



Joint Health Scrutiny Committee - Clinical Services Review

Minutes of the meeting held at on Thursday, 23 February 2017.

Present:

Ronald Coatsworth (Chairman)
Ros Kayes, Vishal Gupta, Jane Newell, Rae Stollard, Phillip Broadhead, Roger Huxstep and David Harrison.

Officer Attending: Jason Read (Democratic Services Officer), Ann Harris (Health Partnerships Officer) and Helen Coombes (Interim Director for Adult and Community Services).

Others attending:

Tim Goodson, Chief Officer, NHS Dorset CCG
Dr Phil Richardson, Director of Transformation, CCG
Debbie Fleming, Chief Executive, Poole Hospital
Patricia Miller, Chief Executive for Dorset County Hospital
Sally Sandcraft, Deputy Director Review Design and Delivery, CCG
Sally Shead, Director of Nursing and Quality
Charles Summers, Director of Engagement and Development

(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 of the Cabinet to be held on **Thursday, 23 March 2017.**)

Apologies for Absence

1 Apologies for absence were received from David d'Orton-Gibson (Bournemouth Borough Council), Jennie Hodges (Borough of Poole), Linda Vijeh (Somerset County Council), Hazel Prior-Sankey (Somerset County Council), John Parnham (Somerset County Council) and Chris Carter (Hampshire County Council).

Code of Conduct

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

Minutes

3 The minutes of the meeting held on 27 October 2016 were confirmed and signed.

Public Participation

4 Public Speaking

There were three public questions asked at the meeting in accordance with Standing Order 21(1). The questions and responses are attached as an appendix to these minutes.

Mrs Claudia Sorin read a statement which outlined the impact that the proposals in the Clinical Services Review consultation document could potentially have on the transport arrangements for the Kingfisher Group and other service users. She also highlighted some data that had been obtained via a survey regarding the matter.

Petitions

There were no petitions received at the meeting in accordance with the County

NHS Dorset Clinical Commissioning Group Clinical Services Review - Response to the Formal Consultation

- 5 The Committee considered a report by the Interim Director for Adult and Community Services, Dorset County Council. The Committee agreed that a themed approach to the meeting would ensure progressive discussions and help formulate a structured response to the consultation.

Acute Care

The Committee were reminded that Dorset, Bournemouth and Poole currently had three hospitals that were all under significant and unsustainable pressure. The proposals detailed in the consultation aimed to ease pressure of on all three locations and provide a more consistent approach to service delivery across the County. This would provide better outcomes for patients and enable consultants to be available in the specialist areas where they were needed across all three locations.

Representatives of Dorset explained that their overall consideration was to have the major emergency care option in Poole (Option A in the CCG's consultation document) based on the length of travel times for residents living in the West of the County. Concerns were raised by Poole representatives that the travel data in the consultation document was not accurate. The CCG explained that the travel data in the report was based on travel under blue light to nearest working A&E and that Purbeck and Dorchester residents' nearest A&E would still be Dorchester.

Representatives of Bournemouth felt that it was important to consider the expansion potential for each site, and whilst the Poole option seemed sensible in many ways, the Bournemouth site had more potential for expansion, which in turn meant the potential for a wider range of improved services in the future.

Representatives of Hampshire explained that they felt Option B as detailed in the consultation document was the most sensible approach. They felt that it would enable residents from across the County to access a full range of services and that these services would be enhanced as a result of the proposed changes.

Some of the Dorset representatives felt that Bridport's rural transport issues had not been taken into account in the modelling and similar concerns had been raised by residents based in North Dorset. It was felt that Poole is easier to access than Bournemouth from these areas of Dorset.

