

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **11<sup>th</sup> JULY, 2007**

**Present:-**

**Members of the Committee:**

County Councillors: Jerry Roodhouse (Chair)  
Sarah Boad (Vice Chair)  
John Appleton  
Marion Haywood  
Bob Hicks  
Katherine King  
Sue Main  
Frank McCarney  
Helen McCarthy  
Raj Randev  
John Ross  
Sid Tooth

District Councillors: Tony Dixon (Stratford-on-Avon District Council)  
Bill Hancox (Nuneaton & Bedworth Borough Council)

**Other County Councillors:**

Colin Hayfield (Adult, Health and Community Portfolio Holder)  
Bob Stevens (The Deputy Leader of the Council)

**Officers:**

Alwin McGibbon – Health Scrutiny Officer

**Also Present:-**

Sharon Beamish, Chief Executive, George Eliot Hospital NHS Trust  
Margaret Bell, Chairman, George Eliot Hospital NHS Trust  
Graeme Betts, Strategic Director of Adult, Health and Community Services  
Alice Casey, Chief Operating Officer, University Hospitals Coventry and Warwickshire NHS Trust  
Roger Copping, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

Jill Freer, Managing Director of Community Services, Warwickshire PCT  
David Gee, Warwickshire Patient and Public Involvement Forum (Chair South Warwickshire Locality Committee)  
Andy Hardy, Chief Finance Officer, University Hospitals Coventry and Warwickshire NHS Trust  
Amanda Hill, Nurse Manager, Coventry and Warwickshire Partnership Trust  
Tammie Howarth, Forum Support Manager, Coventry & Warwickshire Patient and Public Involvement Forum Support Organisation  
Dr. Tim Davies, Director of Public Health  
Desiree Lambert, Carer Support Service Manager, Guideposts  
Martin Lee, Interim Chief Executive, University Hospitals Coventry and Warwickshire NHS Trust  
Paul Maubach, Director of Strategy and Commissioning, Warwickshire PCT  
Colin Merker, Director of Adult Mental Health, Coventry and Warwickshire Partnership Trust  
Graham Murrell, Chairman, South Warwickshire General Hospitals NHS Trust  
Lucy Noon, Head of Corporate Services, Warwickshire PCT  
David Rose, Chief Executive, Warwickshire PCT  
Eunice Rose, Patient and Public Involvement Forum (George Eliot Hospital)  
Rachel Rowe, Cardiac Network Director, Coventry and Warwickshire Cardiac Network  
David Smith, Carer  
Brian Stoten, Chair, Warwickshire PCT  
Sandy Taylor, O.B.E., Chief Executive, Coventry and Warwickshire Partnership Trust  
M. Vincent, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

1. **General**  
**(1) Apologies for absence**

It was noted that Councillor Katherine King had replaced Councillor John Haynes for the meeting.

It was also noted that the Strategic Health Authority would not be represented for the Acute Services Review Item. Keith Prior, Locality Director Coventry and Warwickshire, West Midlands Ambulance Service was unable to attend because of a major incident in Birmingham.

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

The following members disclosed personal interests:-

Councillor Frank McCarney – agenda item 3 – former Chair of George Eliot Hospital NHS Trust

Councillor Bob Hicks – agenda item 3 – wife was employed at George Eliot Hospital.

Councillor Colin Hayfield – agenda item 3 – Non Executive Director of Warwickshire PCT

**(3) Minutes of the meeting held on 23<sup>rd</sup> May 2007**

**(i) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 23<sup>rd</sup> May 2007 meeting be approved – with the correction to Councillor Bill Hancox's name in the list of persons attending that meeting – and be signed by the Chair.

**(ii) Matters arising**

Nil.

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

The Chair said that he had received notice of question to be asked in connection with stroke services, which would be dealt with in the afternoon under item 5 of the agenda.

