Lancashire County Council

Joint Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 22 January, 2013 at 10.00am in Cabinet Room 'C', County Hall, Preston

Present:

Lancashire County Councillors

M Brindle	AP Jones*
F Craig-Wilson	P Malpas
C Evans	J Mein
M Iqbal	M Welsh

Blackburn with Darwen Borough Council
Councillor R O'Keeffe (In the Chair)
Councillor P Riley

Blackpool Borough Council
Councillor A Stansfield

Cumbria County Council
County Councillor B Wearing
County Councillor R Wilson

Non-voting Co-opted Members

Councillor T Harrison – Burnley Borough Council
Councillor D Wilson – Preston City Council

1. Apologies

Apologies for absence were presented on behalf of County Councillor K Bailey (Chair), Councillors J Jones and A Matthews of Blackpool Borough Council, and Councillor J Robinson of Wyre Borough Council.

*County Councillor AP Jones attended in place of County Councillor R Bailey for this meeting.

2. Disclosure of Pecuniary and Non-pecuniary Interests

County Councillor Michael Welsh disclosed a non-pecuniary interest in item 4 (Vascular Services Review) on the grounds that he was a member of the Governing Body of Lancashire Teaching Hospitals NHS Trust.

3. Confirmation of Minutes from the meeting held on 13 November 2012

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 13 November 2012 were presented and agreed.

Resolved: That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 13 November 2012 be confirmed and signed by the Chair.

4. Vascular Services Review

The Chair welcomed guest speakers from the NHS:

- Dr Jim Gardner, Medical Director, Lancashire PCT
- Mr Simon Hardy, Consultant - Vascular Clinical Lead
- Kathy Blacker, Network Director (Acting) - Cardiac and Stroke Network
- Dr Hugh Reeve, Chair of Cumbria Clinical Commissioning Group
- Mr Salman Desai, North West Ambulance Service

The report explained that at the Joint Health Scrutiny Committee on 24 July 2012 members had been presented with a report outlining proposals for the reconfiguration of vascular services across Lancashire and Cumbria.

The recommendation of the Vascular Clinical Advisory Group of the Lancashire and Cumbria Cardiac and Stroke Network was that one site should be in the north of the region due to geography and travelling distances. It was felt two sites were needed in the south of the network as the population coverage would be just over 2 million. All hospitals within the region were asked to submit bids should they wish to be nominated as a specialist vascular intervention unit working within the proposed vascular network.

Following a procurement process it was recommended that the specialist intervention centres should be located at Carlisle, Blackburn and Preston. These centres would undertake all major inpatient vascular work. Day case work and outpatients would continue in all local hospitals within the region.

Following a discussion at that meeting, members concluded that further information should be requested and a letter was sent to Dr Jim Gardner, Medical Director NHS Lancashire, setting out the information the Committee required for this meeting. The response from NHS Lancashire was attached at Appendix A to the report now presented.

Since the meeting on 24 July, University Hospitals Morecambe Bay Trust (UHMBT), who were unsuccessful in their tender submission, wrote to NHS Lancashire expressing their intention to challenge the procurement decision. A copy of their letter was attached at Appendix B to the report now presented.

A further meeting of this Committee had been planned for 25 September, but was postponed to allow the appeal process undertaken by UHMBT to take place. Details of the outcome of the appeal including further updates since the Committee met in July last year were attached at Appendix C to the report now presented.

Dr Gardner used a PowerPoint presentation which set out:

- what services would be provided through the proposed Vascular Network model;
- from which sites these services would be delivered; and
- the number of people expected to need/access those services over the course of a year.

A copy of the presentation is appended to these minutes.

In delivering the presentation Dr Gardner said that vascular surgery was now a specialism in its own right and that more technologies could be introduced at scale. It was recognised that there had to be a 'trade off' between specialist care and the need for patients to travel to access that standard of care. He drew a comparison with the high standards of specialist heart/cardiac care that were being delivered at Blackpool Victoria Hospital, which was now regarded as the best place in Lancashire to receive treatment for serious heart conditions. People accepted that they would have to travel to access those services. He asserted that travel times from areas intended to be served by the three specialist intervention centres at Carlisle, Preston and Blackburn were safe.

He drew the Committee's attention to changes in commissioning from April 2013 and felt that the recommendations now being made for services in Lancashire and Cumbria were in line with the national approach.

