

# Dorset Health Scrutiny Committee

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**Dorset County Council**



Date of Meeting	10 March 2014
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Briefings for Information / Noting</b>
Executive Summary	<p>As agreed, briefings are now presented collectively under one report on items that are predominantly for information, but nevertheless are important for members to be aware of.</p> <p>For the current meeting the following updates/briefings have been prepared:</p> <ul style="list-style-type: none"> <li>• An update on Mental Health Urgent Care Services Review (independent evaluation) being undertaken by NHS Dorset Clinical Commissioning Group;</li> <li>• An update from Healthwatch on their recent activities and work undertaken;</li> <li>• A briefing from Bournemouth Borough Council following CQC inspections at Royal Bournemouth Hospital;</li> <li>• A briefing from Dorset County Hospital on reported delays in access to DEXA (bone density) scans;</li> <li>• An update on progress with Pathology Services Tendering Project from Dorset County Hospital;</li> <li>• A briefing from NHS Dorset Clinical Commissioning Group re a proposed pan-Dorset review of fertility services</li> <li>• A briefing from Royal Bournemouth Hospital regarding desired changes to the provision of inpatient oncology services.</li> </ul> <p>Members may have questions about the information contained in these briefings, so a contact point for the relevant officer is provided. If a briefing raises a number of issues then it may be</p>

	appropriate for this item to be considered as a separate report at a future meeting of the Committee.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Briefing papers provided by officers employed by Healthwatch (Help and Care), Bournemouth Borough Council, Dorset County Hospital Foundation Trust , Royal Bournemouth &amp; Christchurch Hospitals NHS Trust and NHS Dorset Clinical Commissioning Group.</p>
	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as:  Current Risk: LOW  Residual Risk LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	That the Committee notes and comments on the content of the briefing reports and considers whether it wishes to scrutinise any of the issues in more detail at a future date.
Reason for Recommendation	The work of the Committee contributes to the County Council’s aim to protect and enrich the health and wellbeing of Dorset’s most vulnerable adults and children.
Appendices	<ol style="list-style-type: none"> <li>1. NHS Dorset CCG – Update on Mental Health Urgent Care Services Review (independent evaluation)</li> <li>2. Healthwatch – Update on key activities and issues</li> <li>3. Royal Bournemouth Hospital – Briefing from Bournemouth Borough Council following CQC inspection at Royal Bournemouth Hospital</li> <li>4. Dorset County Hospital – Briefing on reported delays in access to DEXA (bone density) scans</li> <li>5. Dorset County Hospital – Update on progress with Pathology Services Tendering Project</li> <li>6. NHS Dorset CCG – Briefing re proposed pan-Dorset review of fertility services</li> </ol>

	7. Royal Bournemouth Hospital – Briefing regarding desired changes to the provision of inpatient oncology services.
Background Papers	None.
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

## Briefing for Dorset Health Scrutiny Committee


### 10 March 2014

<p><b>Title of Update</b></p> <p><b>Independent Evaluation of the Mental Health Urgent Care Services in the west of Dorset:</b></p>	<p>Contact Name: Kath Florey-Saunders</p> <p>NHS Dorset Clinical Commissioning Group Canford House Discovery Court Business Centre 551-553 Wallisdown Road Poole, Dorset BH12 5AG</p> <p>Tel: 01202 541650</p> <p>Mobile: 07750 225671</p> <p>Email: kath.florey-saunders@dorsetccg.nhs.uk</p>
<p>Dorset Clinical Commissioning Group (CCG) has started the procurement of the Independent Review of the Mental Health Urgent Care Services in the west of Dorset and it is expected that the successful provider will have been identified by 14 March 2014.</p> <p>On successful identification, there will be a set up period for the provider from mid-March-end April and field work and analysis will be undertaken from May until end July with a presentation to the CCG in early August.</p> <p>The research brief was informed by internal stakeholders, recent external feedback, and in discussion with a local MP. The evaluation has been extended to cover a full year of operation, from 1 May 2013 - 30 April 2014. The additional time should give the evaluator added valuable insight into how the service is operating. This also enabled the CCG to extend the mobilisation period for the successful bidder, which had been highlighted as a concern previously.</p> <p>The CCG propose that the key research findings of the independent evaluation be presented to the HSC on 10 September 2014. Should any changes be recommended, the CCG would need to assess these and take recommendations through the appropriate CCG governance structure prior to presenting them to Committee. It is suggested that a further briefing is given to the Committee to present subsequent to this process to update members on the actions that are being taken.</p> <p>For information, the CCG's Clinical Commissioning Programme for Mental Health and Learning Disabilities agreed priorities for the 5 year plan in January 2014. One of the priorities for the programme that will be started in 2014/15 is a Dorset-wide review of the acute care pathway for mental health users. The independent evaluation of the changes to the services in the west of Dorset will play a key role in informing this review as well as identifying any need for further changes in the services in this particular area.</p>	