The CCG clarified that Dorchester would remain the first point of call for residents in Bridport and that sending all patients to Poole and Bournemouth was not the intention of the proposals. It was noted that many serious cases would continue to go out of County, which was the current arrangement. The CCG explained that the proposals were based less around travel times and more around ensuring the highest standards of patient care was met on arrival. It was also noted that ambulance crews would always stabilise patients before transporting them. It was felt that the extra travel time for some residents would be 'trumped' by the improved quality of services that would be provided by the proposals in the consultation. Concerns were raised that whilst it made sense to travel slightly further for better care, ambulances would still have to make the return journey, which would inevitably be made longer, and this would impact on patients requiring quick responses. The CCG explained that they had spoken extensively with the Ambulance Trust and they had no concerns over the proposals. A wide range of medical professionals had agreed that improved clinical outcomes with higher levels of consultant support significantly outweighed the extended travel times and many of the consultation responses had supported this logic.

Maternity and Paediatrics.

The CCG explained that the aim of the proposals for maternity and paediatric care focussed on providing specialist services in the same location. It was noted that the current model in Dorset was not sustainable. Work was on-going between Dorset County Hospital and Yeovil Hospital to consider opportunities to combine working arrangements. There would also be an increased focus on home births and providing better care for mothers in the community.

Representatives of Poole and Dorset raised concerns over travel times for high risk mothers and seriously ill children. They explained that if children were unwell, many mothers would drive to the nearest hospital themselves and were unlikely to call an ambulance. Therefore, the blue light travel data did not accurately reflect the travel times for these types of scenarios. The CCG accepted the concerns but explained that the same scenario would occur for residents in other parts of the County, depending on which option was used and there was not a 'one size fits all' approach that could be taken. It was felt that the proposals in the consultation provided a balanced approach across the County and focussed on ensuring high standards of services delivery. Representatives of Bournemouth agreed that travelling slightly further would be acceptable if it meant receiving a higher standard of care.

Care Closer to Home

Concerns were raised regarding Westminster Hospital in Shaftesbury having beds removed. Some representatives of Dorset felt that proper consideration had not been given to next 10-15 years and in particular the housing developments and population increase in the area. The CCG clarified that they were proposing to keep a Hub open in the Shaftesbury and Gillingham area but it was not yet certain which of the sites would be the best location. It was noted that an enhanced focus would be put on care at home which would decrease the demand for community hospitals. Work was being undertaken with the care market to adopt flexible approach to the use of beds depending on demand and this would be adaptable based on population changes. It was noted that a similar approach had been taken in Lyme Regis following the closure of a community Hospital and the arrangements had been successful. They had been operating with the model for over 25 years and it was considered to be working very well and providing adequate services for the area.

Dorset representatives raised concerns with the level of details around the care at home options in the consultation and in particular, the finance information. Detailed plans were not yet available and it was felt that councillors were unable to comment fully on the proposals without seeing detailed plans, staffing levels and finance information. The CCG confirmed work was being undertaken to improve recruitment across Dorset.

Consultation Process

Some representatives of Poole felt that the consultation process had been inconclusive and poorly researched. Dorset representatives explained that numerous concerns had been raised in regards to the telephone polling element of the consultation and in particular, that residents felt that a detailed back ground had not been provided and the questions asked were leading and did not give a sense of the true implications of the proposed changes. Similar complaints had been raised about the drop in events and that residents felt their views had not been properly recorded.

The CCG explained that the consultation had been a very vigorous and comprehensive exercise and the feedback received contradictory to the issues raised by councillors. The CCG had worked with the Consultation Institute to seek reassurance as to the validity and sufficiency of the consultation. The drop in events had received very positive feedback and many had found them to be informative and

beneficial. Representatives of Hampshire confirmed that their drop in events had been very successful and had received positive responses. They had been both well served and well attended.

Resolved

1. That a formal response from the Joint Health Scrutiny Committee to the consultation being undertaken by NHS Dorset Clinical Commissioning Group would be drawn up on the basis of the discussions which took place at the meeting. Once agreed by all members of the Committee, that response would be submitted to the CCG.

Meeting Duration: 2.00 pm - 4.15 pm