Dr Reeve reported that the Vascular Clinical Advisory Group had visited the Clinical Commissioning Groups (CCGs) in Barrow and South Lakes and both CCGs supported the recommendations arising from the review. They had also had discussions with Town Councils in Ulverston and Kendal, which had led to a greater understanding of the proposals.

The Committee's support was now being sought to move forward as quickly as possible.

Councillors were invited to ask questions and raise any comments in relation to the report, a summary of the discussion is provided below:

- Representatives from Cumbria felt that engagement with 500 patients from a population of two million was insufficient given the impact of the changes proposed. They felt very strongly that there should be a public consultation given the importance of this issue. It was their view that the Town Councils in Ulverston and Kendal had not 'signed up' to the proposals and it was felt that the people of South Cumbria were being disadvantaged.

- Representatives from the NHS disagreed; a distinction had been drawn between 'engagement' and 'consultation'; the survey conducted had been with interested service users. Responses were therefore considered to be well informed and highly representative of service users. It was felt that the 'Lansley tests' to make these recommendations for service change had been met.
- It was pointed out that there had been no public consultation when specialist cardiac/heart care had been centralised at Blackpool. This service change had involved a much larger proportion of the population.
- David Rogers, Associate Director of Engagement and Communications, NHS Lancashire came to the table and assured the Committee that he was passionate about engaging with the public. Previous experience of consultations showed that if people were not affected they did not tend to respond, which is why it was considered important to get views from patients. Face to face interviews had been conducted with patients, some of whom were from Barrow. They had been asked about their experience and for their perspective in order to obtain a deep understanding. Wider engagement with public had been through the media, scrutiny committees and LINks (Local Involvement Networks).
- The Cumbria representatives also had "serious reservations" about the adequacy of consultation with GPs. Dr Gardner disagreed, pointing out that both he and Dr Reeve were GPs themselves. They believed that their GP colleagues supported the proposals. It was pointed out that GPs had little involvement in the referral pathway for emergency treatment. Their role was more in the elective/planned pathway that the majority of patients go through currently. The proposed changes therefore had little impact on GPs. There would, with these proposals, be more local services than were currently available.
- Members accepted that specialist services were a positive development, but there was serious concern about the travelling time from some areas in South Cumbria. It was not considered sufficient to simply quote travelling time from point A to point B because time for the ambulance to reach the patient in the first instance, getting the patient in/out of the ambulance, and assessment time all had to be factored in. In response it was argued that the extra journey down the motorway from Lancaster to Preston was only 15 minutes in a car and it would be shorter in an ambulance.
- There was acknowledgement among some members that decisions such as this inevitably involved a range of views and interests. If there was a public consultation not all would agree and such a consultation would delay matters. It was recognised that elected members would rightly consider the best interests of the people they represented, however the Committee should look at what was best for everyone affected by the proposals. The statistical information presented showed that only a small number of the population would be affected by the changes and the most important consideration for this Committee should be whether the service would be improved and whether more lives would be saved. It would be wrong to delay.
- It was suggested that as travel time appeared to be the only obstacle to agreement, guaranteed use of the air ambulance could be a solution. In

response it was explained that it was not possible to make robust plans on the basis of availability of the helicopter because there were too many restrictions, for example the helicopter could not be deployed at night. The recommendations were on the basis of the land ambulance. It was pointed out that journey times detailed in the report were actual, not estimated. An additional table setting out further details about ambulance journey times had been circulated to members at the beginning of the meeting and is appended to these minutes.

- Regarding the statistics relating to the population of South Cumbria as set out in the report, it was questioned why there was a significant discrepancy between the practice population (194,468) and the census population (172,800). It was explained that such discrepancies existed nationally. The figures were presented for completeness.
- It was clarified that the scoring criteria used for the selection of sites to deliver specialist vascular services did not include the 'density of population' in which those sites were located, however, the outcome had resulted in two of those sites (Preston and Blackburn) being located in densely populated areas.
- The Chair invited Mr Mark Tomlinson, Clinical Lead Vascular Services, UHMBT to come to the table. Mr Tomlinson felt that the engagement process was flawed and suggested that only 3-4% (20 patients) of the responses considered had been from patients in South Cumbria. He went on to explain in some detail why he believed that the decision to deliver specialist vascular services from just three locations should be questioned. He suggested that two of the centres chosen had bid for some of the same population which were therefore double-counted and that UHMBT's support to the Blackpool cardio thoracic unit did not appear to have been given proper consideration. He also believed that travel time was a "major" issue. He said that the appeal submitted by UHMBT had dealt only with the bid process and not the service model put forward and he asked the Committee to consider whether the model being proposed was appropriate given the geography and the population for whom the services were to be provided.
- In response, it was felt that it was not for this Committee to reconsider a decision that had been made by commissioners who were experts in their field.
- In response to a question why it had been decided to provide vascular services from three centres, not four, it was explained that much consideration had been given to the possible options; three had been decided upon following a rigorous process; scoring of bids to deliver services had been done faithfully and the top three bids had been chosen.

