

Lancashire County Council

Joint Lancashire Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 24 July 2012 at 10.00 am in Cabinet Room 'C', County Hall, Preston

Present:

Lancashire County Councillors

T Aldridge*	F Craig-Wilson
K Bailey (Chair)	C Evans
R Bailey	J Mein
M Brindle	M Welsh

Blackburn with Darwen Borough Council

Councillor R O'Keeffe
Councillor P Riley

Blackpool Borough Council

Councillor J Jones

Cumbria County Council

County Councillor B Wearing
County Councillor R Wilson

Non-voting Co-opted Members

Councillor T Harrison - Burnley Borough Council
in place of Councillor B Foster for this meeting.

*County Councillor T Aldridge attended in place of County Councillor M Iqbal for this meeting

1. Apologies

Apologies for absence were presented on behalf of Councillor A Stansfield of Blackpool Borough Council.

2. Disclosure of Pecuniary Interests

None disclosed.

3. Confirmation of Minutes from the meeting held 31 May 2012

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 31 May 2012 were presented and agreed.

Resolved: That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 31 May 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
- Alan Stedman, Associate Director, Cumbria and Lancashire PCTs
- Kathy Blacker, Network Director (Acting) - Cardiac and Stroke Network
- Dr Hugh Reeve, Chair of Cumbria Clinical Commissioning Group
- Mr John Calvey, Consultant Vascular Surgeon
- David Rogers, Associate Director of Engagement and Communications, NHS Lancashire

The report explained that the aim of the service review was to reconfigure vascular services and secure improved outcomes for patients across Lancashire and Cumbria. The Vascular Service Review formed part of the wider review being undertaken simultaneously across England.

It was proposed to provide specialist intervention services for Lancashire and Cumbria from three centres with 24 hour, 7 days a week (24/7) facilities. Bolton, Wigan and Dumfries & Galloway were also included within the review area.

It was explained that bids from five hospitals had been carefully considered and three sites had been recommended. The recommendations of the procurement team had been made in line with recommendations from the Vascular Clinical Advisory Group, following short-listing, interviews and scoring, which included assessment of risks. The approach taken was also supported by the All Parliamentary Select Committee for Vascular Surgery. The three proposed specialist intervention centres were located at Carlisle, Preston and Blackburn.

The Committee received a presentation on the current status of the review which included:

- A summary of the reasons why the review was being undertaken
- The rationale for three specialist centres
- Details of communication and engagement
- The results of a patient and public survey

A copy of the presentation is appended to these minutes.

The Scrutiny Officer drew the Committee's attention to:

- A letter from John Woodcock, MP for Barrow and Furness, which had been received by the Chair of the Committee on 23 July 2012, in which Mr

Woodcock raised concerns about the proposals for vascular services across Cumbria and Lancashire; and

- An email circulated to all members of this Committee which identified key points made in a letter from University Hospitals Morecambe Bay Trust (UHMBT) to Dr Jim Gardner, Medical Director, Lancashire PCT.

Copies of these documents are appended to these minutes

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

- In response to a suggestion that the procurement model used by the NHS was generic and not appropriate for the geography in the Lancashire / Cumbria area it was explained that special dispensation had had to be obtained from the Vascular Society to have a centre in the north of the area that was smaller than recommended by them. The NHS said that the procurement process had been fair and all factors had been weighed very carefully.
- Members questioned the location of proposed sites commenting that Blackburn and Preston were relatively close and only approximately 20 minutes travelling distance from each other. It was suggested that Lancaster would be a closer, more appropriate option for people living in Cumbria. In response it was explained that decisions had not been taken just on the basis of geography; much careful thought had been given about risk and benefits, and the capacity and capability of the hospital to deliver services in the next 10-20 years to come.
- Regarding statistical information about outcomes after surgery, members were directed to the British Vascular Society's website on which such information had been published earlier this year. These are available via the following link:
<http://www.vascularsociety.org.uk/news-and-press/2012/77-outcomes-after-elective-repair-of-infra-renal-abdominal-aortic-aneurysm.html>
- One member commented that whilst people may be prepared to travel to receive specialist services it was more difficult for those who did not have their own transport, and he sought reassurance that the adequacy of public transport had been considered. Also for those who did have access to a car, the availability of sufficient on site car parking was important.
- The Committee was informed that the need to provide overnight accommodation for visitors who had to travel some distance had been discussed with the proposed specialist centres and would be an agreed part of the service provision. It was also intended that, as part of the implementation, tests would not be repeated at various different centres. It was expected that patients' length of stay would be reduced if they were treated at specialist centres.
- The Committee was reminded that this review was about the arrangements for major inpatient vascular work and that day case vascular care would continue to be available from local hospitals. The need to provide specialist

care from fewer sites had to be balanced against improved outcomes for patients.

