



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Wednesday, 17 October 2018

Present:

Bill Pipe, Kevin Brookes, Ray Bryan, Beryl Ezzard, Nick Ireland, David Walsh, Alison Reed,
Peter Oggelsby, Bill Batty-Smith, Mike Lovell and Peter Shorland

Members Attending:-

Jill Haynes, Cabinet Member for Health and Care
Kate Wheller, Weymouth & Portland Borough Councillor for Wyke Regis and Dorset County
Councillor for Portland Harbour
Keith Day, Dorset County Councillor for Bridport

Officers Attending:- Helen Coombes (Transformation Programme Lead for the Adult and
Community Forward Together Programme), Ann Harris (Health Partnerships Officer), Jonathan
Mair (Service Director - Organisational Development (Monitoring Officer)) and Denise Hunt
(Senior Democratic Services Officer).

Other Officers in Attendance:-

NHS Dorset Clinical Commissioning Group: Tim Goodson (Chief Officer), Matthew Baker (Senior
Locality Lead), Alan Betts (Deputy Director Transformation and Change), Ann Bond (Principal
Primary Care Lead), Katherine Gough (Head of Medicines Optimisation), Phil Richardson
(Transformation Programme Director) and Sue Sutton (Deputy Director of Service Delivery)

Dorset County Hospital NHS Foundation Trust: Patricia Miller (Chief Executive)
Dorset Healthcare University NHS Foundation Trust: Ron Shields (Chief Executive)
Healthwatch Dorset: Des Persse (Executive Director)

(Notes: These minutes have been prepared by officers as a record of the meeting and of
any decisions reached. They are to be considered and confirmed at the next
meeting on **Thursday, 29 November 2018.**)

Election of Chairman

32 **Resolved:-**

That Bill Pipe be elected as Chairman for the 2018/19 year.

Apologies for Absence

33 Apologies for absence were received from Councillors David Jones and Tim Morris.
Councillor Mike Lovell attended the meeting as a substitute for Councillor Tim Morris.

Code of Conduct

34 There were no declarations by members of disclosable pecuniary interests under the
Code of Conduct.

Cllr Alison Reed declared a general interest as an employee of the Dorset Healthcare
NHS Foundation Trust. She also declared that she was a registered patient at the
Abbotsbury Road Surgery where she also facilitated service delivery in her role as a
District Nurse. She confirmed that she would take further advice from the Monitoring
Officer should the closure of Abbotsbury Road Surgery be discussed due to her
employment at this surgery.

Councillor Peter Shorland declared a general interest as a Governor of Yeovil

Hospital.

Councillor Ray Bryan declared a general interest as a Governor of the Dorset Healthcare University NHS Foundation Trust.

Councillor Kevin Brookes declared a general interest as a Governor of Dorset County Hospital NHS Foundation Trust and he advised that his son was a patient at Abbotsbury Road Surgery, Weymouth.

Councillor Nick Ireland declared a general interest due to his wife's employment at Yeovil Hospital.

Councillor Bill Batty-Smith declared a general interest as a governor of the Dorset Healthcare University NHS Foundation Trust.

Minutes

35 The minutes of the meeting held on 15 June 2018 were confirmed and signed.

Public Participation

36 Public Speaking

There was one question received at the meeting in accordance with Standing Order 21(1).

There were 14 public statements received at the meeting in accordance with Standing Order 22(2).

Public Participation was conducted in relation to Item 7 - Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review and Item 10 - Glucose Monitoring Device for Individuals with Diabetes.

The question and statements are attached as an annexure to these minutes.

Councillor Nick Ireland raised the issue of censorship of part of a statement submitted by Mr Chris Bradey and asked for confirmation that this decision had been taken under paragraph 21(2)g of the Constitution. He considered the majority of the statement to be factual and had been highlighted in the local press.

The Monitoring Officer confirmed that paragraph 21(2)g had been relied upon in this instance. Questions and statements were published on the website in advance of the committee meeting and in the absence of a chairman prior to the meeting, he had not been happy for the Council to publish derogatory information concerning the former chairman on the website. However, a ruling on whether it would be appropriate for this material to be read out could be made at the meeting by the Chairman. Following discussion with the Chairman he confirmed that it was the decision of the Chairman that the relevant section of Mr Bradey's comments should not be read aloud at the meeting.

Statements by Councillor Ray Nowak, Councillor Colin Huckle, Councillor Gary Suttle and Claudia Sorin in relation to Item 7 were read aloud by the Chairman.

