

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
TUESDAY 03 SEPTEMBER 2013, 4:00PM
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT: Councillors:

Gamble, B. (Chairman)

Cartwright, Mrs S.M.	Freeman, Miss M.A.
Fisher, P.A.	Sutton, Mrs. H.M

Also present: Staffordshire County Councillor Mrs C. Mitchell

13. Apologies

Apologies were received from Councillor G. Ball

14. Declarations of Interests of Members in Contracts and Other Matters and Restrictions on Voting by Members

There were no interests declared.

15. Minutes

- Minute number 3 – The Head of Environmental Health advised that he was still awaiting a response from the NHS 111 service for a representative to attend a future meeting of the Committee.
- Minute number 3 – Members commented positively on their recent visit to Bilbrook House, and raised that more should be done by Staffordshire County Council to promote the facility and its services.

AGREED:

That the Minutes of the meeting held on 24 July 2013 be approved as a correct record and signed by the Chairman.

16. Update – HealthWatch Staffordshire

Due to there not being a representative of HealthWatch in attendance, no update was received.

The Head of Environmental Health raised that he would make contact with

HealthWatch to determine who would be attending the Committee on their behalf, as no contact had been received recently.

17. Items Arising from the Staffordshire County Council's Healthy Staffordshire Select Committee

The Chairman informed Members that the County Committee met on 02 September to consider the consultation document of the Mid Staffs NHS Foundation Trust's Special Administrators (with a further meeting to follow to agree the Committee's response to the document), and a report which looked at how the Council had progressed with the roll-out of its alcohol and drugs programme across the County.

18. Mid Staffs NHS Foundation Trust – Trust Special Administrators (TSAs) Consultation

The Chairman advised that the Council was not required to feed into the County's response to the consultation, so would provide its own outright response to the TSAs, but would still provide the County with a copy of its submission.

The Head of Environmental Health advised that the responses provided by the Committee would be put into a formal report for adoption and approval by the Cabinet.

Before working through the consultation document, Members raised the following general comments:

- Pleased to note that Cannock Hospital would continue to operate, and provide an enhanced range of services to the public;
- Need to make clear that the Council wants the best for Cannock Hospital;
- Complaints had been raised by residents living in Rugeley about the proposed reduction in services at Stafford Hospital, particularly in respect of maternity care, so clarity was required as to how they would be affected and what the alternative options would be;
- Although stated in the consultation document that pre and post natal care would continue to be provided at Cannock Hospital, it was important that the TSAs confirmed this, as it was unlikely that many people were aware of the proposed maternity care changes;
- Issues had also been raised about transport provision. There needed to be clarity over what transport services would be provided between Wolverhampton/Walsall Hospitals and Cannock and Stafford and how those services would be delivered;
- Needed to know whether consultants from Stafford who were currently providing outpatients services at Cannock would continue to do so;
- Potential cost of transport was also an issue, as travel between the different hospitals could be expensive for those patients who were not entitled to free travel;

- Need to know if the current arrangement in place with Stafford that cancer patients received free car parking would continue;

Members then considered each of the recommendations in the consultation document (first considering those which related to Cannock Hospital (recommendations 11-13), then those which related to Stafford Hospital (recommendations 1-12) and one final recommendation (recommendation 14) which related to the dissolution of the Mid Staffs NHS Foundation Trust (MSFT)). All of the recommendations and the Committee's responses to them are detailed below:

- *Recommendation 1 – Stafford Hospital should continue to have a consultant-led Accident and Emergency (A&E) department between the hours of 8am and 10pm daily.*

Members gave reluctant support to this recommendation, as although it was positive the A&E department would remain open, there was concern about the restrictive opening hours being suggested.

- *Recommendation 2 – An inpatient service for adults with medical problems will continue to be provided at Stafford Hospital for those who need to be in hospital.*

Members were supportive of this recommendation, but commented that specific information was required as to what this service would continue to provide.

- *Recommendation 3 – As well as retaining the present inpatient service, a 14/7 Frail Elderly Assessment service is created to provide a one-stop assessment for older people and to take referrals from a wide range of source. The unit should be staffed by geriatricians to ensure greater links with the community. The Frail Elderly Assessment service should have clear referral systems in place so older people get the most appropriate care.*

Members were supportive of this recommendation, and commented that it was a good addition to the service provision as long as it was well staffed and efficiently financed.

- *Recommendation 4 – Beds should be available at Stafford Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.*

Members were supportive of this recommendation, however raised that this would need to be managed properly, in order to ensure that beds were being utilised to their full potential, as it had been noted there was a considerable number of beds at the hospital not being used.