**3. Acute Services Review**

**(1) Implementation of the Acute Services Review Board recommendations in relation to provider services taking into account the local health economy and the work being done by the Provider Strategy Board**

The Panel for this session comprised:-

*George Eliot Hospital NHS Trust:*  
Sharon Beamish, Chief Executive  
Margaret Bell, Chairman

South Warwickshire General Hospitals NHS Trust:  
Graham Murrell, Chairman

University Hospitals Coventry and Warwickshire NHS Trust:  
Alice Casey, Chief Operating Officer  
Andy Hardy, Chief Finance Officer

Martin Lee, Interim Chief Executive

The following issues arose during the questions and answers session:-

- (i) It was confirmed that there were no targets set for number of births to establish the viability of the Baby Care Unit and Maternity Unit at George Eliot Hospital. A suggestion that a target of 2000 had been set probably came from discussions that clinical teams were in the process of having into setting future models of care.
- (ii) An agreement had not yet been reached on out of hours surgery provision.
- (iii) Serious trauma cases would be taken to University Hospitals Coventry Warwickshire. Ambulance staff had been trained in the protocols to know which cases to take where. The numbers involved were very small.
- (iv) The number of births at George Eliot Hospital had fallen from an annual rate of 2,600 to 2,100. Initially, there had been a reduction from Leicestershire and a move to Coventry but the situation had stabilised and numbers were increasing again.
- (v) There was close dialogue between University Hospitals Coventry and Warwickshire and George Eliot Hospital and a risk assessment was taking place. University Hospitals Coventry and Warwickshire had additional funding for two beds at the special care baby unit. Bringing the two clinical teams together would bring the total number of births to 8,000. Collaborative working would enable the teams to learn from one another.
- (vi) There was no intention that University Hospitals Coventry and Warwickshire would take on deliveries that would be able to be dealt with elsewhere.
- (vii) On the question of the proposed demolition of the maternity unit at George Eliot Hospital, it was explained that there was a need for a new maternity unit at the hospital. Warwickshire PCT would support a special care baby unit at George Eliot Hospital.
- (viii) Warwick Hospital would be able to pick up extra births if required to do so.
- (ix) It was noted that paediatric services were not being reviewed but that the principles of how to carry out a review were being considered.
- (x) The Provider Strategy Board had approved a single pathology service at University Hospitals Coventry and Warwickshire. Service users should not be aware of any difference in the provision of the service. A director from George Eliot Hospital was the lead for this purpose.
- (xi) There was a need to collaborate with people locally to stop elderly people with chronic disease being continually admitted to and released from hospital. It was important to have a community based provision and there would have to be closer collaboration with the

County Council's social services and the Borough and District Councils' housing departments.

- (xii) All the Acute Trusts were committed to setting up protocols for the early discharge of patients.
- (xiii) Ambulatory Cancer units would be open in July 2008. It was hoped to obtain the Macmillan Charter Mark.
- (xiv) The Provider Strategy Board had agreed a single pharmacy service for Coventry and Warwickshire. This would have no impact on the way hospitals operated.

The Chair thanked the panel for attending. It was agreed that they should be invited to return in three months.

The Committee then adjourned from 11.14 a.m. to 11.22 a.m.

- (2) Progress relating to proposals suggested by the Acute Service Review Board such as chronic disease management, community hospitals and scoping study on transport provision**
- (3) Joint commissioning arrangements taking into account the recommendations made by the Acute Services Review Board**

The Panel for these sessions comprised:-

*Warwickshire PCT:*

Paul Maubach, Director of Strategy and Commissioning  
David Rose, Chief Executive  
Brian Stoten, Chair

*Warwickshire County Council – Adult, Health and Community Services Directorate:*

Graeme Betts, Strategic Director

The following issues arose during the questions and answers session:-

- (i) Of the issues covered by the Acute Services Review, only ambulatory cancer care and trauma had been agreed. Business cases still needed to be made out for the other issues.
- (ii) There had been good meetings between the PCT and officers of the County Council. Combined data about where people lived and received care, could be used to inform the siting for new GP practices. There was an intention to move services into community hospitals where this was feasible, which would reduce the need for travelling. It was expected that the PCT's vision would be ready by October 2007 with implementation around April 2008. There was only so much that the PCT could do as it was not a transport authority and there would still be a need for public transport to be provided to the University Hospital Coventry & Warwickshire, George Eliot and South Warwickshire General Hospitals. An expert was looking into transport issues and would be reporting back in the Autumn.

