



Wiltshire Health Overview & Scrutiny Committee

MINUTES of a MEETING held at WILTSHIRE COUNTY COUNCIL 20 MARCH 2008

PRESENT: County Councillors; Mr Jeff Osborn, Mrs Pat Rugg, Mrs Judy Seager, Mr Roy While, Mrs Margaret White, Dr John English, Mrs Mollie Groom. District Councillors: Mr Mike Hewitt (Salisbury District Council), Mr Brian Mudge (West Wiltshire District Council), Mrs Paula Winchcombe (Kennet District Council), Mrs Sheila Parker (North Wilts District Council).

OTHER COUNCILLORS: Mr Peter Davis

STAKEHOLDERS: Dr Peter Biggs, Terry White, (Wiltshire Patient's Forum), Jean Cole (Wiltshire & Swindon Users Network)

OTHERS: Alison Knowles (Wiltshire Primary Care Trust) Miranda Gilmour (North Wilts District Council), Keith Hillman (Wiltshire County Council), Peter Wilson (Avon & Wiltshire Mental Health Partnership Trust)

Members of the public present: 2

8. Apologies

Bill Moss

9. Minutes of the Previous Meeting

The minutes from the meetings held on 15 November 2007 and 15 February 2008 were accepted as a true record.

10. Chairman's Announcements

The Chairman made three announcements:

Firstly, the Chairman gave thanks to the members of the Patient & Public Involvement Forum's, who will be abolished at the end of the month, for their contribution to the health scrutiny process over the years, and stated that he had asked those who attend the Committee as stakeholders to continue in that role during the interim period of the Local Involvement Network.

The Mental Health Task Group will report back on decisions around beds for older adults at a later meeting.

A petition from the Melksham community area will be presented to the Leader of the Council at Cabinet on 25 March, regarding the wish of that community to reopen parts of Melksham Community Hospital. The Reforming Community Services Task Group will meet in April to review implementation of the programme and to take up specific concerns about minor injuries services, Primary Care Centres and neighbourhood nursing teams.

11. Member's Interests

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

12. Public Participation

Three members of the public had requested permission to speak:

Peter Wilson, Avon & Wiltshire Mental Health Partnership
Relating to the part of Agenda Item 6 – updating on Children & Adolescent Mental Health Services. PW asked for assurance that the Council and the PCT would be working on the specification and commissioning for CAMHS services jointly.

Reg Jefferies of Trowbridge asked for clarification on the PCT's position with regard to the movement of specialised gynaecological cancers treatments from the RUH to Bristol.

Councillor Peter Davis raised questions regarding discussions between the GPs who run the Box and Corsham surgeries about a possible joint relocation.

All of the questions related to items later on the agenda and would be dealt with accordingly.

13. Wiltshire Primary Care Trust – Briefing Paper

The briefing paper was discussed in sections. Alison Knowles updated the Committee and took questions.

Dentistry

The PCT is in discussion with a number of high street dentists about extending NHS provision in targeted towns where there is under provision or the oral health need is higher.

The risks are that as dentists are independent business people they might not agree to carry out more NHS work, in which case the PCT will endeavour to provide the service in the next nearest place and may ring fence appointments accordingly.

Members agreed this was good news and sought clarity about how it would work.

AK confirmed the system by which units of activity are measured and paid for by the NHS, the intention to increase activity year on year, data found in the PCT's inequalities plan and increases in orthodontic work.

AK also agreed to find out the waiting times for dental treatment at Erlestoke Prison.

Children and Adolescent Mental Health Services

The PCT made the decision at its February Board meeting to tender for a new provider for its CAMHS service. There are four tiers of CAMHS services, provided by primary care/education, social worker, multi disciplinary teams and inpatient/intensive treatments. This change applies to tier 3, multi disciplinary teams.

A paper is going to the Children's Scrutiny Committee in May, and the same paper will come to Health Scrutiny.

The point was made that a number of members of staff are inextricably linked through a complex system of contracts and work across health and social care and failure to take joint decisions may mean staff can not offer time to clients that had previously been available.

GP Surgeries

Tolsey surgery (nr Malmesbury) is to stop providing a one hour a week session in Didmarton village hall. This will affect 6 regular patients and is not viewed as substantial. The majority of people living in Didmarton already visit the main surgery when they need to access health services.

Corsham & Box surgeries are exploring various possibilities for joint relocation as neither practice has room to expand on their current sites. The GP partners are leading this initiative as they want to be able to extend their services. They are looking at sites in Corsham, Box and just outside for possible co-location. AK has given advice to the practice managers regarding local engagement and has suggested they talk to the practice manager at Avon Valley to see what can be learned from their experiences last year.

Members raised a number of points:

- It was unfortunate that news of this potential change came about through an application for a pharmacy contract rather than a direct communication from the GPs to their patients.
- People in both communities are fearful of change.
- Wide ranging consultation with those affected in both communities is needed.
- There is concern that because Corsham is bigger than Box its voice will be louder.
- Lessons can be learned from the recent consultation on changes to Avon Valley Practice and these two practices should take heed.
- GPs in Box had suggested they were only waiting for PCT funding to go ahead.
- Is there a recommended travelling distance to GPs?

AK answered the points as follows:

- The PCT was also concerned by the way news of the potential change was circulated.
- Both practice managers have been advised to talk to the Avon Valley Practice about how to proceed.
- The PCT is not at the point of signing off on any financial contract, this is false information.

