



## **Wiltshire Health Overview & Scrutiny Committee**

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MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL 20 September 2007

PRESENT: County Councillors; Mr Jeff Osborn, Mr Bill Moss, Mrs Pat Rugg, Mrs Judy Seager, Mr Roy While, Mrs White, Mr Hewson. District Councillors: Mrs Laura Mayes (Kennet District Council), Mr Mike Hewitt (Salisbury District Council), Mr Brian Mudge (West Wiltshire District Council), Sheila Parker (North Wiltshire District Council)

STAKEHOLDERS: Dr Peter Biggs, Terry White, Mike Griffiths (Wiltshire Patient's Forum), Anna Farquhar & Ann Keating (Great Western Ambulance Trust PPIF) Mrs Jean Cole (User & Carers' Network).

OTHERS: Alison Knowles, Jenny Edwards, Wiltshire Primary Care Trust; Lyn Hill-Tout & Nathan Hall, Swindon & Marlborough Trust, James Cawley & Jo Howes, Wiltshire County Council, Miranda Gilmour, North Wilts District Council, Helen Karn, Kennet District Council

Members of the public present: 5

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### **41. Apologies**

John English  
Mollie Groom  
Paula Winchcombe (sub – Laura Mayes)  
June Sadd

### **42. Minutes of the Previous Meeting**

The minutes were agreed as a true record of the meeting held on 19 July 2007.

### **43. Chairman's Announcements**

The Chairman made a number of announcements:

**44. Member's Interests**

Jeff Osborn, Chair, Trowbridge Hospital League of Friends  
Pat Rugg, DASH  
Margaret White, Health Advocacy Partnership

**45. Public Participation**

Two members of the public asked questions relating to the item on Netheravon Surgery.

**46. Avon Valley Practice – Consultation on Netheravon Surgery**

The Chairman asked Alison Knowles (AK), Director for Communications and Corporate Affairs at Wiltshire PCT, to update the Committee on the outcomes of the consultation and the decision taken by the PCT Board on Tuesday 18 September.

AK summarised the Board paper, highlighting the fact that the health needs analysis carried out by the PCT indicated that Netheravon was broadly in line with other similar sized wards in Wiltshire, and that it was generally healthier than elsewhere in England although obviously there are those who are disadvantaged in the community too.

Despite the strong desire within the community to maintain a surgery in the village, the partners in the Avon Valley Practice are still sure that, in order to maintain the level of service provided across the whole of their catchment area, they need to withdraw from the surgery in Netheravon and concentrate on providing services from the surgeries at Upavon and Durrington.

The PCT considered a range of data, including the findings of the public consultation, the views of the practice, guidance and legislation from the Department of Health. The Board agreed that the practice would be allowed to close the surgery, although it would introduce prescription delivery, extended opening hours at Upavon and Durrington and home visits to mitigate against the closures.

The Chairman then asked Cllr Hewitt (MH) and Terry White (TW) who had followed the consultation on behalf of the Committee, to give their view of the process.

MH reiterated that the Committee had not asked for consultation to be carried out under Section 11 of the Health & Social Care Act, 2001 because it did not believe the change proposed to be substantial, and that instead it had asked for 6 weeks consultation to be carried out with those registered with Avon Valley Practice. MH confirmed that the members who had followed the consultation were satisfied that this had been carried out accordingly.

MH stated that the response made by him and two other members to the consultation highlighted a number of areas where members felt lessons could be learned for the future. He also acknowledged that the outcome of the consultation had not been the one the public had hoped for. However, the three members accepted that the GPs had brought this consultation about by

proposing to close the surgery and that the financial position of the PCT had not been an initial factor, although the PCT had to consider the financial implications of all possible outcomes.

TW commented that the PCT had made a good attempt to engage with the Netheravon Group and to consult with people.

**The Chairman put a motion to the Committee and, following some discussion it was resolved to:**

**Write to the PCT reiterating that the mitigating measures must be delivered and to highlight the request from the community that the provision of a clinic in Netheravon be explored.**

**To ask the Wiltshire Patient & Public Involvement Forum to receive an update on implementation in six months.**

#### **47. Swindon & Marlborough Trust – Foundation Trust Bid**

The Committee received a presentation from Lyn Hill-Tout, Chief Executive and Nathan Hall, Associate Director of Corporate and Business at Swindon & Marlborough Trust which runs Great Western Hospital.

