

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **24<sup>th</sup> JANUARY, 2007**

**Present:-**

**Members of the Committee:**

County Councillors: Jerry Roodhouse (Chair)  
Anne Forwood (Vice Chair)  
John Appleton  
Sarah Boad  
John Haynes  
Bob Hicks  
Marion Haywood  
Sue Main  
Frank McCarney  
Helen McCarthy  
Raj Randev  
John Ross

District Councillors: Anthony Dixon (Stratford-on-Avon District Council)  
Bill Hancox (Nuneaton and Bedworth Borough Council)  
Michael Kinson (Warwick District Council)  
Richard Meredith (North Warwickshire Borough Council)  
Claire Watson (Rugby Borough Council)  
(representing Councillor Bill Sewell)

**Other County Councillors:**

Bob Stevens (The Deputy Leader of the Council)  
Barry Longden

**Officers:**

Alwin McGibbon – Health Scrutiny Officer

**Also Present:-**

Professor M. Atkins, Acute Services Board  
Mr. R. Copping, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

Mr. G. Dillon, Independent Sector Program  
Manager, Coventry and Warwickshire Primary  
Care Trusts  
Mr. D. Gee, Warwickshire Patient and Public  
Involvement Forum (Chair of South Warwickshire  
Locality Committee)  
Mr. D. Gormal, Rugby Borough Council  
Mr. R. Hancox, Director of the Arden Cancer  
Network  
Ms J. Hopkins, Warwickshire Patient and Public  
Involvement Forum  
Mr. K. Kondakor, Nuneaton Resident  
Mr. M. Vincent, Warwickshire Patient and Public  
Involvement Forum (South Warwickshire Locality  
Committee)

**1. General**

**(1) Apologies for absence**

An apology for absence was received from Councillor Bill Sewell (Rugby Borough Council) who would be represented by Councillor Claire Watkins.

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

Personal interests were recorded in respect of the following members by virtue of being members of the Borough/District Council indicated:-

Councillor John Appleton – Stratford-on-Avon District Council.  
Councillor Anthony Dixon – Stratford-on-Avon District Council.  
Councillor Bill Hancox – Rugby Borough Council  
Councillor Michael Kinson – Warwick District Council  
Councillor Sue Main – Stratford-on-Avon District Council  
Councillor Richard Meredith – North Warwickshire Borough Council  
Councillor Jerry Roodhouse – Rugby Borough Council.  
Councillor John Ross – Nuneaton & Bedworth Borough Council.  
Councillor Claire Watkins – Rugby Borough Council  
Councillor Bob Stevens – Stratford-on-Avon District Council.

**(3) Minutes of the meeting held on 18<sup>th</sup> November 2006**

**(i) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 29<sup>th</sup> November 2006 meeting be approved and be signed by the Chair.

(ii) **Matters arising**  
**Minute 7 – Ambulance Service – Control Centres**

It was noted that a meeting had been held to look into the question of the location of the control centres for the West Midlands Ambulance NHS. Although no decision had yet been made it looked hopeful that a control centre would be retained in the Warwickshire/Coventry area.

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

The Chair said that notice had been received of a question from Mr. Keith Kondakor of Nuneaton. As it related to the Acute Services Review, he proposed to deal with it during consideration of the next item.

**3. Acute Services Review**

The Chair welcomed Professor Madeleine Atkins. Dr. Mark Newbold was unable to attend.

Professor Madeleine Atkins made the following points:-

- (1) The Board had been established to review acute services across the County with a view to maintaining clinical safety. It had not been part of the remit of the Board to handle the deficits in the acute sector of the National Health Service within Warwickshire. The aim was to keep services as local as possible but some regard had to be had to costs.
- (2) The responses to the consultation exercise had been independently analysed and a health impact assessment had been carried out by Liverpool University.
- (3) At no time during the review had it been proposed or recommended that any hospital should be closed. Indeed the proposals were intended to maximise collaboration between hospitals to ensure their survival.
- (4) The work of the Board had now ended and it would be for the two Primary Care Trusts for Coventry and Warwickshire together with the acute hospitals to carry the proposals forward.
- (5) The role of the ambulance service was supported and the central role of the ambulance trust in the Emergency Care Network was widely endorsed. The Review Board had recommended that the role of the Emergency Care Network should be formalised and strengthened.
- (6) As the centralisation of major trauma cases at University Hospital had been understood and accepted, provided that local Accident and Emergency units were open 24 hours and appropriate transfer arrangements existed between hospitals, the Review Board had recommended that arrangement.
- (7) The Warwickshire public clearly supported the development of community hospitals and wished to see their use maximised. This would have an impact on Warwick Hospital if there were a significant movement of

