

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	10 March 2015
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>• A summary of proposals to change the delivery of Community Hospital Services in Axminster;</li> <li>• An update following a meeting of a Joint Health Scrutiny Committee on proposed changes to Assisted Conception services by NHS Dorset Clinical Commissioning Group.</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 appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <p>Use of Evidence:</p> <p>Briefings and information provided by North Devon Healthcare NHS</p>
<i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	

	<p>Trust and Borough of Poole.</p> <hr/> <p>Budget:</p> <p>Not applicable.</p> <hr/> <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: <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate)          Residual Risk <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate)</p> <hr/> <p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<p>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.</p>
<p>Reason for Recommendation</p>	<p>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.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> <li>1 A summary of proposals to change the delivery of Community Hospital Services in Axminster.</li> <li>2 An update following a meeting of a Joint Health Scrutiny Committee on proposed changes to Assisted Conception services by NHS Dorset Clinical Commissioning Group.</li> </ol>
<p>Background Papers</p>	<p>Briefing to Dorset Health Scrutiny Committee: from NHS Dorset Clinical Commissioning Group re Assisted Conception services, 10 March 2014:</p> <p><a href="http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/BDB6E7D1E6CD881880257C8D003FBBEC/\$file/Item%2010%20-%20Briefings%20for%20Information.pdf">http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/BDB6E7D1E6CD881880257C8D003FBBEC/\$file/Item%2010%20-%20Briefings%20for%20Information.pdf</a></p>
<p>Report Originator and Contact</p>	<p>Name: Ann Harris, Health Partnerships Officer          Tel: 01305 224388          Email: a.p.harris@dorsetcc.gov.uk</p>

**Briefing for Dorset Health Scrutiny Committee  
10 March 2015**

<p><b>Title of Update:</b></p> <p><b>A summary of proposals to reconfigure in-patient services at Axminster Community Hospital.</b></p>	<p><b>Contact Name:</b> Katherine Allen</p> <p><b>Contact address:</b> North Devon Healthcare NHS Trust, North Devon District Hospital Raleigh Park Barnstaple Devon EX31 4JB</p> <p><b>Email:</b> <a href="mailto:Katherine.allen@nhs.net">Katherine.allen@nhs.net</a></p> <p><b>Tel:</b> 01271 322 460</p>
<p><b>1 Purpose of this briefing</b></p> <p>The purpose of this briefing is to provide an overview of proposed changes to in-patient community bed provision at Axminster Hospital in Devon, which might impact on Dorset residents.</p> <p>This matter has been the subject of scrutiny by Devon County Council Health and Wellbeing Scrutiny Committee and will be considered again by that Committee at their next meeting on 24 March.</p> <p><b>2 Background</b></p> <p>In 2014, North Devon Healthcare NHS Trust announced concerns that the inpatient services in Seaton and Axminster were no longer sufficiently clinically resilient to offer a safe service to both communities in their current configuration.</p> <p>The Trust felt the risk so great that in October 2014 it announced its intention to temporarily transfer inpatient beds from Axminster to Seaton as of 6 January 2015.</p> <p>To explain the decision and the risks, informal engagement was held through weekly drop-ins over the next six weeks at Axminster hospital. However, it became apparent from feedback at the drop-ins and the letters received that the Trust had not explained the patient safety risks properly. There was challenge to the engagement process and there was confusion as to why the Trust were acting – albeit temporarily - ahead of any decision following NEW Devon CCG's consultation on longer term configuration of community services.</p> <p>In November 2014, the Trust apologised for this failing and halted plans to transfer beds from Axminster to Seaton. The Trust continued the engagement with the launch of a formal four week consultation on the available options to resolve the patient</p>	

safety concerns.

From 2 December 2014 the Trust then undertook formal engagement with the community to involve and inform on the issues faced.

The information gathered during the informal engagement phase was used to shape the Trust's consultation options and the questions asked in the formal consultation document.

The preferred option in the consultation of the Northern Devon Healthcare Trust was to temporarily move the Axminster beds to Seaton Hospital to ensure the community inpatient service is resilient and consistent and that the risks of lone working registered nurses had been mitigated.

The preferred option, along with the four other options, was presented to the public and discussed via weekly consultation meetings. The Trust also asked the public for any other suggestions as to how to mitigate the patient safety factors and identified risks.

However, following an extraordinary Board meeting on 7 January, the decision was made to work with Axminster Hospital League of Friends over its £300,000 offer to help recruit extra nurses to resolve significant staffing and patient safety concerns at both Axminster and Seaton Community Hospitals.