Dorset County Council



## Briefing for Dorset Health Scrutiny Committee 10 March 2014

<b>Title of Update</b>	Contact Name: Martyn Webster
<b>Healthwatch Dorset – Update for Dorset Health Scrutiny Committee</b>	Tel: Email:
	
<ol style="list-style-type: none"> <li>1. Following the publication of the CQC inspection report towards the end of last year, we are now working with Royal Bournemouth and Christchurch Hospitals Foundation Trust in a number of ways: <ol style="list-style-type: none"> <li>1.1 The Trust is implementing a new system of collecting real time feedback on the wards, using a methodology developed by the Patients' Association. We will be monitoring the effectiveness of that. We will also be supporting them to recruit and train more volunteers to be involved in collecting feedback.</li> <li>1.2 The Trust is keen to do more to gather feedback from the public (as opposed to patients). Healthwatch Dorset will be having a regular presence in the atrium and outpatients waiting areas of Royal Bournemouth Hospital to gather feedback from patients, public, staff and visitors. We will run these sessions at different times and on differing days of the week, to gather feedback from the widest possible range of visitors and patients. We will share our findings with the Trust and discuss with them how they will use the feedback to make improvements.</li> <li>1.3 The Trust will promote Healthwatch Dorset as an independent place for members of hospital staff to raise any concerns. We will be meeting with staff governors to discuss and progress this, and produce targeted information and resources.</li> <li>1.4 We will be running focus groups with public members of the Trust, to understand the wider public perceptions of quality of care and the whole array of services. We will subsequently submit a Report with findings and recommendations to the Trust.</li> <li>1.5 We've agreed further meetings with the Trust's engagement/patient experience/communications teams to progress a data sharing agreement between Healthwatch Dorset and the Trust.</li> </ol> </li> <li>2. In February we contributed to a joint Bournemouth &amp; Poole Health Overview and Scrutiny meeting, delivering a report on feedback we hold about the Trust's services from patients, services users and public. In the coming period we will be doing a targeted piece of work to gather people's views on specific services provided by the Trust, to check whether the improvements the Trust says it is making are meeting people's expectations.</li> <li>3. We have taken the lead in the development of a Pan-Dorset Health and Care Communications and Engagement Group to bring together officers from the</li> </ol>	

- local NHS, local councils and voluntary sector. The group is endorsed by both Health and Wellbeing Boards and the Better Together programme and aims to bring about better coordination of communications and engagement work and a reduction in duplication.
4. We are serving as a member of the Better Together Programme Board and also a member of its Integrated Locality Team work stream, to ensure that engagement/consultation is embedded in the programme.
  5. We are working with Dorset Community Action to support the development of a voluntary sector Health and Well-Being Forum for Dorset (this is already in place for Poole and Bournemouth).
  6. We now have over 140 Healthwatch Dorset volunteer Champions across Dorset, Poole and Bournemouth. We are concentrating on recruiting more, particularly in rural areas. We are also working on developing Organisational Champions, for example voluntary groups, youth groups. These groups will ensure their membership are aware of Healthwatch and the opportunities we have and will be kept up to date with our project work. They will feedback the intelligence/information they hold about people's experiences of local health and care services.
  7. We have been meeting with Dorset MPs to make sure they are informed about our role and our work and to recruit them as Healthwatch Champions.
  8. Healthwatch Champions are involved in engagement work, project work and awareness raising. Some will also be involved with PLACE (Patient Led Assessment of the Care Environment) assessments in our local acute Trusts.
  9. We currently have a number of volunteers involved in a Mystery Shopping service audit. This project is due to be complete in early March and a full report will be available soon after that.
  10. We are developing a Community Investment Fund to support voluntary and community groups in devising ways to gather feedback from people in communities whose voices are seldom heard, particular communities with "protected characteristics".
  11. We are working with the Local Area Team of NHS England to help them develop their engagement strategy and establish a "People Bank".
  12. We are undertaking a piece of work investigating the problems faced by people undergoing benefit appeals and who are requesting supporting information from GPs.
  13. We are working with AFC Bournemouth on a community project to promote diversity and tackle inequalities. The project focusses on three local communities in Dorset, Poole and Bournemouth – working in community centres, youth clubs and schools.
  14. We are working with the Chatterbox project - a school project engaging with young people with disabilities to gather their views on local services.
  15. We are working with Bournemouth University to create a DVD about people living with dementia and their carers.