Since this issue had first been presented to the Committee, members had also received submissions from a number of interested parties, including from members of the public and Tim Farron MP.

Following the discussion the Chair asked members to consider the recommendations set out in the report now presented. On being put to the vote it was,

Resolved: It be agreed that,

i. The proposals to reconfigure vascular services as detailed in the report now presented were a 'substantial variation';
ii. The level of engagement had been adequate;
iii. The proposals be supported, but the concerns of Cumbria members be acknowledged;
iv. The NHS be asked to monitor the impact of the service changes on residents in South Cumbria and report back to Committee in approx 12-18 months time.

5. Dementia Care Services Consultation - update

At the Joint Health Committee on 13 November 2012 officers from the Lancashire Mental Health Commissioning Network Team gave a short presentation about the consultation on dementia care services that was to begin on 3 December 2012 and run to 25 February 2013.

Janice Horrocks, Lancashire Mental Health Commissioning Network Team accompanied by Dr Amanda Thornton, Clinical Lead for the Dementia Case for Change now attended this meeting to provide members with a verbal update on the progress of the consultation on dementia care services, and to discuss the formal 'sign off' process.

She began by drawing the Committee's attention to a document that had been circulated round to them by email from 'Lancaster and Morecambe Mental Health Clinicians for Older People' which was a response to the Dementia Care Services Consultation. Janice Horrocks pointed out it was unclear who the author of the document was, that it contained inaccuracies, and that it was known that some of the team to whom it was attributed were supportive of the proposals for Dementia Care Services. The document itself had not yet been submitted to the Consultation team who had become aware of it via this Scrutiny Committee.

She emphasised that the proposals were about shifting resources away from the provision of hospital beds to support for the provision of specialist assessment and treatment as close as possible to where people were living.

There was some discussion about the two options proposed in the Consultation both of which would cost £15 million to fund:

- Option 1 proposed 30 inpatient beds at the Harbour in Blackpool at a cost of £4m, with £11m for community services;

- Option 2 proposed 20 beds at the Harbour in Blackpool and 20 beds at Royal Blackburn Hospital at a cost of £8m, with £7m for community services.

The Consultation which set out the options proposed in detail can be accessed via the link below (scroll down to the bottom of the page for the document): http://www.lancashirementalhealth.co.uk/

The agenda and minutes of JHSC meeting held 13 November 2013 at which an update on Mental Health Inpatient Reconfiguration was presented including an initial presentation about the Consultation can be accessed via the link below: http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=684&MId=2035&Ver=4

It was reported that there had been just 233 hospital admissions in 2012 and it was expected that the numbers would fall yet further. It was recognised that disruption to a dementia sufferer's routine for as little as two days could lead to a real struggle to then get them back into a routine.

One member raised concern about the ability to predict the need for beds in the future as vascular dementia as well as age-related dementia had to be taken into account. The Committee was assured that the provision of beds had been "future-proofed" and that the numbers had been very carefully considered. The National Commissioning Advisory Team (NCAT) had also looked very carefully at the proposals and were supportive. This was seen as an opportunity to put money into community care, for training and early diagnosis and then help support people to live well.

One member had attended a public meeting on 21 January at the Gujarat Centre in Preston and had been concerned that it was not an easy venue to get to on public transport and the turnout had been low. It was reported that approximately 20 people had attended that meeting and it was acknowledged that the weather had probably affected turnout. 40-50 people had attended a similar meeting in Lancaster on 18 January.

One member commented that the case for specialist beds was very persuasive, but there was concern about an expectation for loved ones to have to travel from east Lancashire to Blackpool which needed to be addressed.

Janice Horrocks explained that the voluntary sector had been commissioned last summer to conduct a survey of family / carers asking what support they needed. It was recognised that even a relatively short stay in hospital could be difficult for family and carers. The Consultation offered a range of solutions and was also an opportunity for people to say what they needed. It was recognised that the solution may require extra funding.

The Committee was being asked to consider next steps following the conclusion of the consultation period. The Chair suggested that the authority to 'sign off' the proposals be delegated to each of the relevant scrutiny committees within the Lancashire area.

