

Health Commission

Saturday, 14 January 2017

MINUTES

Present:

Councillor Bill Hartnett (Chair), Councillor Greg Chance (Vice-Chair) and Councillors Debbie Chance, Juliet Brunner, Brandon Clayton, John Fisher, Yvonne Smith and Pat Witherspoon

Also Present:

Mr N Stote (on behalf of the Save the Alex campaign).

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and Amanda Scarce

8. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed all those present to the meeting. He explained that the meeting would be recorded and that this recording would be available to listen to on the Council's website in due course.

9. APOLOGIES AND INTRODUCTIONS

There were no apologies for absence.

10. CHAIR'S ANNOUNCEMENTS

The Chair explained that the first meeting of the commission had taken place on 12th January 2017. During this meeting representatives of the Redditch and Bromsgrove Clinical Commissioning Group (CCG) and Worcestershire Acute Hospitals NHS Trust (WAHT) had delivered a presentation outlining the proposed changes to hospital services in the new clinical model. The purpose of the meeting on 14th January was to provide the commission with an opportunity to consult with local residents about their views of these proposed changes.

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Chair

11. SAVE THE ALEX

The Chair welcomed Mr Neal Stote from the Save the Alex campaign to the meeting. The commission was advised that due to the significant amount of work undertaken by the Save the Alex campaign it had been considered appropriate to offer campaign representatives an opportunity to deliver a 20 minute presentation during the meeting. Prior to the start of this presentation the Chair thanked Mr Stote and the other campaigners on behalf of the commission for his work campaigning to protect hospital services.

Mr Stote then proceeded to deliver a presentation for the consideration of the commission (the presentation is attached in the background papers pack for this meeting). During the delivery of this presentation the following points were highlighted for the consideration of the commissioners:

- There had been a long battle to Save the Alex during which the campaign had received a lot of public support.
- Worcestershire Health Overview and Scrutiny Committee (HOSC) had discussed the changes on various occasions and the Committee's minutes provided useful evidence in terms of the chronology of events.
- The proposals in respect of Maternity and Paediatrics services appeared to be very similar to those which had first been discussed in 2005/08. These had been opposed by the public and rejected at the time.
- In 2012 prior to the launch of the Joint Services Review (JSR) it had seemed that the A&E department at the Alexandra Hospital would be retained as well as Maternity Services.
- The subsequent proposal to move maternity services to Worcester Royal from the Alexandra Hospital had caused outrage; 54,421 people had signed a petition opposing the move and changes to services.
- In the JSR the two options identified, the first for services to be provided by WAHT and the second to work with another provider, had been fully debated by HOSC.
- In June 2013 legal advice to WAHT had led to the rejection of option two. Save the Alex had ensured that this legal advice was placed in the public domain and had found that University Hospitals Birmingham NHS Foundation Trust had not been consulted about this.
- An Independent Review Panel had also considered both options and had found in favour of a modified version of Option One. Concerns were raised that the full facts in respect of Option Two had not been shared with the independent panel.

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- The modified Option One had been supported by the independent panel in January 2014, to involve the centralisation of maternity and inpatient paediatrics, an adult A&E department and ante-natal care from the Alexandra Hospital.
- Concerns were raised that the Alexandra Hospital did not now have the specialist staff needed to work in an inpatient Paediatrics Department.
- The current proposals for changes to services implied that the A&E Department at the Alexandra Hospital would be downgraded as patients such as children and young people would be diverted to Worcester Royal Hospital.
- The proposals were reported to represent the clinical view, however, concerns were raised that this followed the resignation of four clinical consultants from the Alexandra Hospital due to concerns about service sustainability and staffing levels and their implications for patient safety.
- Following the departure of these consultants other staff had left the Alexandra Hospital.
- The Save the Alex campaign had consulted with Mr Gary Walker a former NHS Trust Executive for an independent view of the trust's proposals. Mr Walker had concluded that the process followed by the trust had been flawed.
- Many of the proposed changes focused on keeping services safe for residents of Worcestershire; however it was suggested that this focus at a sub-regional level was not ideal and that health services should not be set in accordance with local boundaries but seen as a national health service.
- The Independent Review Panel did not appear to have taken into account the Trust's financial position, despite persistent problems with a budget deficit.
- When the review of the trust's services had originally been announced it had been suggested that the review would only take six months, though in fact it had taken five years.
- Concerns were raised about the safety of home births as an option for mothers living in Redditch following the centralisation of Maternity Services.
- Questions were raised about the impact of the proposed changes on the West Midlands Ambulance Service. Members were advised that it would be helpful if the Health Commission could investigate this further.
- Stroke services had also been centralised and it had been suggested that a similar approach adopted in London demonstrated that this could work at a local level. However, Members were asked to note that London was very different to Worcestershire.