16. We continue to work with GP practices to support them to create and develop PPGs (Patient Participation Groups).
17. We are working with the Gypsy and Traveller community looking at barriers to accessing services and are also working with Diverse Dorset and young people with engagement work continuing with groups such as the Poverty Steering Group, LGBT groups and faith groups.
18. We have begun discussions with the Equality & Diversity Lead at the Verne detention centre about how to give people a chance to feedback about their health and social care issues.
19. Awareness Raising:
  - 19.1 We hope to establish a bi-monthly column in local press, with news of Healthwatch Dorset.
  - 19.2 We continue to hold weekly promotional stands across the county, to raise awareness of Healthwatch, to talk to local people and gather their experiences of services.
  - 19.3 We have a regular “slot” on Hospital radio and provide comments to local printed media and radio on issues affecting local health and care services.
  - 19.4 Online, our web site ([www.healthwatchdorset.co.uk](http://www.healthwatchdorset.co.uk)) is updated regularly: we have a strong presence on Facebook and Twitter and we issue a regular e-news update.

## Briefing for Dorset Health Scrutiny Committee

### 10 March 2014

<p><b>Title of Update</b></p> <p><b>The Royal Bournemouth Hospital Care Quality Commission Inspection – Actions taken by Bournemouth Borough Council’s Health and Adult Social Care Overview and Scrutiny Panel</b></p>	<p>Contact Name: Matthew Wisdom</p> <p>Contact address: Democratic and Overview and Scrutiny Officer, Bournemouth Borough Council</p> <p>Email: <a href="mailto:matthew.wisdom@bournemouth.gov.uk">matthew.wisdom@bournemouth.gov.uk</a></p> <p>Tel: 01202 451107</p>
<p><b>Introduction</b></p> <p>The aim of this briefing note is to update the Dorset Health Scrutiny Committee on the actions taken by Bournemouth Borough Council’s Health and Adult Social Care Overview and Scrutiny Panel, following the publication of the Care Quality Commission (CQC) inspection report of Royal Bournemouth Hospital.</p> <p><b>Context</b></p> <p>The Royal Bournemouth Hospital was inspected by the CQC on 24-25 October and 30 October 2013, under the Commission’s new inspection model. The quality report, published on 18 December 2013 was drawn together from the inspection, alongside information from CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations.</p> <p>Consequently, the Dorset Health Scrutiny Committee has requested a briefing note from the Bournemouth Borough Council Health and Adult Social Care Overview and Scrutiny Panel, as the lead Panel for the Royal Bournemouth Hospital.</p> <p><b>Actions</b></p> <p>The Chair and Vice-Chair of Bournemouth’s Health and Adult Social Care Overview and Scrutiny Panel have requested a briefing paper from the Chief Executive of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.</p> <p>The purpose of this briefing paper is to provide an update on any actions taken by the Trust, following the findings of the CQC.</p> <p>The content of the briefing paper, and any subsequent concerns raised by Panel members will ultimately determine any further actions taken by the Panel. Should the Panel be minded to undertake a further scrutiny exercise, it is likely that both the Dorset Health Scrutiny Committee and the Poole Health and Social Care Overview and Scrutiny Committee would be invited to nominate representatives for a task focused Joint Health Scrutiny Committee.</p> <p>Bournemouth’s Health and Adult Social Care Overview and Scrutiny Panel will be in a position to provide a further update to Dorset Health Scrutiny Committee members following their consideration of the Royal Bournemouth Hospital’s briefing paper on 12 March 2014.</p>	