services to community hospitals in South Warwickshire. There was a need for increased provision in North Warwickshire as it lagged behind South Warwickshire. The Review Board had recommended development based on the South Warwickshire pilot.

- (8) There was almost universal support for keeping services for older people local and for improving the levels of community service. This would require more effective joint working between local authority and health services. The Review Board had supported this approach and had recommended organisations to seek ways to move towards increased home based provision.
- (9) The Review Board had commended the two Primary Care Trusts to communicate the principles and benefits of the chronic disease management model, which included reduced hospital admissions and reduced transport requirements.
- (10) The concept of a single, improved network for children's and maternity services was supported. The Provider Strategy Board should take the lead in establishing a single network by September 2007.
- (11) A single pharmacy service for Warwickshire and Coventry should be created with a "lead Trust". Similarly a single laboratory (pathology) service for Warwickshire and Coventry should be created, again using the "lead Trust" model as the informal network arrangements had made little progress.
- (12) The Review Board had recommended that the three Acute Hospital Trusts should implement immediately the proposal to consolidate the emergency Ear, Nose and Throat surgery and urological emergencies operations at night and weekends at the University Hospital. On the question of the consolidation of emergency general surgery at night and weekends at the University Hospital, the Review Board had recommended the Provider Strategy Group should lead further work into the detail and agree appropriate models of care.
- (13) The Review Board had recommended the proposal to develop a new model of care for acute medicine for implementation by the three Acute Hospital Trusts.
- (14) The Review Board had recommended that the Trusts at George Eliot and Warwick Hospitals establish paediatric assessment units. It had also recommended deferring the closure of the Special Care Baby Unit at George Eliot Hospital and its transfer to University Hospital while further work was done on the design of the paediatric and maternity services in North Warwickshire to meet the challenges outlined in the consultation documents. The Review Board had recommended the Provider Strategy Board oversee further work in the next twelve months in connection the configuration of paediatric and maternity services in light of the region-wide review of those services announced by NHS West Midlands.
- (15) The Review Board had recommended that plans were put in place to develop a specialist in-patient children's unit at University Hospital for the sub-region. However it did not support a specific cut off time after which children would be transferred from George Eliot or Warwick Hospitals.

- (16) The Review Board had recommended that existing discussions should continue with a view to merging the University Hospital and George Eliot Hospital Maternity units into a single service on two sites.
- (17) The Review Board had recommended that complex cancer services were centralised at University Hospital.
- (18) The Review Board had recommended that ambulatory cancer units were established at University Hospital and Warwick Hospital with a clear priority for action with no further delays.
- (19) The Review Board had agreed the following general recommendations:-
  - (i) The Acute Hospitals should work on the efficiencies described in the Teamwork report to bring bed numbers down to those calculated for the 50% target.
  - (ii) Transport issues must be accepted as a responsibility of the NHS and that NHS Warwickshire and Warwickshire County Council jointly commission a scoping study.
  - (iii) Coventry City Council and Warwickshire County Council should both be fully involved as the implementation of the Recommendations in the Final Report proceeds.

The following points were raised during the ensuing discussion

- (a) The Nuneaton and Bedworth District Council had been extremely pleased that there would be a twenty-four hour service for maternity and paediatric services at George Eliot Hospital during the twelve-month review. It was hoped that the public would be consulted fully.
- (b) The issue of cross-border provision did not appear to have been addressed.
- (c) There had been very bad reports about partnership working and it was essential that this area should be strengthened.
- (d) Keith Kondakor said that services were still being reorganised and it was still unclear what the medium term future was for George Eliot and Warwick Hospitals. The Committee needed to alert to the risk of the management and control Warwickshire NHS being merged and dealt with in Coventry.
- (e) It was noted that the press coverage had been biased against the review and often misleading.
- (f) Concern was expressed that the helipad on the roof of the University Hospital was not strong enough to bear the weight of the helicopter. However, it was pointed out that the helicopter did use the helipad but that there had been occasions when the prevailing weather had forced it to land elsewhere.
- (g) The transport issue was being addressed but there was also an issue with car parking charges at hospitals.