Cllr Bill Trite addressed the Committee and asked the CCG to confirm whether in the area of Swanage and nearby villages, the number of people who would be put at risk of death as a result of longer travel times, would be the same, greater or lower than was presently the case. He made reference to the comments of Councillor Gary Suttle, Leader of Purbeck District Council and the letter from Richard Drax, MP for South Dorset.

A statement by Councillor Suttle, Leader of Purbeck District Council, read out by the

Chairman, offered his sincere apologies for being unable to attend the Committee on behalf of Swanage and Purbeck residents. He said that he would like to reassure residents of Purbeck and Swanage in particular that his views had not changed and that he had nothing to add to the evidence that he gave on behalf of residents at the evidence session of the Task & Finish Group.

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Glucose Monitoring Device for Individuals with Diabetes

37 The Committee considered a report by the NHS Dorset Clinical Commissioning Group (CCG) that outlined the processes followed to determine the local NHS prescribing arrangements for the flash glucose monitor, Freestyle Libre®.

The report was introduced by the Head of Medicines Optimisation who outlined the timelines for the decisions that had been made since 2015.

She stated that an application for use in children had been made by Paediatric consultants at Poole General Hospital (PGH) and Dorset County Hospital (DCH) to the Dorset Medicines Advisory Group in September 2018 and a decision would be made that day.

Members highlighted the longwinded nature of the processes involved that would benefit up to 200 patients based on the current criteria. The necessary data collection to provide the evidence would not be onerous and they questioned why a trial was necessary when it was already available on prescription in Wales and Ireland. It should not be a postcode lottery and access should not be restricted for Dorset residents.

The CCG Head of Medicines Optimisation explained the formulary and approvals processes used in Dorset. She confirmed that an application for use by children had only recently been received and that this cohort had not been excluded.

Members felt that young people, in particular, would engage and benefit the most from using this device and it would help in setting out a lifestyle in which they could manage their condition at an early stage.

Whilst appreciating the trials and processes, members wished to know how much longer it would take for residents to get access to the device when neighbouring counties had gone through a similar process and had reached a conclusion. They noted that the process appeared to be longwinded in light of the trials that had already taken place in other counties and that Diabetes UK had estimated that there were approximately 4,469 people with Type 1 Diabetes living in Dorset.

Members were informed that the decision on adults had been made and that a system of education and specialist initiation was currently being put in place. A decision in relation to use of the device by children was imminent.

It was confirmed that this was not a trial, but a period of 6 months to assess whether the device worked for a limited number of individuals and submitting data to national data collections. This was being overseen by the National Institute for Health and Care Excellence (NICE) who recognised that there was limited trial evidence, only 1 of which concerned children. The data would be available in February / March 2019 and a reassessment of whether it should be released into primary care would take place at that point.

Members considered that attention to the timescale available to people would be

critical in some instances, however, they were informed that there was no evidence to suggest that using the device would change long term outcomes, particularly if patients were already measuring blood glucose levels.

Despite these reassurances, members could not understand why the lengthy timescales were necessary leading to a considerable delay into 2019, when neighbouring local authorities were already prescribing the device.

The CCG Head of Medicines Optimisation confirmed that the same restricted criteria and limited cohorts were being used in other areas and had been based on cost effectiveness and clinical evidence. Further national guidance was expected in future.

The CCG Chief Officer explained that Dorset was not an outlier in terms of this product, but acknowledged that the timescales were slightly behind. In the event that a treatment delivered strong outcomes then the NHS could implement it in 3 months, however, those strong outcomes were not currently evident, although this may change over time. All of the evidence gathered so far had been submitted to NICE who had concluded that a bigger cohort was required to demonstrate the benefits of the device. This process was needed in order to prioritise funding.

A representative from Diabetes UK, addressed the Committee at the Chairman's discretion. He explained that he worked with CCGs in the South West, and although the device was limited in other areas, there were more people using it than the 200 people in Dorset. He had been informed by a paediatrician that the device was being distributed "like hot cakes" in Gloucestershire and was seen as very beneficial. He considered that the evidence was mounting that suggested the device could make dramatic improvements and avoid unpleasant outcomes for patients with diabetes.

Resolved

1. That the Chairman formally writes to the NHS Dorset CCG to highlight the need to fall in line with the rest of the UK and to make the Freestyle Libre® device more widely available to people in Dorset who would clearly benefit;
2. That a further report on progress and availability for patients with Type 1 diabetes is considered by the Committee in March 2019;
3. That the decision of the CCG decision in relation to children's provision be formally relayed to the Committee.

