

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 18 November 2013.

**PRESENT:** Councillors Dryden (Chair), Biswas, McIntyre (as substitute for Councillor S Khan), G Purvis (as substitute for Councillor Junier), P Purvis, P Sharrocks (as substitute for Councillor McPartland) and J A Walker (as substitute for Councillor Cole).

**PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board.

**ALSO IN ATTENDANCE:** J Moulton, Director of Service Strategy & Infrastructure, South Tees Hospitals NHS Foundation Trust

Dr V Pleydell, Clinical Chief Officer, NHS Hambleton, Richmondshire & Whitby Clinical Commissioning Group.

**APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Junier, S Khan, McPartland and Mrs H Pearson.

**DECLARATIONS OF INTERESTS**

There were no declarations of interest made at this point of the meeting.

**CHILDREN'S AND MATERNITY SERVICES AT THE FRIARAGE HOSPITAL - IMPACT ON JAMES COOK UNIVERSITY HOSPITAL**

The Scrutiny Support Officer submitted a report which provided background information regarding proposed changes to the children's and maternity care at the Friarage Hospital in Northallerton.

The Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) were consulting the public and stakeholders between 2 September and 25 November 2013 on changes to children's and maternity care at the Friarage Hospital. Under the proposals, the existing 24 hour consultant -led paediatric and maternity services would be replaced by one of two options as follows:-

Option 1 - providing a Paediatric Short Stay Assessment Unit and a Midwifery Led Unit with full outpatient services and enhanced services in the community.

Option 2 - providing paediatric outpatient services and Midwifery Led Unit and enhanced services in the community.

The Panel was informed that in considering the changes the Tees Valley Health Scrutiny Joint Committee had been advised that to do nothing was not an option. The National Clinical Advisory Team (NCAT) had visited the Friarage Hospital in December 2011 and had agreed that there was a problem in sustaining services and had supported the ideas for the future being put forward by the hospital clinicians.

Reference was made to the HRW CCG's public consultation document a copy of which was provided at Appendix 1 which explained that the Friarage Hospital had insufficient consultants to fully staff the ward to national standards. Given advances in medicine and the way children were cared for, it was considered that many conditions could be managed safely in the community and the child's home with support of GPs, health and social care staff. Evidence also suggested that services were best provided in major centres with staff that had the right specialist skills. Doctors were now skilled in specific areas, whereas in previous years they were trained to be generalists. It was therefore considered that paediatric units needed more doctors to ensure that there was always one with the right specialist skills to deal with any condition, but it was becoming increasingly more difficult to replace the current consultant workforce. Such a view was supported by the Royal College of Paediatrics and Child Health.

Under the preferred option 1 of the proposals, women would be sent to JCUH, Darlington Memorial Hospital, York Hospital or Harrogate District Hospital for consultant led maternity care. The Panel was keen to consider the impact of such a proposal with particular regard to increased activity on JCUH.

In order to assist deliberations a series of questions had been circulated to all concerned in advance of the meeting.

Members were keen to seek an assurance that the service could cope with increased demand and there were sufficient beds in paediatrics as there was a perception that JCUH often struggled when near to full capacity at peak times. The Trust representative advised Members that the potential figures and range of scenarios had been closely examined. Taking into account the overall likely number of patients and use of other hospitals such as those at Darlington, Harrogate and York; additional staffing resources at JCUH and number of patients at peak times over the last year it was considered that there would be no fundamental change to service provision.

In response to Members' concerns as to how the service would cope at peak times the local NHS representatives confirmed that having regard to increased staffing resources and likelihood of patients using other hospitals such as Darlington Memorial Hospital which to many women offered a nearer location it was considered that increased bed capacity would not be required at JCUH and the service would be able to cope.

In relation to Obstetrics it was noted that there was currently an upward trend in respect of the birth rate across Teesside with approximately 4,500 births last year. It was reported that if such a figure reached 5,000 certain national standards would apply and changes required and therefore the overall situation had been examined for some time and proposals put forward for additional facilities at JCUH of a second theatre which would be dedicated to obstetrics the resources for which would be met from the Trust's capital funds. It was noted that the availability of an antenatal service would remain at The Friarage Hospital and that the proposals would provide an enhanced service.

Following Members' comments regarding possible scenarios and patient requirements the Trust representative reiterated that there were insufficient consultants to fully staff the ward at The Friarage Hospital to the required national standards and that the majority of children with major injuries or in need of emergency care were already taken to JCUH or equivalent major centre. Confirmation was given that appropriate information would be provided to patients about the service and options available and should it prove necessary for a patient to transfer to JCUH or similar consultant led unit an assurance was given that a midwife would support the patient in such circumstances.

Reference was made to the formal consultation period with staff and the public regarding the proposals with particular regard to one of the concerns raised which related to additional travelling times to JCUH. Such concerns had been considered and confirmation given of ongoing discussions regarding the possibility of additional road signage and following negotiations with the Ambulance Trusts in respect of increased capacity the commissioning of an additional ambulance on a six month trial basis had been agreed.

An indication was given of the options available for maternity services. The proposed Midwifery Led Unit at The Friarage Hospital run by experienced midwives was regarded as providing a safe option for women who were medically fit who had a normal pregnancy and low risk of complications. Members were mindful of the potential impact in terms of sustainability on The Friarage Hospital should the majority of women opt to choose a different facility.

The Panel confirmed their intention to submit a formal response and noted the support from GPs to the proposals and that no clinicians had indicated resistance to the proposed changes.

The reasons outlined for the proposed changes were acknowledged by the Panel recognising that The Friarage Hospital had insufficient consultants to national standards given the significant advances in medicine and increased specialist skills required of doctors and nurses

to treat complex conditions.

In general, the Panel supported the proposals of Option 1 and acknowledged the potential benefits and enhanced facilities to JCUH having regard to additional staffing resources and dedicated obstetric theatre. It was considered however that the capacity levels should be carefully monitored especially at peak times to ensure that the appropriate level of service was maintained.

**AGREED** as follows:-

1. That the local NHS representatives be thanked for the information provided.
2. That a draft formal response on the proposals be compiled and circulated to the Panel for comments prior to submission to the Hambleton, Richmondshire and Whitby Clinical Commissioning Group.