Resolved: That the decision to 'sign off' the proposals be delegated to each of the main Health Scrutiny Committees within Lancashire.

6. Urgent Business

No urgent business was reported.

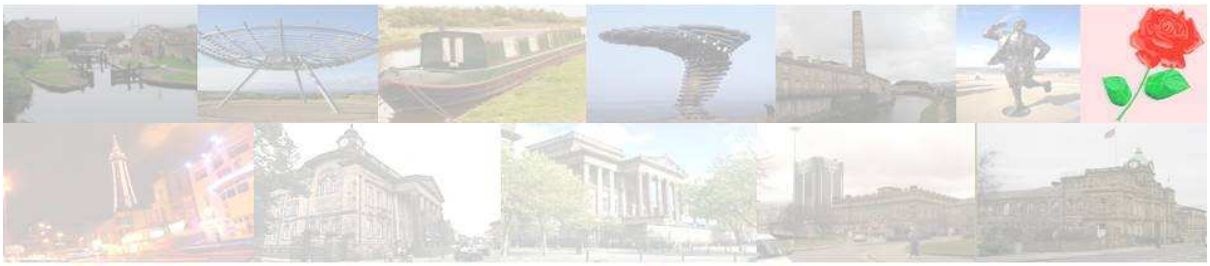
7. Date of Next Meeting

The next meeting of the Joint health Scrutiny Committee would be scheduled as and when required.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Creating a Vascular Network for Cumbria and Lancashire



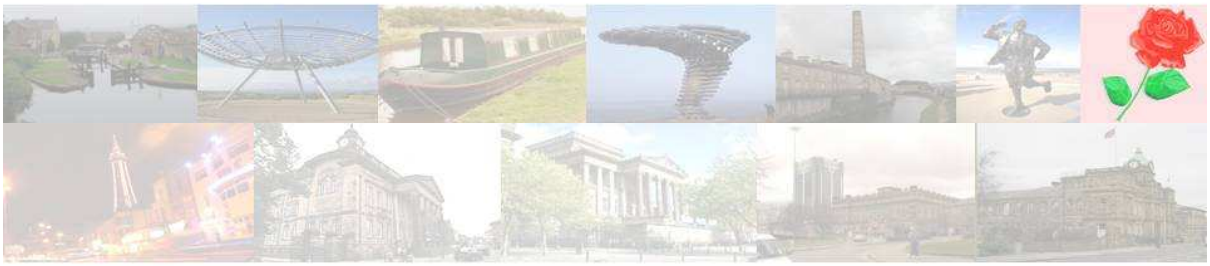
What are vascular services?

- Planned or emergency treatment for conditions where there is not enough blood reaching an organ or parts of the body such as the arms, legs or head, caused by a partial or total blockage of an artery.

- This includes life threatening emergencies, such as blood vessel injuries from road accidents. Typical conditions requiring vascular services include abdominal aortic aneurysms, carotid disease and limb ischaemia.

A Vascular Network to improve care

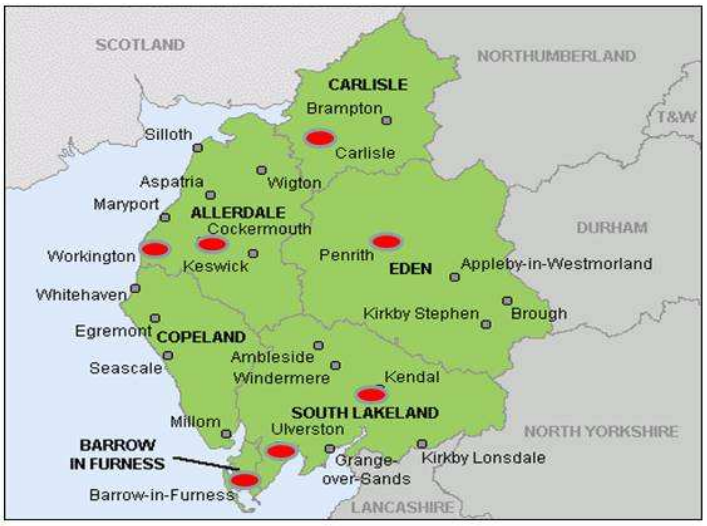
- Patients will be supported in the community through new initiatives such as 'leg cafes'
- Our hospitals currently providing vascular services **will continue** to provide outpatients, diagnostics and day surgery
- Only a **small number** of patients will require transferring to Arterial Centres for inpatient surgery (elective and emergencies)
- Specialists from all our hospitals **will work together** to create a Vascular Network and pool their expertise
- The Network will be able to train the specialists of the future



What will a Vascular Network mean for patients?