**Briefing for Dorset Health Scrutiny Committee  
10 March 2014**

<p><b>Title of Update</b></p> <p><b>Reported delays in accessing DEXA scanning service</b></p>	<p>Contact Name: Laurie Scott Contact address: DCHFT</p> <p>Email: <a href="mailto:laurie.scott@dchft.nhs.uk">laurie.scott@dchft.nhs.uk</a> Tel: 01305 255476</p>
<p>The Rheumatology Department is responsible for carrying out DEXA scans, requested by either GPs or Consultant referrals from within the hospital, to assess a patient's bone density. The department employs an Osteoporosis Practitioner; this role is responsible for undertaking the DEXA scans.</p> <p>The employee experienced some planned short term sickness in October 2013, the department anticipated this would be for approximately two weeks and planned to undertake additional DEXA clinics following the sickness period to cause minimal disruption to patients. Unfortunately, the employee's period of sickness was extended and this therefore created a backlog of patients waiting for DEXA scans. Regrettably, the Osteoporosis Practitioner has now left the Trust and we are in the process of recruiting a replacement staff member.</p> <p>The Trust's Clinical Specialist in Rheumatology is able to undertake DEXA scans and has been scheduling DEXA clinics into her week wherever possible.</p> <p>The department has invested time in training three additional staff members to undertake DEXA scans and the training is due to conclude on 20 February 2014. As part of this training, one staff member has been signed off to DEXA scan specific parts of the body and is now undertaking clinics for these patients.</p> <p>The department is working with the CCG to resolve the situation. Yeovil District Hospital has agreed to undertake a number of scans during February and March and the department is in the process of sending the referrals over to them.</p> <p>Recruitment into the permanent DEXA practitioner role has been unsuccessful and a review of the banding of this post is being negotiated.</p> <p>All patients and GPs have been informed of the situation by way of letter.</p>	



## Briefing for Dorset Health Scrutiny Committee 10 March 2014

<p><b>Title of Update</b></p> <p><b>Pathology Services Tendering Project</b></p>	<p>Contact Name: Paul Lewis Contact address: DCHFT</p> <p>Email: <a href="mailto:paul.lewis@dchft.nhs.uk">paul.lewis@dchft.nhs.uk</a> Tel: 01305 255770</p>
<p><b>Purpose</b></p> <p>1. The purpose of this paper is to update the scrutiny committee on Dorset County Hospital NHS Foundation Trust's (DCHFT) pathology tendering project.</p> <p><b>Background</b></p> <p>2. The aims and the scope remain unchanged but for completeness are reiterated here.</p> <p><b>Project Aims</b></p> <p>3. The project has two aims:</p> <ul style="list-style-type: none"> <li>• Using a tender process, compare our pathology services against other interested providers to determine if DCHFT is providing the best value service.</li> <li>• Use the outcome of the tender process to inform a decision on the future provision of the service.</li> </ul> <p>4. The tender process will create the framework to ensure DCHFT is able to objectively evaluate it's currently provision of services against other interested parties. The decision of the future provision of pathology services will be made at a DCHFT trust board. One of the options, based on the evaluation could be to retain current services.</p> <p>5. The evaluation of the best service will based on quality and cost. The quality component is weighted far higher than cost, ensuring that providing a high quality, responsive and safe service to patients is the priority.</p> <p><b>Project Scope</b></p> <p>6. The pathology service can be split broadly into a number of functions:</p> <ul style="list-style-type: none"> <li>• Collection of the sample</li> <li>• Transportation to the laboratory</li> <li>• Processing</li> <li>• Medical diagnosis, result interpretation and collaboration with other clinical staff to support patient care.</li> </ul>	

7. The project scope includes the transportation and processing and some point of care testing. In effect the scope covers most of the background non-patient facing activity. The collection of the sample and medical function is explicitly out of scope.