Inpatient services would be temporarily transferred to Seaton in the meantime. This was due to the immediate issues around staffing and safety at Axminster and Seaton hospitals, and the time required to recruit extra nurses.

The Trust and League of Friends agreed to immediately take the next steps to use the £300,000 to reinstate inpatient beds at Axminster Community Hospital.

(Source: Report to Devon County Council Health and Wellbeing Scrutiny Committee, by North Devon Healthcare NHS Trust, 16 January 2015 and North Devon Healthcare NHS Trust website)

### **3 Use of in-patient beds at Axminster and Seaton by Dorset residents**

In response to a direct question during the consultation regarding the extent to which Dorset residents use beds at the Community Hospitals in Axminster and Seaton, the North Devon Healthcare NHS Trust responded as follows:

**“Please confirm that third party income for beds in Axminster is circa £146k per annum and at Seaton is nil.”**

“No, this is incorrect. Our response is based on the data we have at month 8 of the financial year (up to 30th Nov 2014).

NDHT has invoiced Dorset CCG for £36,515 for Axminster inpatients since 1st April 2014. The majority of those patients were in the first four months of the financial year as in the last four months there has only been one patient from Dorset admitted to Axminster. Based on these fluctuations, forecasting is difficult, however we anticipate that the income we will receive from Dorset inpatients in Axminster Community hospital will range from £36,515 to £54,772 per annum. There has been one Dorset patient that used Seaton hospital in this financial year.”

In addition, following enquiries on behalf of the Dorset Health Scrutiny Committee,

Dorset CCG confirmed that they had been invoiced for 13 patients who had been in-patients at Axminster Hospital during the financial year 2013/14, and for 6 patients so far in 2014/15.

Dorset County Council



**Briefing for Dorset Health Scrutiny Committee  
10 March 2015**

<p><b>Title of Update:</b></p> <p><b>Update following a meeting of a Joint Health Scrutiny Committee on proposed changes to Assisted Conception services by NHS Dorset Clinical Commissioning Group.</b></p>	<p><b>Contact Name:</b> Ann Harris  <b>Contact address:</b> Dorset County Council, Adult and Community Services, County Hall, Dorchester, DT1 1XJ  <b>Email:</b> a.p.harris@dorsetcc.gov.uk  <b>Tel:</b> 01305 224388</p>
<p><b>1 Purpose of this briefing</b></p> <p>NHS Dorset Clinical Commissioning Group (CCG) notified the Dorset Health Scrutiny Committee in the spring of 2014 of their intentions to review the provision of Assisted Conception Services and commenced a formal consultation process in June 2014. The DHSC submitted a response to that consultation, recognising the pressures faced by the CCG but expressing some concern that the proposed changes would result in a reduction to services, against current NICE recommendations.</p> <p>As the services in question are pan-Dorset, it was agreed that a Joint Health Scrutiny Committee meeting would be held on 1 December 2014 in Poole, to discuss the rationale behind the proposals and the outcome of the formal consultation. This briefing presents the minutes and outcome of the Joint Committee meeting.</p>	
<p><b>2 Minutes of the Joint Health Scrutiny Committee meeting held 1 December 2014 by the Borough of Poole</b></p> <p align="center"><b>BOROUGH OF POOLE</b></p> <p align="center"><b>JOINT HEALTH SCRUTINY COMMITTEE</b></p> <p align="center"><b>1 DECEMBER 2014</b></p> <p>The Meeting commenced at 10:00 a.m. and concluded at 11:35 a.m.</p> <p><u>Present:</u></p> <p>Borough of Poole: Councillors, Mrs Evans, Mrs Hodges, (substitute for Councillor Matthews), Meachin.</p> <p>Bournemouth Borough Council: Councillors, d'Orton-Gibson (10:30 a.m. onwards), Stollard.</p>	

Dorset County Council: Councillors Coatsworth, Mrs Elliot, Summers.

Also Present:

Dr Karen Kirkham, CCG Clinical Lead for Maternity, Reproductive and Family Health and Locality Chair for Weymouth and Portland

Frances Stevens, Deputy Director Review Design and Delivery (West), NHS Dorset Clinical Commissioning Group

Ann Harris, Health Partnerships Officer, Dorset County Council Adult & Community Services

Victoria Mainstone, Team Leader (Overview and Scrutiny), Poole

Gabrielle Longdin, Democratic Support Officer, Poole

Members of the public present : None

JHC10.14      ELECTION OF CHAIRMAN

**RESOLVED that Councillor Meachin be elected Chairman of this Joint Health Scrutiny Committee meeting.**

JHC11.14      APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Matthews (Borough of Poole) and Mrs Johnson (Bournemouth Borough Council).

