

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **15<sup>th</sup> JUNE, 2005**

**Present:-**

**Members of the Committee:**

County Councillors: Anne Forwood (Vice Chair)  
(In the Chair)  
John Appleton  
Sarah Boad  
Tom Cavanagh  
Marion Haywood  
Bob Hicks  
Helen McCarthy  
Anita Macaulay  
Raj Randev  
John Ross

District Councillors: Bill Hancox (Nuneaton and  
Bedworth Borough Council)  
John Hatfield (Warwick  
District Council)

**Other County Councillors:**

John Wells (Observer)

**Officers:**

Marion Davis – Director of Social Care and Health  
Alwin McGibbon – Health Scrutiny Officer  
Jane Pollard – Assistant County Solicitor

**Also Present:-**

David Gee (Member of the Patient and Public  
Involvement Forum)  
Joan Lambton (Member of the Patient and Public  
Involvement Forum)  
Stuart MacAulay (Member of the Patient and Public  
Involvement Forum)  
Jackie Prestwich (Member of the Patient and Public  
Involvement Forum)  
Joan Rook (Member of the Patient and Public  
Involvement Forum)  
Michael Vincent (Member of the Patient and Public  
Involvement Forum)  
Archie Pitts (Chairman Leamington Society)

Simon Crew (North Warwickshire PCT)  
Dr. Linda Latham (North Warwickshire PCT)  
Emma Steel (North Warwickshire PCT)  
Sarah Bannister (South Warwickshire PCT)  
Jane Ives ( South Warwickshire General Hospitals  
Trust)

In the absence of the Chair through illness, the Vice-Chair took the chair.

**1. General**

**(1) Apologies for absence**

Apologies for absence were received from Councillors Gerry Roodhouse, John Haynes, Bob Stevens, Jane Harrison and Richard Meredith. In addition Paul Hooper (Regional Tobacco Lead, South Warwickshire PCT), Anne Beaufoy (Patient and Public Involvement Forum) and Sandra Simm (Patient and Public Involvement Forum) had indicated that they could not attend.

**(2) Members Declarations of Personal and Prejudicial Interests**

The following members declared personal interests:-

Councillor Tom Cavanagh – member of Rugby Borough Council.  
Councillor Anita Macaulay – patient at the Chestnut Walk Health Centre, Stratford-upon-Avon.

**(3) Minutes of the meetings held on 2 March, 22 April and 17 May 2005 and matters arising**

**(i) 2 March 2005**

**(a) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 2<sup>nd</sup> March 2005 meeting be approved and be signed by the Vice-Chair.

**(b) Matters arising**

None.

**(ii) 22 April 2005**

**(a) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 22<sup>nd</sup> April 2005 meeting be approved and be signed by the Vice-Chair.

**(b) Matters arising**

None.

**(iii) 17 May 2005**

**(a) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 17<sup>th</sup> May 2005 meeting be approved and be signed by the Vice-Chair.

**(b) Matters arising**

None.

**(4) Remit of the Health Overview and Scrutiny Committee**

Noted.

**2. Public Question Time (Standing Order 34)**

**(1) David Gee, PPI Forum, South Warwickshire – Community Bed Pilot Project**

*Question: "Our Forum is fully supportive of South Warwickshire PCT's community bed pilot project. We believe that this project will provide admission prevention, rehabilitation and transitional care beds at Alcester Hospital (up to 24 beds), Ellen Badger Hospital in Shipston (up to 30 beds) and Arden Ward at the Royal Leamington Spa Rehabilitation Hospital (up to 24 beds).*

*Medical cover will be provided by GPs, who could also offer additional services. This will enable patients to receive a wide range treatments locally, whilst relieving pressure on Warwick Hospital.*

*We have two questions; why the inadequate proposals in respect of Nicol Ward at Stratford Hospital? This unit is managed by the South Warwickshire General Hospitals Trust who are proposing just 5 GP-led beds, the remainder to be consultant-led. (Pro-rata, on local population figures, Nicol Ward should have up to 35 beds).*

*Our second question is why this anomaly? Why should all the other units be managed by the PCT and just Nicol Ward by the SWGHT? We feel that this anomaly prevents a properly co-ordinated and effective scheme being put into place, a scheme being put into place, a scheme that would more accurately reflect actual local needs."*

The Vice-Chair thanked Mr. Gee and said that the Committee's responses would be deferred until consideration of agenda item 8(1).