Following deliberation of this item it was confirmed that use of the device by children in Dorset had been approved by the CCG Committee that afternoon.

Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review

38 The Committee considered a report providing an update on the work of the Task & Finish Group - Clinical Services Review (CSR).

The Chairman of the Task & Finish Group presented the report and explained that the Group had spent much time learning and listening from the public and from the NHS commissioners and providers. A great deal had been achieved from these meetings and he thanked those involved for their input. He confirmed that, as a result of the two meetings, a clear explanation for some of the issues had been provided.

The Dorset Clinical Commissioning Group (CCG) had listened and had answered the Group's questions that arose following the meeting with the public representatives. This had ultimately led to the recommendation outlined in the report and it was important to keep talking and to trust the committee to work on a way forward to achieve what the public wanted.

In future it was anticipated by the CCG that ambulance times to the Royal Bournemouth Hospital (RBH) would be much quicker due to the major road improvements in that area and that this would assist in reducing ambulance journey times. The Group had also been promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. There were also additional new ambulance vehicles in the pipeline for Dorset.

The Chairman of the Group emphasised that the NHS needed to improve and that this would come about by some of the changes proposed in the CSR. The £147m funding for PGH and RBH would be essential elements in improving care for residents across the whole County.

The Group therefore recommended to continue to negotiate with the CCG to do what was right and to make the case on behalf of residents.

Following the introduction, the CCG Chief Officer read from a statement which is attached as an annexure to these minutes. In summary, he highlighted the following points:-

- All parties acknowledged the financial pressures and the unsustainability of the current system.
- Dedicated NHS staff were going above and beyond to provide services that were not sustainable.
- The CSR plans had been backed by NHS organisations in Dorset and were underpinned by the Sustainability and Transformation Plan approved by local authority partners in Dorset.
- Centres of excellence and care closer to home would improve patient care and was an evolutionary process that could not be implemented until such time safe services were in place.
- That the CSR plans had been subject to various governance process, including the Dorset Health Scrutiny and Joint Health Scrutiny Committees.
- That further work was ongoing with the South Western Ambulance Service NHS Foundation Trust (SWAST) in relation to ambulance travel times and that the focus of the CSR concerned getting a patient to the right place the first time and dedicated emergency care on one site with a 24/7 consultant led service.
- 33,000 patients currently attend A&E where there was no consultant on site.
- That paramedics may spend a significant time providing medical assistance on scene to give patients the best chance of survival.
- Some of the original proposals in the CSR had subsequently been revised.
- That the 7 grounds for the Judicial Review had been dismissed and it had been confirmed at that time that the CCG had acted on the grounds set out by Parliament.
- The assertion that the consultation results from Weymouth & Portland had been grouped together with West Dorset was unfounded as Weymouth & Portland had its own set of consultation results.
- That CCG officers lived in Dorset and used NHS services. The CCG wanted to ensure high quality services were in place in future, but there were no easy solutions and some courageous decisions would be required in order to move forward.

At the Chairman's discretion Debby Monkhouse addressed the Committee and showed evidence of an NHS presentation showing a travel time of 47 minutes to DCH and 57 mins to RBH. She also advised that an FOI request by Langton Parish Council had shown a journey time of 1 hour 45 minutes.

She explained that the crucial issue was the South Western Ambulance Service NHS Foundation Trust (SWAST) report and that further review by a wider group of

clinicians who had requested more time to access hospital records had not been completed.

The meeting was adjourned for a short period at this juncture.

Councillor Ireland, who was a member of the Task & Finish Group, commended Councillor Bryan on his chairmanship. He had not been able to attend the last meeting, but had listened to a recording and concluded that no new information had been provided that would change his mind. The Committee had resolved to refer the CSR proposals to the Secretary of State in November 2017 and many councils in the Dorset area had requested that the Committee made such a referral. The CCG was an unelected body, and councillors were the elected representatives and the only recourse against the outcome of the CSR. He considered that councillors would be failing in their duty to represent the people to their detriment. He proposed that a referral to the secretary of state was made, however, the Monitoring Officer advised that such a proposal would negate the report recommendation and that in order to support a referral to the Secretary of State that members should simply vote against the report recommendation. In the event that the Committee resolved to make a referral then there needed to be a clear basis on which the referral should be made.

Councillor Alison Reed suggested the ambulance times and moving care closer to home in the context of the large loss of community beds as relevant areas.