- The PCT has not instigated this proposal and has no desire to enter into disputes or antagonise the local population. The GPs informed the PCT that they are short of development space on their current sites.
- The PCT is fully intending to redevelop Chippenham hospital and the GPs will have to discuss with the practice based commissioning consortia about what extra services are actually needed for the Corsham & Box communities before they make any decisions about relocation.
- There is no national guidance about travelling distances to GP surgeries, but the Professional Executive Committee is considering the issue.
- The PCT tries to consider green issues, along with everything else, and is committed to providing services locally where it is clinically safe to do so.

Avon Valley Practice (Netheravon)

The Wiltshire PCT Patient & Public Involvement Forum has monitored the implementation of the decision to close the branch surgery at Netheravon, which took place in early Feb. Terry White reported that there are two further possible improvements to the service; to move a bus stop, which the practice is working on with the County Council and to increase weekly consultation time by 3 hours. The new service meets all consultation commitments and TW commended the process to the PPIF and the OSC. It was also reported that the surgery has updated its patients by sending out newsletters.

Gynaecological Cancer Services

AK reminded the Committee of the Implementing Outcomes Guidance (IOGs) that are aimed at improving quality and the concept of cancer networks was developed to support this. The emphasis is on multi-disciplinary teams and moving teams not patients, although for very specialised surgeries patients may need to go to cancer centres. IOGs set standards for what hospitals have to attain.

For Wiltshire, as previously reported at the Committee, 65% of patients flow to either Oxford or Southampton, via Swindon and Salisbury, for specialised treatment. These centres are compliant with national standards.

It was reported that, despite BANES OSC last year requesting formal consultation on the proposal to move the specialist surgery for this type of cancer from the RUH to Bristol, no consultation has yet been carried out and the service has not moved. Avon, Somerset and Wiltshire Cancer Network are now reviewing the action plan for gynaecological cancers to find a solution and a report will be brought back to the OSC when this work is completed.

Previously the Committee had agreed that, because a significant part of the population of Wiltshire went elsewhere and the numbers of patients affected would be relatively small, it would not be part of a joint committee with BANES OSC, but that it would provide comments for any forthcoming consultation. The Committee had also made the decision, following a similar item relating to head and neck cancer, that it was not sufficiently equipped to evaluate national evidence.

Members commented that the service should be provided where the outcomes will be better, but this must be balanced against the disadvantage of people having to travel further. There was a question mark over the quality of the infrastructure, including the building, at Bristol.

AK reiterated that the IOGs are Department of Health clinical policy, not Government political policy, and there is extensive evidence that outcomes are improved by cancer networks. The purpose of IOGs is to improve clinical outcomes for patients and it is not about clinicians lobbying.

It was resolved to:

Write to BANES OSC to ascertain the status of the recommendation it made to BANES PCT in July 2007 regarding the need for consultation on changes to gynaecological cancer services at the Royal United Hospital.

NHS Burns Care in the South West

AK updated the Committee on recent discussions in the health community to establish a regional burns centre dealing with the most severe burns, typically including respiratory burns where patients would usually have to be air-lifted to the hospital. This has fortunately not affected anyone in Wiltshire for three years, but it is obviously impossible to predict how much demand there may be in the future.

The current debate focuses on Bristol or Swansea as the regional burns centre, although burns units will still exist in other district general hospitals around the region, including Salisbury. The national review of burns services said the centre should be Swansea, and now the commissioners are looking at how families can be supported while the patients are receiving treatment. However, Bristol has appealed this decision and it was felt prudent to update the Committee at this stage, making it clear that this affects only those who suffer the most severe burns.

AK confirmed that the burns unit at Salisbury will remain untouched and Wiltshire patients will continue to be treated there.

GP Led Health Centres

This item was not included on the briefing paper, but member received a verbal update.

AK announced that, as part of the Darzi review, every PCT in the country will have to have a GP led health centre. These are separate from Primary Care Centres, although it would be possible to turn a PCC into a "Darzi Centre".

A location has not yet been discussed for Wiltshire, but it is likely to be in either a larger town or an area of health inequality. The Director of Public Health will be leading the debate on this.

AK will come back to the Committee with details of two possible locations and will hold discussions about how to engage and consult people. The PCT has built the budget for this development into its three year plan.

Members raised several points, such as the view of GPs and the possibility that these plans may be modified by arguments the profession itself puts forward.

AK confirmed that this is national policy that the PCT is not required to consult on, however there will have to be discussion about where the centre is to be situated.

14. Joint Scrutiny – Great Western Ambulance Trust

The Chairman updated the Committee following the report taken to Council on 18 March. Fortunately, all members of the Council agreed to waive the requirement for political proportionality so that Wiltshire can now become a full member of the joint committee.

AK stated that the PCT is meeting with the Ambulance Trust on a bi-monthly basis and is taking up individual complaints with the Trust on behalf of patients and in the interests of improving the service as a whole.

It was resolved to:

Note the update.

15. Delayed Transfers of Care Task Group

The Committee received the update report from the Task Group.

It was resolved to:

Note the report.

The officer who has produced these notes is Jo Howes, Health Scrutiny Officer within Democratic and Members' Services, direct line (01225) 713058; Email johowes@wiltshire.gov.uk