The Trust is consulting on various elements of the Foundation bid, including the make up of the membership and the Board of Governors. There is also an opportunity to feed in views about the name of the Trust.

The presentation covered the benefits of becoming a Foundation Trust, the responsibilities it entails and the Trust's plans for future development.

AK commented that the PCT was supportive of the Trust's moves to attain Foundation status and said the PCT is working with the Trust to make sure that Wiltshire views are heard as part of the development process.

**It was resolved that:**

**A small working party of three members would provide a formal response to the consultation on behalf of the Committee.**

**The working party would be made up of Mollie Groom, Margaret White and Pat Rugg.**

**Other members can put their views to the Scrutiny Officer for inclusion in the response.**

#### **48. Reforming Community Services - Updates**

The Committee received verbal updates from Peter Biggs (PB), Chairman of the Task Group and AK regarding the implementation of the Neighbourhood Teams and the upcoming changes to minor injuries services.

PB confirmed that the Task Group had met the day before and that it had heard that Neighbourhood Teams would be in place, although not on a 24 hour basis, from the end of November.

AK elaborated on this, describing the work that had gone on with staff since July to carry out one to one interviews and to work through some of the issues that had caused the launch of the teams to be delayed.

AK said the interviews and the ongoing work confirmed that staff are committed to the model of delivering services in peoples' homes where possible, but that the pattern of working at night was difficult for some staff to commit to. This is being addressed through an alternative arrangement at night, with staff operating out of four teams rather than eleven.

It was commented that unless there is continuity of care people will become confused and that the public has lost confidence in out of hours services over the last few years.

**It was resolved that:**

**The Committee note the update.**

**The Task Group produce a report following its next meeting.**

#### **49. Royal United Hospital – Gynaecological Cancer Services**

AK introduced the item, informing members that national "Improving Outcomes" guidance for cancer care has been based on the evidence for best treatment and that the guidance for the surgery related to gynaecological cancer is to centralise it in specialist centres. It is proposed, for the west of Wiltshire and beyond that this will be in Bristol.

The PCT supports Bath remaining a local cancer treatment centre and it will continue to provide rapid response, follow up appointments and chemotherapy.

The change will affect approximately 100 patients per year – 60 new and 40 with a recurrence. This represents 0.2% of the PCT's surgical activity. The PCT believes the change will improve outcomes provided the associated treatments are still provided locally.

It was explained that Bath and North East Somerset Health OSC had declared this change to be a substantial variation and has requested its PCT to carry out public consultation. However, in Wiltshire patients from South and North Wilts are already being treated under these arrangements, travelling to Southampton and Oxford respectively for their surgery.

Members commented that it did not make sense for surgeons to continue to divide their time between Bath and Bristol.

**It was resolved to:**

**Appoint two members (Cllrs While and White) to provide comments to the BANES PCT during its consultation on behalf of Wiltshire.**

**50. Urgent Care Strategy**

The Committee received comments made by the three appointed members on behalf of the Committee, which had been submitted to the PCT over the summer.

AK updated the Committee by confirming that the PCT Board adopted the strategy on 18 September and agreed to start developing commissioning plans.

The PCT will discuss any substantial changes that arise with the OSC and the Patient & Public Involvement Forum.

Members expressed concern that the Ambulance Trust had not been more heavily involved and had not, in fact, formally responded to the PCTs consultation.

AK reported that the PCT Board continues to be very concerned about the performance of the Ambulance Trust as it has invested money to enable service improvements that have not been realised. The Department of Health has sent a team in to the Ambulance Trust to carry out a review. The PCTs primary focus is on improving response times.

**51. Date of next meeting**

The next meeting will be held on 15 November 2007.

(Duration of the meeting 10:30 – 12:30)

The officer who has produced these notes is Jo Howes, Health Scrutiny Officer within Democratic and Members' Services, direct line (01225) 713004; Email [johowes@wiltshire.gov.uk](mailto:johowes@wiltshire.gov.uk)