- Members were very concerned about the lack of public consultation about these proposals.
- It was suggested also that the questions put to service users in the 'Patient and Public Survey' referred to in the presentation were bound to produce the 'desired' responses. It was also suggested that a survey of 503 people was a very small proportion of the 2.7 million population that would be served by the three units.
- It was explained that there had not been a public consultation nor had that been the intention, but there had been much engagement work over the past 18 months with stakeholders who understood the implications of the proposals. Also the 'Patient and Public Survey' had been largely (80%) drawn from service users as they were "experts by experience"; 503 was considered to be a high sample size which gave patient insight across the area; it had been felt that a broader survey would have been considered as not relevant by many of the general public. It was pointed out that the survey had been conducted and analysed independently. The NHS offered to share the survey data with the Committee.
- The Committee was assured that the statutory requirements for conducting a consultation were fully understood by the NHS.
- The Committee was advised that the approach to the review had been triangulated on the basis of: patient experience; clinical judgement and experience; and research evidence.
- There was concern among councillors that the removal of some services from Royal Lancaster Infirmary could have a negative, knock-on effect on other services. Also there was a population of some 160,000 people in South Cumbria and members asked for more information about how many would be expected to travel to Preston instead of Royal Lancaster Infirmary if these proposals went ahead.
- It was acknowledged that there were geographical challenges for UHMBT. The committee was assured that regular discussions were taking place at executive level.
- It was emphasised to the Committee that there were compelling reasons to establish specialist centres and such arrangements were not new to the NHS, for example, Blackpool Victoria hospital was well known to be the specialist centre for cardiac care which had achieved improved outcomes for heart patients.
- It was confirmed that there had been detailed discussions with Blackpool Victoria Hospital about whether vascular services should be 'married up' with cardiac services and it had been concluded that, whilst there was some overlap, the two teams were doing different things.
- In response to concerns that the NHS should not lose focus on non-urgent services the committee was assured that there was to be a non-recurring investment by the NHS Lancashire Board of £500,000 and also there would be a single integrated Vascular Services Network which would promote vascular services across the whole area. There would be a whole systems approach to up-skill the workforce. It was most important that any element of

'chance' about the level of care was removed and that a standard level of care was available to all patients 24 hours a day, 7 days a week. It was intended to strengthen local delivery of services and pick up patients more quickly.

- The Committee was assured that a crucial element of the procurement for these services was that the local infrastructure did not get diluted.
- The suggestion that, in time, vascular clinics would also be moved to the proposed specialist centres was refuted; indeed the Committee was informed that there was an expectation by the NHS that there would be more, not fewer, local clinics.
- There was some discussion about travel time from Cumbria to the proposed centres and concern that actual travel time could exceed the 90 minutes anticipated. It was suggested in response that the two relevant junctions on the M6 motorway were numbers 32 and 34 and that, depending on the traffic conditions, it could be quicker to get to Preston than to Lancaster from parts of south Cumbria. The point was made also that the vast majority of surgery would be elective and not emergency.
- The Committee was assured that the NHS was aware of transport issues from Burnley to Blackburn. It was suggested that the issue of transport generally was a 'chicken and egg' situation and that it was first necessary to decide where the specialist centres would be and then address access and transport issues. Members did not agree with this view.
- There had recently been some problems regarding the ability of the Northwest Ambulance Service to meet target times and consequently this caused concern about the service's ability to get patients to the specialist centres within the required timescales. Members requested relevant data from the ambulance service.
- The NHS agreed that this was a good opportunity to look at how technology, including Telemedicine, could be used to help deliver services; the implementation fund referred to above could be accessed for this purpose.
- Overall the Committee felt that insufficient background to the proposals had been provided and that more evidence to support them should be made available. Also that a clear vision about all vascular services, including locations, should be made available in order to enable the Committee to fully and properly consider its response.
- The Committee was advised by the NHS that much relevant data and background information was available and would be provided on request. Dr Gardner requested that the Committee's requirements be set out in a letter to him.
- The Committee's attention was also drawn to a detailed and informative document produced by the Vascular Society entitled 'The Provision of Services for Patients with vascular Disease' available to download via the following link: <http://www.vascularsociety.org.uk/library/vascular-society-publications.html>
- The Chair agreed that a letter would be sent on behalf of the Joint Lancashire Health Scrutiny Committee to Dr Gardner, Medical Director, Lancashire PCT setting out the information it wished to receive for its next meeting.

Resolved: That,

- i. The report be received;
- ii. A further report be brought back to the Committee in 6-8 weeks responding to the concerns raised by the Joint Lancashire Health Scrutiny Committee; and
- iii. The information required by the Committee be set out in a letter to Dr Gardner.

5. Urgent Business

No urgent business was reported.

6. Date of Next Meeting

A further meeting of the Joint health Scrutiny Committee would be arranged within the next 6-8 weeks.

I M Fisher
County Secretary and Solicitor

County Hall
Preston