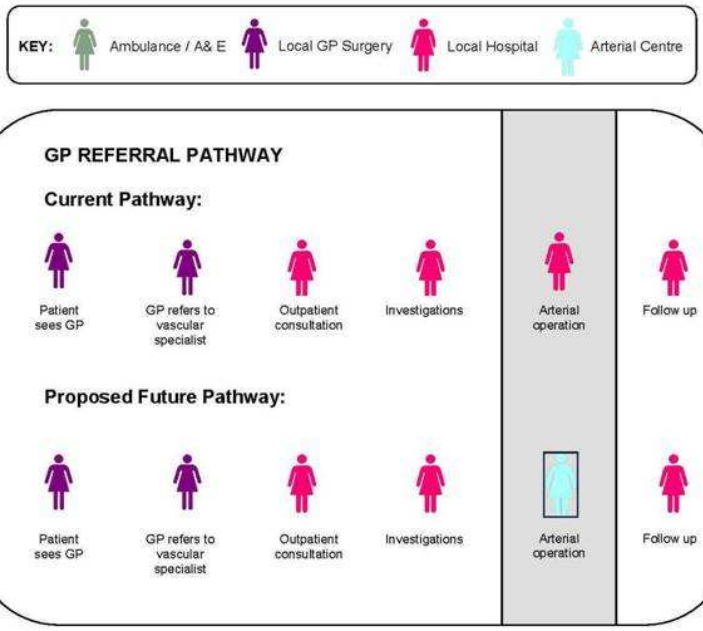
- Identification of people at risk of cardiovascular disease through AAA screening
- More services provided in the community
- Improved disease detection, prevention and management
- Improved access to specialist skills 24/7/365
- More people surviving after limb amputation, mini-stroke and aortic aneurysm repair
- More people being treated with new technologies