- *Recommendation 5 – No babies should be born at Stafford Hospital's consultant-led delivery unit as soon as other local hospitals have the capacity to deliver a service for more pregnant women. The TSAs' plan is designed to ensure there is sufficient capacity at neighbouring hospitals so that mothers-to-be have a choice of where they have their baby.*

Consultant led pre- and post-natal care should be delivered in partnership with University Hospitals of North Staffordshire (UHNS) so that local patients can still attend routine appointments at Stafford. Women will have the choice to go elsewhere if they prefer.

As per their comments made earlier, Members were concerned with this recommendation, due to the likely adverse impact it would have on people who lived nearest to Stafford Hospital, and so would have to travel further afield to seek maternity care.

- *Recommendation 6 – Children should no longer be admitted as inpatients to Stafford Hospital and the service should stop as soon as other local hospitals have the capacity to accept them safely. Patients should be transferred to larger specialist hospitals for appropriate inpatient care.*

Members raised concerns with this recommendation, stating that information needed to be provided on how patients would attend alternative hospitals (e.g. Burton-on-Trent) which were not easy to travel to.

- *Recommendation 7 – Children will continue to be assessed at Stafford Hospital's existing Paediatric Assessment Unit (PAU) during its present opening hours of 8am to 10pm every day. The PAU will be led by specially trained nurses who will consult with paediatricians from UHNS. Referrals will either be through A&E, GPs or other healthcare professionals as they are now.*

Members were supportive of this recommendation in respect of the continued provision of the PAU, but were concerned, as with the A&E provision, about the restricted number of hours during which the service would be delivered.

- *Recommendation 8 – Major emergency surgery should no longer be carried out at Stafford Hospital with the exception of minor surgical procedures which can be dealt with by A&E or where the patient can be stabilised by A&E and scheduled to return to Stafford Hospital for minor surgery. Most major emergency surgery would instead be provided by a local larger hospital such as UHNS or The Royal Wolverhampton Hospitals NHS Trust. The TSAs have already had initial positive discussions with UHNS about this.*

This means there will no longer be a surgical assessment unit on-

site. A&E consultants at Stafford Hospital will be able to consult surgeons remotely at larger hospitals about patients' surgical needs. Patients would then be transferred to another hospital for surgery where required.

Members were not supportive of this recommendation, citing previously raised concerns about transport services between different hospitals and how patients would access alternative surgery provision.

- *Recommendation 9 – A small critical care area should be retained at Stafford Hospital so that very ill patients who come to A&E or inpatients who become very unwell can be kept stable prior to urgent transfer to a larger specialist hospital.*

Current staff on the critical care unit should work as part of a clinical network established with a neighbouring hospital. UHNS has proposed offering these services and the specialist staff to network with Stafford.

An urgent transfer service should be established for very ill adults which is the same approach already used across England to transfer sick children to regional centres.

Members were supportive of this recommendation, but raised concern about the increased pressure which would be placed on the ambulance service due to the greater number of patient transfers required.

- *Recommendation 10 – Elective care and day cases should remain in Stafford. This would include orthopaedic surgery.*

Members were supportive of this recommendation, but commented that provision of critical care services were more important than elective care, as elective care was less of a time issue.

- *Recommendation 11 – Beds should be available at Cannock Chase Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.*

Members were very supportive of this recommendation, however raised that this would need to be managed properly, in order to ensure that beds were being utilised to their full potential, as it had been noted there was a considerable number of beds at the hospital not being used.

- *Recommendation 12 – Elective surgery is retained at Cannock Chase Hospital. There should be new surgical specialties introduced, enhancing the current range of elective inpatient services for Cannock patients. This recommendation assumes that the*

ongoing discussions with the National CAGs regarding safe overnight staff cover can be successfully resolved.

Members were supportive of this recommendation.

- *Recommendation 13 – The current range of day case procedures (surgical and medical), including rheumatology services, should continue at Cannock Chase Hospital and the range be increased where possible.*

Members were very supportive of this recommendation, commenting that it was an excellent service provided by the Hospital.

- *Recommendation 14 – To allow for the TSAs draft recommendations to work in a way that does not negatively impact the safety at other hospitals or their financial position, it is recommended that MSFT as an organisation be dissolved.*

Members were supportive of this recommendation, but commented that it was important for a clear protocol to be in place so the public would be clear on what services would be provided at which hospitals, that assurances would be given that services were to be provided to full effect, and clarity was needed as to the role of the Clinical Commissioning Groups (CCGs) in the changeover process.

19. Date of Next Meeting

Members noted that the date of the next meeting was scheduled for Wednesday 16 October 2013.

The meeting closed at 5:10pm

CHAIRMAN