The CCG Chief Officer stated that SWAST supported the proposal as a way of reducing transfers between the PGH and RBH. Poole would remain a vibrant community hospital that would continue to provide a variety of services as well as DCH. The travel analysis had been undertaken by a private company with no vested interest in the outcome

Members highlighted that community hospitals had already been shut with no alternative provision in place including the imminent closure of Wareham Hospital in 2 weeks' time and no commitment for services on Portland. Members were therefore supportive of deferring some of the changes until alternative provision had been identified.

Members asked whether there would be additional funding for the DCH A&E Department under the proposals. The Chief Executive of DCH advised that the increase in footfall at DCH A&E had been recognised and a capital bid had been put forward to extend the department, the outcome of which would be known the following month.

Councillor David Walsh left the meeting prior to the vote being taken on this item.

In accordance with Standing Order 44, the votes for and against recommendation 1 were recorded as follows:-

For (4): Bill Pipe, Ray Bryan, Kevin Brookes and Bill Batty-Smith

Against (6): Beryl Ezzard, Nick Ireland, Peter Shorland, Alison Reed, Peter Oggelsby, Mike Lovell

Abstain (0)

Following the recorded vote, it was agreed that recommendation 3 was no longer valid. A vote on recommendation 2 was taken by a show of hands.

Resolved

1. That the CSR proposals be referred to the Secretary of State for Health and

Social Care for the reasons outlined below:-

- concern that the travel times by the South West Ambulance Service NHS Foundation Trust have not been satisfactorily scrutinised and that the evidence needs further investigation to the current claim that these travel times will not cause loss of life.
 - no local alternative to the loss of community hospitals given Dorset's demographic with its ageing population and how that service will be delivered.
2. That the Joint Health Scrutiny Committee hosted by the Borough of Poole to undertake the work requested in relation to the ambulance service be convened as soon as possible.

Appointments to Committees and Other Bodies

39 **Resolved**

That Kevin Brookes be appointed as the substantive member and that David Walsh be appointed as the reserve member to the Joint Health Scrutiny Committee on the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust - future remit to include emergency transport provision.

Integrated Urgent Care Service

40 This item was deferred for consideration at a future meeting.

Integrated Care System: Primary Care Transformation Programme Review and Evaluation

41 This item was deferred for consideration at a future meeting.

Briefing for Information - Repatriation of Activity from Bridport Hospital to Dorset County Hospital

42 **Resolved**

That the matter be delegated to the Committee Chairman and that consultation is requested on this matter.

Briefing for Information - Maternity and Paediatric Services at Dorset County Hospital NHS Foundation Trust

43 The Committee considered a briefing paper on progress following a decision by the NHS Dorset CCG to retain 24/7 Obstetric and inpatient paediatric services at DCH as part of an integrated service across Dorset in order to provide members with an overview of the progress being made in this area.

The Chief Executive of DCH advised that detailed work had commenced based upon the Maternity Transformation Plan attached to the report. Sign off of elements of the plan was ongoing and there was not yet a public facing document.

During the first phase in April 2019 a business case for 24/7 obstetric care at RBH and DCH would be produced to show how much the service was likely to cost. The second phase would look at an integrated approach for children's services for 0-25 year olds in conjunction with the local authority looking at health needs, education, housing as well as other influential determinants of health. This phase had been delayed as the team had been busy working on a community paediatric model, and in addition, the Dorset County Council's Children's Social Care team had requested a year to do the groundwork due to work associated with an Ofsted inspection.

Members asked about the status of the former proposal to work with Somerset CCG. They were advised that the Somerset CCG had commenced its own CSR and that commissioners and providers in Dorset had been invited to attend some of their workstreams. She confirmed that once a decision was made in Dorset, the door would remain open to Somerset to allow for the provision of sustainable services.

In response to a question, the Chief Executive confirmed that although not in competition with Yeovil to deliver the service, that Somerset CCG had published a case for change and were looking to develop a single service for Somerset, however, no further details were known at this stage in order to assess the implications for DCH.

The CCG Chief Officer stated that the CCG had not yet made a decision and had asked Yeovil and DCH to come back with proposals that would need to go through the correct processes including public consultation and the relevant health scrutiny committees.

Noted

Forward Work Programme

44 The committee noted its work programme.

Liaison Member Updates

45 Liaison member updates from Bill Pipe (NHS Dorset Clinical Commissioning Group) and Nick Ireland (Dorset Healthcare University NHS Foundation Trust) would be circulated to members via e-mail.

Questions from Councillors

46 There were no questions submitted under Standing Order 20(2).

Glossary of Abbreviations

47 The glossary had been provided for information.

Meeting Duration: 2.00 pm - 5.10 pm