- (iii) The question of parking charges at hospitals was a matter for the individual hospitals and not the PCT.
- (iv) There was a need for a joint commissioning strategy in dealing with older people so that none are admitted to hospital without a discharge plan. Community care should ensure that elderly people are only admitted to hospital when necessary.
- (v) Payment by Results meant that the PCT had a set price to pay to providers for each activity and therefore there was no opportunity for the PCT to direct resources to a particular provider.
- (vi) It was confirmed that bleach was used to clean hospitals and that linen was changed and beds washed in between patients.
- (vii) The National Institute of Clinical Excellence determined whether a new drug was cost effective having regard to whether the benefits to patients were substantial rather than temporary.
- (viii) The Chair of the PCT expressed the view that the biggest step that could be made to achieve equality of health between the north and south of the county would be to reduce the rates of smoking in the north. Rates of smoking in the north stood at 44% and only 17% in the south. The PCT could not tackle the issue of health inequality on its own. It was important for local authorities to skew budgets to increase provision in the north.
- (ix) The Acute Services Review had not been a revolution in health provision but a declaration of existing good practices and of desirable practices.
- (x) The University Hospitals Coventry and Warwickshire had experienced some problems with seeing orthopaedic patients within time. Has both George Eliot Hospital and South Warwickshire General Hospitals were performing well in this area and were capable of taking on more sessions, those patients who were waiting for an appointment at the University Hospitals Coventry and Warwickshire were offered the opportunity to go elsewhere. It was also agreed not to refer new patients until to University Hospitals Coventry and Warwickshire was back on track. The situation was being reviewed regularly.

The Chair thanked the panel members for attending.

It was then Resolved:-

- (a) That Health Overview & Scrutiny Committee places on record its thanks to the representatives who attended to answer questions relating to the Acute Services Review.

- (b) That the minutes of the meeting be sent to the Environment portfolio holder and the Chair of the Environment Overview and Scrutiny Committee for any necessary action in respect of the transport issues identified during the discussion on the Acute Services Review.
- (c) That the Provider Strategy Board be invited to a future meeting of the Health Overview & Scrutiny Committee to discuss the Acute Services Review proposals and give an update on any progress.
- (d) That the Health Overview & Scrutiny Committee emphasises the need for Warwickshire PCT and the Warwickshire County Council to work closely in partnership in commissioning services in order to achieve a reduction in inequalities in health provision in the County.

The Committee then adjourned for lunch from 12.40 p.m. to 1.30 p.m.

#### **4. Mental Health Consultation - Rugby**

The briefing paper of the Chief Executive of the Coventry and Warwickshire Partnership Trust was considered.

Sandy Taylor, OBE, Chief Executive and Colin Merker attended to represent the Coventry and Warwickshire Partnership Trust. In addition Amanda Hill attended in connection with the leadership programme for nurse managers.

The following issues arose during the discussion:-

- (1) 1 in 4 of the population suffer mental health problems and the cost to the Country in invalidity benefits was £8bn.
- (2) Investment was made in Rugby in October 1999 following the publication of the National Service Framework for Adult Mental Health Services that year. This enabled more people to opt to be treated in their homes.
- (3) A double homicide in 2005 highlighted the need for improvements in the service including enhanced joint working with the County Council.
- (4) Since the establishment of the Coventry and Warwickshire NHS Partnership Trust, a detailed action plan had been drawn up in response to the recommendations of the independent homicide inquiry. The action plan was agreed with the PCT and the West Midlands Strategic Health Authority.
- (5) A formal consultation on the proposed changes to the provision of mental services in Rugby began with this presentation to the Committee and would continue until 3<sup>rd</sup> October 2007.

- (6) The access issue did not solely apply to patients but also to relatives who supported patients. There was a need to support those relatives.
- (7) It was inappropriate for most of the service to be provided in the Acute Sector and therefore the proposals for a more effective community service was welcome.
- (8) Although there were concerns about whether the Trust was employing staff with the appropriate skills, Sandy Taylor was able to confirm that suitably qualified staff was being attracted. The money that was being spent on agency staff would be transferred to employing permanent staff.