**(2) Archie Pitts, Chair Leamington Society – Closure of Physiotherapy Facility at Station Approach, Leamington Spa**

*Question: "The South Warwickshire General Hospital Trust is actively considering a proposal to close the Physiotherapy Facility at Station Approach, and transferring two thirds of the service to Warwick Hospital. The remaining one-third will be distributed between the Healthy Living Centre and Crown Way in Leamington.*

*Has the SWPCT or SWGHT reported to the Health Overview and Scrutiny Committee on this major change to Health provision, as required?*

Mr. Pitts made the following points in connection with his question:-

- Warwick Hospital was already under enormous strain on space and car parking was always difficult. Evening and weekend appointments would be necessary to meet the additional physio demands at the hospital and these had not been successful on previous trials. The proposal was directly contrary to the South Warwickshire PCT's plan *The Vision for Health* that aimed to reduce pressure on the Hospital site.
- Leamington was fully justified in having its own physio service in both population and the usage of facilities. The Station Approach facility was centrally located and staff and patients were satisfied with it.
- The Warwick District Council had started charging an annual rental of £30,000 for the site after providing it free for the last two years. The SWGHT had overspent in 2004/5 by about £5m on a budget of £80m. The proposed savings represented 0.6% of the overspend and 0.0375% of budget. The rental was 0.013% of the SWPCT £230m annual budget.
- The formal decision on closure would have to be taken by the Management Board of SWGHT whose next meeting was 23<sup>rd</sup> June 2005.
- The public consultation was totally inadequate, having been called with only six days notice to a small handful of people and by using an A4 black and white notice displayed sparsely. There was no advert in the Courier. Following challenges at the meeting, it was admitted that the savings from the closure had been overstated and the additional costs of the new system understated. There had been total opposition from the public at the meeting.
- A revised financial appraisal had been published the day before showing benefits of the move to SWGHT of £19,800 in 2005/06 and £26,400 in 2006/07 from additional parking revenue. There was also an additional

annual income of £6,300 from an unspecified source and a one-off subsidy from the SWPCT in 2005/06 in respect of rental.

Members of the Committee then raised the following points:-

- Implications of car parking costs for patients travelling to Warwick Hospital and the difficulty of parking on site.
- The proposal to move the majority of the provision from Leamington Spa was seen as a major change upon which the Committee should have been consulted. It was recognised that the issue had been raised at the meeting of the Committee but at that time the scale of the changes had not been evident.
- There were about 24,000 treatments each year at the Leamington facilities.
- The ethnic community served by the facilities had made representations to Councillor Raj Randev to oppose the proposal.
- Consultation with the public appeared to have been inadequate.

The Committee then Resolved:-

That the South Warwickshire General Hospitals Trust be asked defer any decision on the proposal to relocate the physiotherapy facilities currently provided at Station Approach, Leamington Spa until after the Health Overview and Scrutiny Committee had received further details from the Trust and that representatives from the Trust be invited to the next meeting to supply the further information, including details of any relevant legislation concerning public consultation and whether there had been compliance with it.

**(3) Neville Shannon, South Warwickshire PPI Forum – GP Surgeries – Disabled Access**

*Question: “He has a very good GP and a good Health Centre (Chestnut Walk, Stratford-upon-Avon). It was on two floors with three consulting rooms on the first floor and three on the ground floor. He was disabled and walked with a stick and he had to climb the stairs to the first floor to see the Doctor.*

*Would the Committee consider recommending the provision of a stairlift or ordinary lift (although he appreciated that the latter was expensive). As an alternative he suggests that the doctor might come down and use a downstairs room for disabled persons.”*

Jane Pollard said that this was not an issue for the Committee. The question had been sent to the South Warwickshire PCT who had confirmed that they would be very happy to work with the surgery concerned to find practical solutions to meet needs of patients.

Councillor Anita Macaulay said that she used the Chestnut Walk centre and confirmed that the doctors were always prepared to come down to see patients who were unable to climb the stairs.

### **3. Access to Maternity Services**

The Report of the County Solicitor and Assistant Chief Executive was considered.

Councillor Sarah Boad introduced the report, as Chair of the Panel, and drew attention to the recommendations in section 9. She took the opportunity to thank her fellow members of the Panel for their contribution. She said that she had contacted a Guardian Reporter who had written an article about her own experiences. During the course of that conversation the reporter had suggested that a copy the Access to Maternity Services report should be sent to BLISS.

The following points were raised by members:-

- There appeared to be an anomaly between staffing shortages identified in recommendation 9.6 and the presentation made by the South Warwickshire General Hospitals NHS Trust on the 2<sup>nd</sup> March where it was stated that there was no problem in recruiting doctors and that there was a waiting list for midwives. It was noted that the problem was not a shortage of staff but a shortage of funding.
- The Patient and Public Involvement Forum should have been involved in the review. There were continuing efforts to ensure that the PPIF were able to contribute to the work of the Committee with the co-ordinator being kept informed of the Committee's work programme.

It was then Resolved:-

- (1) That the Health Overview and Scrutiny Committee endorses the recommendations set out in section 9 of the Report of the Access to Maternity Services Panel;
- (2) That the report and recommendations of the Committee be sent to the three Primary Care Trusts and the Hospital NHS Trusts in Warwickshire and that those bodies be asked to make a written response to the Committee within 28 days setting out

- (a) the view of the body on the recommendations
  - (b) proposed action in response to the recommendations.
  - (c) any reason for inaction to the recommendations made.
- (3) That the report and recommendations of the Committee be sent to Coventry City Council for consideration as part of the joint review of breastfeeding.
  - (4) That a copy of the report be sent to BLISS. PPI Forums and others who contributed to the review; and
  - (5) That the Committee seeks a progress report for its meeting in January 2006.