- (h) There was a need to have early meetings with the Joint Commissioning Board, the Provider Strategy Board, NHS Warwickshire and NHS West Midlands.

It was then Resolved:-

That the Health Overview and Scrutiny Committee:-

- (A) seeks early meetings with the Joint Commissioning Board, Provider Strategy Board (paragraph 27) Warwickshire NHS and the NHS West Midlands (Strategic Health Authority) concerning the recommendations of the Acute Services Review to establish a clear dialogue and protocol about the future engagement of the Health Overview and Scrutiny Committee and citizens of Warwickshire in the provision of acute care and the impact that the changes may have on local community's;
- (B) seeks an early meeting with Coventry City Council Health Overview and Scrutiny Committee to establish clear working protocols in relation to the Acute Services Review;
- (C) seeks an early meeting with GPs PEC Chairs to understand how the advanced plans are to help in providing capacity as recognised in their response to paragraph 6.2 recommendation 5;
- (D) supports the Liverpool University recommendations;
- (E) asks that the relevant Cabinet Portfolio holder takes notice of the recommendations from the Acute Services Review and bring forward a report on what the implications and impact are for Warwickshire County Council especially in regard to (paragraph 10 Older People) and Transport matters;
- (F) reserves its judgement on referring the matters indicated that it would refer to the secretary of state until it is satisfied that the particular concerns raised have been addressed properly by full engagement
- (G) Raise cross border issues with NHS West Midlands.

The Chair thanked Professor Madeleine Atkins for attending the meeting.

Members then thanked Alwin McGibbon for all the work she had done on behalf of the Committee in connection with Acute Services Review.

**4. Warwickshire Primary Care Trust's Local Delivery Plan**

This item was deferred in the absence of Lucy Noon.

**5. Local Delivery Plans and Core Standards – Task and Finish Group**

It was agreed that the Task and Finish Group should comprise three County Councillors, one district/borough councillor and one representative from the Patient and Public Involvement Forum.

**6. Coventry and Warwickshire Primary Care Trusts**

Gerard Dillon, Independent Sector Programme Manager of Coventry and Warwickshire Primary Care Trusts gave a presentation to the Committee on the Diagnostics and Elective Services based on the powerpoint slides in the appendix of the report. It was noted:-

- (1) The Mobile Diagnostic Centres would be on site for one-and-a-half to two days.
- (2) The sites used for the centres were regularly reviewed to ensure that they met needs.
- (3) It was important that the sites should be well served by public transport.
- (4) There was a need for the Patient and Public Involvement Forum to have a statutory right to inspect the mobile centres.

The Chair thanked him for the presentation.

**7. Arden Cancer Network – Peer Review**

Richard Hancox, Director of the Arden Cancer Network, gave the Committee a presentation based on the powerpoint slides in the circulated papers.

The Chair then thanked him for the presentation.

**8. Invitation from the West Midlands Ambulance Service NHS Trust to visit an ambulance centre in Brierly Hill, Dudley or Leamington Spa**

The Committee agreed to take up the invitation to visit an ambulance centre.

**9. Correspondence**

**(1) A Strategic Framework for Better Health for the West Midlands**

The Committee noted the letter from Cynthia Bower, Chief Executive of the West Midlands Strategic Health Authority. The Chair said that the document appeared to be lacking in reference to partnership engagement.

**(2) Health Scrutiny Champions' Network**

This was noted.

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

The programme was noted.

**11. Any other Items**

Councillor John Ross referred to the proliferation of acronyms in NHS documents and asked that an updated list of acronyms be prepared.

John Appleton referred to the fact that Acute Services Review Report documents contained coloured charts that did not lend themselves to be copied in black and white. He appreciated that it would be expensive to copy the documents in colour and therefore such charts should be prepared so that they were capable of being copied in black or white or the NHS should provide sufficient numbers of colour copies.

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Chair

The Committee rose at 1.03 p.m.