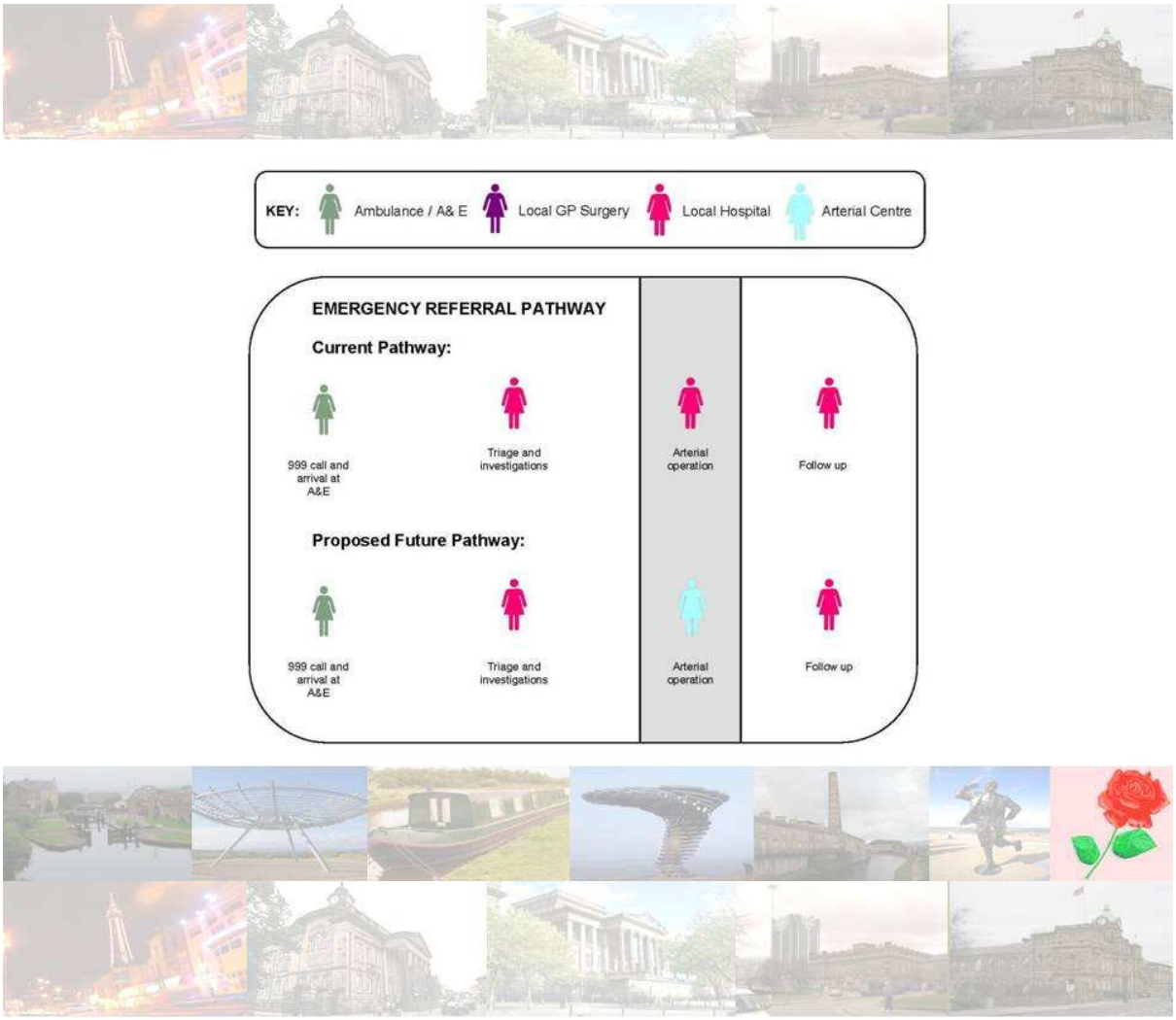
Proposed AAA Screening Sites in Cumbria



Further potential sites across the Network include:

- Blackpool North Shore
- Minerva Health Centre
- Preston Health Port
- Ecclestone Health Centre
- Rossendale
- Accrington Acorn
- Accrington PALS
- Bacup
- Yarnspinners Health Care Centre
- St Peter's Primary Health Care Centre
- Barbara Castle Way Health Centre





Changes in commissioning

- From April 2013 there will be national specialised commissioning of arterial interventions
- National service specification
- Creation of high volume Arterial Centres – there will be less than 50 in England
- It is no longer appropriate for vascular inpatient arterial procedures to be seen as a district general hospital provision

Proposed new model will:

- Create a network of vascular specialists
- Ensure, where appropriate, services are provided locally (outpatients, day cases, laboratory tests)
- Ensure specialist work is undertaken in nominated arterial centres with 24/7 facilities
- **3 centres only** recommended for our area

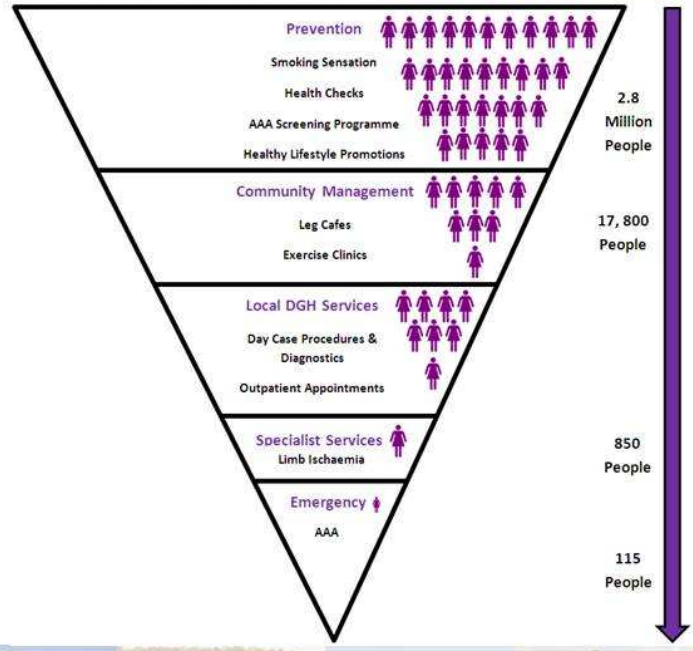
4 Tests of Reconfiguration

- Support from GP commissioners ☑
- Clarity on the clinical evidence base ☑
- Consistency with choice ☑
- Strengthened public and patient engagement ☑

Where are we now?

- Appeal by UHMB against the procurement decision not upheld
- Cheshire and Mersey OSC referrals not upheld by Independent Reconfiguration Panel
- Time to work together to ensure pathways of care are there for all patients in Cumbria and Lancashire
- Seeking your support to implement the development of the Vascular Network without further delay

A representation of the Vascular Network




Vascular Services Review
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more people treated earlier, quicker, safely and closer to home

Thank you