discussions with the ambulance service about where patients should be taken? - There had been a lot of work with the ambulance service, including on early repatriation.
- Given local concerns about A&E, were there plans to restrict A&E services as had happened at Newark Hospital? - The intention was to have a model where A&E was retained at Bassetlaw Hospital, while recognising that some conditions (eg major trauma, multiple fractures) would have a better outcome if treated in Doncaster or Sheffield.
- Information provided to fractured neck of femur patients could be poor. - Dr Kell was not aware of such feedback. The hospital trust had a fractured neck of femur coordinator.
- When might the Assessment and Treatment Centre open? - In 2012, following discussion with GPs and consultants, and with the hospital about the precise location.

Mr Mettam offered to update the committee on progress and achievements in the spring. In discussion, members concluded that the PCT's dialogue with the district and county councils had been useful, and they were reassured that proposals had been driven by the quality of services to patients.

It was agreed that the committee had been properly consulted, that the proposed changes were in the interests of the local health service, and that there had been sufficient public consultation.

It was also agreed to receive a progress report from the PCT in the spring.

The meeting closed at 3.00 pm.

CHAIR