**4. Disabled People's Access to GP Services in Warwickshire – Council of Disabled People, Coventry & Warwickshire**

The Report of the County Solicitor and Assistant Chief Executive was considered.

The following points were made:-

- A copy of the report should be sent to Neville Shannon.
- Some GP surgeries were amalgamating into new premises in Stratford-upon-Avon and it was suggested that because of parking problems in the Town adequate parking should be provided for disabled persons.
- This was part of a bigger piece of work on Access to GP Services that had already been considered by the Committee. Any review could be carried out at the same time as looking at that wider work or as part of the work on the Local Delivery Plans.
- It was noted that Nuneaton and Bedworth and North Warwickshire had been combined for the purpose of the report but it would have been more appropriate to treat these separately because one was urban in nature and the other rural.

It was then Resolved:-

- (1) That the Health Overview and Scrutiny Committee places on record its thanks to the Council of Disabled People for the report;

- (2) That the Committee endorses the recommendations made in Section 12 of the Report; and
- (3) That the Report be forwarded to the three primary care trusts, the five district/borough councils in Warwickshire and the Director of Planning, Transport and Economic Strategy to inform the development of relevant policies and strategies which have impact on the accessibility of GP surgeries.

## **5. North Warwickshire PCT – Baseline Assessment for Improvement**

Linda Latham introduced the item and Emma Steel then gave a PowerPoint presentation to members. It was agreed that copies of the PowerPoint slides would be made available after the meeting for circulation to members.

The following points arose from the ensuing questions and answers session.

- The comments of the Health Overview and Scrutiny Committee and the PPIF would be submitted to the Health Care Commission.
- The national targets would be rigid, however, the implementation of local targets were being piloted this year with a view to their introduction next year.
- The draft declaration by the PCT would go to the Committee in September and the final version in March.

The Vice-Chair thanked the team from North Warwickshire PCT for attending to give the presentation.

## **6. Health Conference – Health Links**

The briefing note and draft invitation in respect of the proposed Health Conference were considered. The following points were made:-

- Members were generally in favour of the proposal for the conference.
- The aims of the PPIF were narrower than the aims of the conference, however, it was considered that the PPIF would be happy to participate.
- A possible title for the conference would be “For a Healthy Warwickshire”.
- Members would find it helpful to have a glossary of terms and acronyms.

## **7. MRSA in Warwickshire**

In noting the MRSA figures for the period April 2001 to September 2004, the Committee made the following points:-



- It was noted that the DoH figures were twelve months out of date.
- Jane Ives said that she would be happy for experts from the hospital to come to the Committee to give more up-to-date figures. The figures had fallen significantly, with an improving picture overall.
- The figures were so small that any fluctuation would have a distorting affect.
- There had been one death in Warwick Hospital last year related to MRSA.
- There should be better education of the public about low levels of MRSA cases to place it in context.

## **8. Correspondence**

### **(1) Community Hospital Beds Pilot for South Warwickshire**

The Committee considered the paper on the South Warwickshire PCT's pilot for community beds together with David Gee's question (see minute 2(1)). The following points were made:-

- It was questioned whether the PCT had consulted with the PPIF as Mr. Gee's question had been directed to the Committee and not the PCT.
- David Gee confirmed that the PPIF fully supported the proposal for community beds but their concern was with the proposal about the Nicol Unit at Stratford Hospital.
- It was noted that the South Warwickshire General Hospitals NHS Trust proposal for Nicol Unit to have only 5 GP led beds was because there was a need for 19 consultant led beds. However, the Trust was in discussions with the PCT for more support and if this were forthcoming it would be possible to increase the number of GP beds.
- The project was only a pilot.
- It was agreed that the Committee would receive a report on the pilot at their September meeting.
- It was suggested that patients could move up the NHS hospital waiting list by accessing private medical care.

### **(2) Process for responding to reports or requests for the PPIF or the Committee**

The Committee considered details of the proposed process for South Warwickshire PCT to respond to reports and requests from the Committee and PPIF and reciprocal arrangements. The following points arose:-

- The proposals seemed to be very sensible.
- It was accepted that the reciprocal arrangements would have to take account of the timing of Committee meetings.

- There was a very good relationship between the PCT and the Committee and the proposals were already being followed.

**9. Future meetings and work programme to date**

It was noted that the following should be added to the programme:-

27<sup>th</sup> July 2005 - Rugby Substance Misuse  
South Warwickshire General Hospitals NHS Trust – changes in service:-

- Physiotherapy Service, Leamington Spa
- Psychology
- ITU Bed Closure
- Minor Injuries Unit – Stratford
- Orthotics Service

28<sup>th</sup> September 2005 - Results of Community Hospital Beds Pilot for South Warwickshire  
Response to recommendations of Access to Maternity Service  
PCT draft declarations – moved from the November meeting

18<sup>th</sup> January 2006 - Report on project re Portuguese community in Leamington Spa

It was also agreed to leave to the next meeting the question of prioritising issues arising from the Committee’s consideration of the PCTs’ local delivery plans.

**10. Any other Items**

None.

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Chair

The Committee rose at 12.36 p.m.