JHC12.14      DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interests.

JHC13.14      ASSISTED CONCEPTION CONSULTATION

The Chairman welcomed Members and explained that this was the first Pan-Dorset Health Committee to take place under the new Regulations. The Chairman advised Members that Borough of Poole Health and Social Care Overview and Scrutiny Committee had met in March 2014 before the new regulations were in place, the papers from this meeting were included with the Agenda.

The CCG Clinical Lead for Maternity, Reproductive and Family Health introduced the briefing paper to Members and outlined that its purpose was to advise Members of NHS Dorset CCG Governing Body's decision in April 2014 regarding the future commissioning of Assisted Conception Services, as aligned to the Equality Act. Background information was provided, which included an explanation of the changes to the local policy. It was explained that previously women between the age of 30 and 35 could receive treatment, but the revised local policy meant the removal of the lower age limit, and an increase in the upper age limit to 40.

The financial implication of widening the age limit were outlined, and it was advised that the Clinical Commissioning Group (CCG) had increased funding to £1 million per year, whereas previous funding had cost £430,000 per year. Members were also advised on the wider financial implications for the NHS, and in particular the continuing of the current model of care would result in the NHS facing a funding gap of £30 billion between 2013/ 14 and 2020/ 21, and

in Dorset, a funding gap of £167 million per year.

The CCG Clinical Lead for Maternity, Reproductive and Family Health also explained that a nine week consultation process had taken place and a full range of stakeholders engaged to ensure a thorough audience analysis, including Local Authority colleagues, General Practitioners (GPs), and specialists. It was outlined that the Clinical Commissioning Group (CCG) had additionally engaged with the local media, radio, press and social media to reach as many people as possible, and the consultation concluded in August 2014, when it was evaluated by a third party organisation based within Bournemouth University.

The CCG Clinical Lead for Maternity, Reproductive and Family Health explained that following careful consideration of the consultation, it was agreed that the treatment cycles available per patient should be reduced from 2 to 1 cycles, and would additionally be offered to women between 40 and 42, with no lower age limit. Members were advised that the outcomes of this decision were to be monitored at regular intervals.

Discussion and comments included:

- A Member questioned whether the amount of funding available varied if there was a rise in population? The CCG Clinical Lead for Maternity, Reproductive and Family Health advised that the amount of money available did not vary according to population size or in relation to an increasing elderly population.
- This was an emotive subject and it was pleasing to see that the age specification for this treatment was now in line with the Equality Act.
- Concern was raised at the reduction of cycles from 2 to 1, and the emotional stress this caused, potentially resulting in a mental illness that could bring unwanted costs to the NHS.
- In response to a question on what demand there had been since the change in policy, Members were advised that demand over the last 6 months had increased, but that it was not possible to fully understand the true demand at present.
- A Member commented that the change in policy to include women aged 40 to 42 was welcomed, because increasingly women were working longer than in previous generations, and they may not be aware that they require treatment until a later age.
- A Member questioned whether a second cycle can be made available to the patient at the same cost as paid by the NHS, if the first cycle of treatment was unsuccessful? The CCG Clinical Lead for Maternity, Reproductive and Family Health agreed that there was potential for the CCG to raise this with the current provider and advised Members that they could put this forward for consideration.
- In response to a query regarding the accessibility of frozen embryos, in case of an unsuccessful first cycle of treatment, it was outlined that this was dependent on the patient because embryos needed to be of a certain quality to withstand the freezing process.
- In response to a question on the use of sperm donors, Members were advised that they were still used and were in much larger supply than donor eggs.
- Concern was raised that the lower age limit of the revised local policy had not been specified? The CCG Clinical Lead for Maternity, Reproductive and Family Health advised that the minimum age limit was 18, and that



one of the requirements for treatment was that the patient needed to have been in a stable relationship for at least three years, and this treatment was not available for single people.