**Plan Update**

8. The project has maintained its momentum and continues to meet its milestones on time, as the outline plan shows.

Prior Information Notice published	23 Oct 13 - complete
Advert published	Dec 13 – complete
List of Expression of Interest suppliers created	Jan 14 - complete
Pre-Qualifying Questionnaire ends	Feb/Mar 14 – in progress
Suppliers short-listed	Mar/Apr 14
Tender period completed	May 14
Supplier evaluation completed	Jun – Jul 14
Decision-making complete	Jul – Sep 14

9. The service was advertised on 11<sup>th</sup> December 2013 in the Official Journal of the European Union, often shortened to OJEU and Supply2Health a UK procurement service. A good number of different private and NHS organisations have expressed an interest. They have all been sent our Pre-Qualifying Questionnaire. Responses are due back by the end of February 2014.
10. Potential bidders will be short-listed by the end of March/April 2014. Those short-listed will be invited to tender.



## Briefing for Dorset Health Scrutiny Committee 10 March 2014

<p><b>Title of Update :</b></p> <p><b>NHS Dorset CCG Fertility/Assisted Conception Policy and future commissioning changes</b></p>	<p>Contact Name: Frances Stevens Contact address: NHS Dorset Clinical Commissioning Group</p> <p>Email: frances.stevens@dorsetccg.nhs.uk Tel: 01305 368921</p>
<p><b>1. Purpose of this briefing</b></p> <p>1.1 The purpose of this briefing is to advise members of the Dorset Health Scrutiny Committee of NHS Dorset CCG Governing Body's decision regarding the future commissioning of Assisted Conception Services as aligned to the Equality Act (2010-12).</p> <p><b>2. Background</b></p> <p>2.1 The commissioning of assisted conception (Fertility) services has a direct and significant impact on all couples identified as meeting the criteria for assisted conception services in Dorset. National evidence based research and guidance advises that although most women fall pregnant within two years of unprotected sexual intercourse, around 10% of couples are unsuccessful. This is called infertility and there are a range of reasons why couples do not conceive, including various medical conditions in the man or the women, the woman's age, obesity and/or lifestyle factors such as smoking or drinking. There are a number of potential treatments for infertility including medical and surgical interventions. However some couples can only conceive with the help of complex treatments such as in-vitro fertilisation (IVF) Intracytoplasmic sperm injections (ICSI) Intrauterine insemination (IUI) – Assisted conception.</p> <p>2.2 Current CCG Policy for Assisted Conception (2010/11) supports the commissioning of 2 cycles of treatment. The current policy also defines a service that is restricted to women aged 30 – 35 at the time of referral into the service, with completion of all cycles by age 37.</p> <p>2.3 Since the policy was agreed the NICE Clinical Guidance has been updated and republished (NICE CG 156, Feb 2013) and the Equality Act (2010 amended 2012) has come into force. This necessitated a review of the current policy.</p> <p><b>3. Report</b></p> <p>3.1 A legal opinion with regard to compliance with the Equality Act was obtained: If the CCG decides that it cannot afford to fully fund the NICE guideline 156, it will then need to define what criteria should be applied. Using age as a criterion to manage the budget would risk exposure to potential costly legal challenge. Any deviations from NICE guideline would need to be justified.</p> <p>3.2 Cost modelling has been calculated using the NICE 156 (2013) costing</p>	

template. Where possible local assumptions and costs have been built into the model, however it is recognised that any model has limitations and as such it is not possible to define an exact cost/risk analysis.

#### 4. Cost Modelling

- 4.1 The current contract annual value is £427,000, based on two cycles. Removing the age range to ensure legal compliance would result in a potential cost pressure of between £1m and £3m, depending on the number of cycles commissioned.

Number of cycles commissioned	Full year affect at 5 years (£m)
3 (compliance with NICE 156 -2013)	3.4
2 (current Dorset policy)	2.2
1	1.3

- 4.2 A further risk which has not been modelled is the potential switch from private to NHS providers should the age limits be removed. This cost has not been accounted for in the figures above, which assumes that 50% of patients continue to go privately.