It was then Resolved:-

That a task and finish group comprising two representatives of Rugby Borough Council (Councillors Tina Avis and Michael Stokes) and three representatives of the Warwickshire County Council (Councillors Jerry Roodhouse, Helen McCarthy and Katherine King) be established to oversee the consultation about possible changes proposed by Coventry and Warwickshire NHS Partnership to Rugby's Adult Mental Health Services.

## **5. Transforming Stroke Services in Warwickshire**

Rachel Rowe attended to provide information about the plans for transforming Stroke Services in Warwickshire following suggestions made by patients and carers from workshops conducted earlier in 2007.

The following issues arose during the discussion:-

- (1) There were 2,000 to 3,000 strokes in Coventry and Warwickshire per annum.
- (2) A stroke was a medical emergency and yet only 60% of patients suffering strokes go to the strokes ward.
- (3) It was important for people to have a scan within three hours of suffering a stroke but some have to wait up to a week and others are not sent at all.
- (4) The aim would be that all who needs it should receive thrombolysis. Only a consultant trained by and registered with the UK Safe Implementation of Thrombolysis in Stroke Monitoring Study programme should administer thrombolysis.
- (5) It would be helpful if the Committee asked the acute trusts to confirm whether or not they were able to meet the new service standards.
- (6) The PCT had received tenders for providing the service by the Autumn.
- (7) In response to Desiree Lambert of Guideposts request for carers to have more information, Rachel Rowe said that the Stroke Association was the best source of information for them.



- (8) A twenty-four hours a day, seven days a week service was required.

It was then Resolved:-

That a letter be sent to George Eliot NHS Trust, South Warwickshire General Hospitals NHS Trust and University Hospitals Coventry & Warwickshire NHS Trust stressing the importance of maintaining provision for a strokes service at each hospital and asking them to confirm whether or not they were able to meet the new service standards as set out in the Coventry and Warwickshire Cardiac Network document.

## **6. Review of Learning Disabilities**

Lucy Noon, Head of Corporate Services, NHS Warwickshire, provided a report on the outcomes from the risk assessment conducted on three NHS Residential Homes in Warwickshire following investigations in Cornwall & Merton & Sutton.

Action Plans had been produced for the three homes – Heathcote House (Heathcote Lane, Warwick), Gramer House (Old Farm Road, Mancetter) and The Cedars (Chequer Street, Bulkington). Warwickshire PCT would be happy to bring an update on the action plan to a later date to the Committee. It was agreed that Members should let Alwin McGibbon have any questions that they might have so that she could send them on to Lucy Noon.

## **7. Phlebotomy Service**

The Committee considered a press release from NHS Warwickshire in connection with phlebotomy (blood taking) services based at the Brunswick Healthy Living Centre in Leamington Spa and Cape Road Clinic in Warwick moving to Warwick Hospital with effect from the 16<sup>th</sup> July 2007.

The following items arose during the discussion:-

- (1) There was no duty to consult on the arrangements because it was providing an emergency service in place of one that was failing.
- (2) GPs had opted out of providing the service, which they were permitted to do under their existing contract.
- (3) There was an equality of access issue involved as the poorer patients would find it expensive to travel to Warwick Hospital.

It was then Resolved:-

That Warwickshire PCT be informed of the Health Overview & Scrutiny Committee's concerns particularly around equality and access issues raised in relation to the changes to the Phlebotomy Service in Leamington Spa and Warwick and that the existing members who had been dealing with the issue be asked to reconvene to satisfy themselves about those concerns.

**8. Correspondence**

**(1) Men's Project Survey**

It was agreed that the report by the Patient and Public Involvement Forum Coventry and Warwickshire should be sent to the Strategic Directors and Portfolio Holders.

**(2) Patient and Public Involvement Forums – Annual Reports 2006-2007**

These were noted.

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

The following items were added to the programme:-

September 2007 meeting  
Update on Paediatrics

October 2007 meeting  
GPs – Practice Based Commissioning – Dr. Francis Campbell  
Health Inequalities – Dr. Tim Davies

**10. Any other Items**

None.

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Chair

The Committee rose at 3.31 p.m.