- A Member questioned whether same-sex couples were able to access this treatment? It was advised that they were eligible under the Equality Act, but this was only available to female same-sex couples.
- In response to a question on whether it was felt that the number of responses to consultation were reliable, the Deputy Director Review Design and Delivery (West), advised that the Communications Plan demonstrated how much hard work had gone in to ensuring a good coverage of the demographic, but that it was difficult to engage people if they were not interested in the subject. It was also advised that that this had been on local radio stations, and the CCG had also consulted with the providers, Local Authorities, and the Health and Well Being Boards.
- How much did the consultation process cost? It was explained that there was no exact figure available, but that there was an obligation to carry out a consultation on any significant change.
- Concern was raised that the Health Committees of the three local authorities had not been consulted prior to the consultation taking place, and not only would this have been good practice by the Clinical Commissioning Group, but also it could have added value to its consultation. The Deputy Director Review Design and Delivery advised that briefing material and the Consultation Document had been made available to Bournemouth Borough Council and Dorset County Council .
- A Member voiced concern that 90% of the responses to consultation wanted a decision other than the one chosen by the Clinical Commissioning Group, and only 10% actually chose the decision to have one cycle of treatment. It was explained that amongst the medical profession, GPs overwhelmingly opted for one cycle of treatment to be provided. Members were also advised that the response from the public suggested that there should not be treatment available to the older age group, but the CCG wanted to ensure their decision was in line with the National Institute for Health and Care Excellence (NICE) guidance.
- A Member commented that they would expect there to be more interest in the revised policy, from those affected by the increase in the age bracket to 42, than from the younger generation who would now also benefit from this service. It was advised that this could not be confirmed at present, and the figures would need to be scrutinized at a later date. The Deputy Director Review Design and Delivery (West) suggested that they could return to the Joint Health Scrutiny Committee in 18 months, to discuss the figures that had arisen.
- In response to a question on whether factors such as the smoking and drinking were taken into consideration before the patient was accepted for treatment, the CCG Clinical Lead for Maternity, Reproductive and Family Health explained that to be accepted, the patient had to have a healthy lifestyle to ensure the best chance of success, and this included not smoking and having a BMI of under 30.
- A Member queried the decision to only make the treatment available to couples, and asked whether treatment would end if a couple were to separate during the process? It was advised that treatment was only offered to couples in a stable relationship and in the circumstance where a couple separated, the treatment was not continued.
- The financial considerations surrounding the treatment were discussed and it was queried as to whether there was any flexibility in the £1 million per year funding? It was advised that the £1 million was not capped but

would be subject to review.

- A Member commented that the best way forward was to accept the recommendation from the Clinical Commissioning Group, but with an amendment that a second cycle be provided at cost price. The Deputy Director Review Design and Delivery (West) expressed concern that they could not guarantee that the second cycle be available at cost price, until they had discussed this with the provider. As this would be a private arrangement between the couple and the provider, the CCG could not enforce this.
- The Chairman raised concern that the majority of people that were involved in the consultation did not choose the option of one treatment cycle, that the Clinical Commissioning Group had recommended. The Deputy Director Review Design and Delivery (West) explained that the decision taken was based on clinical considerations as well as the view of the public.
- A Member asked how long it would take for the CCG to ask the provider to consider whether a second cycle could be made available at cost price? The Deputy Director Review Design and Delivery (West) advised that this would not be a lengthy process.

The Chairman explained that the Borough of Poole had discussed fertility services at great length and had previously decided that this was a substantial variation and that one cycle was not suitable, there were still concerns amongst the Borough of Poole Health and Social Care Overview and Scrutiny Committee regarding the reduction to one cycle.

**RECOMMENDED that:**

- (i) **The Dorset Clinical Commissioning Group commission assisted conception/ fertility services**
- (ii) **One cycle of assisted conception treatment be commissioned by the Clinical Commissioning Group**
- (iii) **That women aged 40-42 be offered one full cycle of assisted conception treatment**

An Amendment to the recommendations was Moved and Seconded in the following terms:

**RECOMMENDED that:**

- (i) **One cycle of Assisted Conception Treatment be commissioned by the Clinical Commissioning Group, if a discussion takes place with the current provider that a second cycle could be made available at the same cost as that paid by the NHS.**

**The Chairman requested a recorded vote. Voting on the amended Recommendation was as follows:**

**For**

**Councillors Coatsworth, d'Orton-Gibson, Mrs Elliot, Mrs Summers, Stollard**

**Against**

**Councillors Mrs Evans, Mrs Hodges, Meachin**

**Abstained**

**None**

JHC14.14      **URGENT BUSINESS**

There was no urgent business.

**Chairman**