#### 5. CCG Governing Body

- 5.1 During a full discussion at the CCG governing board the following points were agreed:

There appeared to be no clinical justification for restriction at the lower age. The clinical evidence of success for women at the older age group was a reasonable justification for retaining an upper age limit and would allow the CCG to remain compliant with the Equality Act;

NICE Guideline 156 is not a statutory requirement and while it is recognised that service delivery will be aligned to best practice wherever possible, full implementation of NICE guideline 156 would not be adopted.

#### 6. Conclusion

- 6.1 The CCG determined that at present, it would support continued commissioning of assisted conception and recommended that in order to meet the commissioning needs of the Dorset patient population and that the number of IVF cycles commissioned should be reduced from 2 cycles to 1 cycle.
- 6.2 An Equality Impact assessment has been completed and a pan Dorset engagement plan developed.
- 6.3 The Health Scrutiny Committee is asked to consider how it would like to be kept informed of these service changes and future engagement outcomes.

**NHS DORSET CCG  
ASSISTED CONCEPTION - KEY CLINICAL EFFECTIVENESS METRICS**

**Outcomes**

**Live Birth rate, per cycle started, fresh own eggs, as reported by HFEA 2011:**

AGE	Year of treatment	2009	2010
	18-34		32.3%
35-37		27.2%	27.7%
38-39		19.1%	20.8%
40-42		12.7%	13.6%
43-44		5.1%	5.0%
45+		1.5%	1.9%

**Live birth rate per cycle started, after frozen embryo transfer using women's own eggs:**

AGE	Year of treatment	2010	2011
	18-34		20.7%
35-37		18.4%	20.7%
38-39		18.4%	17.3%
40-42		12.8%	13.9%
43-44		7.1%	11.9%
45+		11.3%	15.6%

NB\* Multiple embryo transfer HFEA guideline of 10% maximum multiple live birth rates was implemented in 2010

**Definition of a Cycle**

NHS Dorset cluster policy definition of a cycle is 1 fresh and 1 frozen (if available) embryo transfer, this is in line with the Human Fertilisation Embryology Authority (HFEA).

Fertility treatment, such as IVF, normally happens over a period of about two weeks or more; therefore it is called a cycle of treatment rather than a one off procedure

**Costs per cycle**

It is difficult to define the average cost per cycle, however as a general guide the costs equate to £2,300 - £3,000 depending on the drug regime required.

## Briefing for Dorset Health Scrutiny Committee

### 10 March 2014

<p><b>Title of Update</b></p> <p><b>Inpatient Oncology Services</b></p>	<p>Contact Name: Tracey Hall  Contact address: Communications Department, Royal Bournemouth &amp; Christchurch Hospitals NHS Trust</p> <p>Email: tracey.hall@rbch.nhs.uk  Tel: 01202 726157</p>
<p><b>Purpose</b></p> <p>The purpose of this briefing is to update Members of Health Scrutiny Committees in Dorset, Poole and Bournemouth regarding the provision of inpatient oncology services at the Royal Bournemouth Hospital (RBH).</p> <p>In addition, the Royal Bournemouth and Christchurch Hospitals NHS Trust requests that the three local authorities convene a Joint Scrutiny Committee to consider the proposed changes to inpatient oncology services.</p> <p><b>Background</b></p> <p>Members may recall that the service has been temporarily relocated to Poole Hospital. This was due to major difficulties for RBH in recruiting enough appropriately trained medical staff needed to look after patients who need complex oncology inpatient care on both sites. This is because of a national shortage of suitably qualified staff. Members were notified further in April 2013 following a clinical review which outlined that this position had not changed, but the temporary arrangement had seen a number of benefits.</p> <p>Following the Competition Commission's decision not to approve the merger of RBCH and Poole Hospital NHS Foundation Trust, RBCH Trust will be asking health scrutiny committees across Dorset and Hampshire to agree this as a permanent change.</p> <p>Throughout February and March the Trust will be engaging with staff, patients and stakeholders (GPs and commissioners) and will therefore be in a position to present these findings with a case for permanent change in April. The case will include evidence against the Secretary of State for Health's four tests of service change. As this affects the whole county, the Trust requests that a Joint Committee reviews this application in April. If the Committee felt it was a significant variation the Trust would of course carry out the full 12 week public consultation. The Trust are also working with Hampshire County Council Health Scrutiny Committee, who will review the case on 29 April 2014.</p>	