- Documentation released by Redditch Borough Council had acknowledged that deprivation levels in Redditch were relatively high compared to the rest of the county. Concerns were therefore raised that the proposed changes would have a detrimental impact on the most vulnerable residents.
- Transportation difficulties and the impact on safe access to centralised services had been raised by Councillors and residents for some time.
- The hopper bus would potentially help some residents though concerns were raised that there was a lack of clarity about whether this service would remain in place after the three month trial had ended and, if so, whether it would remain available to access for free.
- Concerns were also raised that there had been limited publicity about the hopper bus and this could have impacted on public awareness.
- The CCGs' consultation document claimed that 95 per cent of patients would continue to access care at the same hospital as now and 80 per cent of children would continue to receive care in Redditch. It was suggested that further clarity about the areas that would not be covered would be helpful.
- The CCG and trust were acknowledging that whilst the budget for the NHS had increased the financial position of the trust was static due to growing demand. The commission was urged to raise concerns about future funding arrangements in order to ensure the sustainability of the NHS with the Government.
- Encouraging the Government and Department of Health (DoH) to take into account the needs of Redditch residents and the future of the Alexandra Hospital was considered crucial to the future of health services in the area.
- The problems the trust had encountered attempting to recruit specialist staff were well documented. Therefore it was questioned how realistic it would be for the trust to recruit the 10 A&E consultants for the Alexandra Hospital and Worcester Royal Hospital as stipulated by the West Midlands Clinical Senate.

12. PUBLIC SPEAKING

The Chair explained that prior to the meeting two people had registered to speak. They would be given priority in terms of speaking to the commission, though all those present would be invited to share their views once the registered speakers had finished.

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The following speakers proceeded to talk to the commission during the meeting:

a) Mr Peter Pinfield

The Health Commission was advised that Mr Pinfield was the Chair of Worcestershire Healthwatch. Healthwatch operated independently to the NHS and provided an opportunity for residents to provide their views about health services. The Chair of Healthwatch had no decision making powers in respect of the future of health services but could help to communicate the views of the public to health bodies. When the CCGs' consultation ended it was likely that NHS England would contact Worcestershire Healthwatch for feedback about the process that had been followed during the consultation and the outcomes.

The Health Commission provided a useful opportunity to consult with the public about proposed changes to health services. It was important for the Health Commission and the public to be aware of rules in respect of consultation about changes to health services, the rights of the public under the NHS constitution and how the public could influence the outcomes of any such consultation process.

Mr Pinfield urged people to read through the CCGs' consultation document and to complete copies of their questionnaire. The greater the number of respondents, the more the CCGs would have to take into account the views of residents. When raising concerns and highlighting any suggested flaws in proposed changes there needed to be evidence to support those claims.

b) Mr Anthony Moran

Mr Moran explained that he was a resident of Studley, Warwickshire, who had supported the work of the Save the Alex campaign. Despite acknowledging the opportunity to respond to the CCGs' questionnaire Mr Moran noted that residents were feeling fairly despondent as these proposals followed submission of a petition that had clearly demonstrated residents' support for retaining services at the Alexandra Hospital. Furthermore the questionnaire issued by the CCGs did not appear to provide the public with an opportunity to change the outcomes of the consultation.

When the Trust was first established the level of demand for services in 2017 had not been anticipated. References were regularly made in the press to the pressure arising from treating elderly patients and inadequate social care provision. However, demand for health services was also growing to meet the needs of patients of all ages with increasingly complex health needs. Without sufficient financial investment in the NHS this problem with pressure on services would continue to escalate.

WAHT had received a lot of criticism for the way the review of services had been handled and the current proposals. However, Mr Moran noted that developments at the local level were influenced by decisions at the national level. Residents had been urged to convey their concerns to the local MP; Mr Moran suggested that residents needed to do more than this. Efforts still needed to be made to protect local health services but the approach that was adopted needed to change. Worcestershire was not the only area where major changes were being proposed to health services; residents across the country needed to work together to challenge the Government's approach to managing health services.

c) Mr Philip Berry

Mr Berry explained that he and his wife had moved to Redditch in 2015 to live close to their children. During the time they had lived in Redditch they had used services at both the Alexandra Hospital and in Birmingham. They had first become aware of the pressures on local services in 2016 when the subject had received significant media coverage. The Save the Alex campaign, which had helped to raise the profile of proposed changes and attempts to retain services, was a credit to the local community.

When the Alexandra Hospital was introduced it had been intended as a new hospital for a growing community. The Borough was still growing, with plans to build over 3,000 houses across the Borough at various different sites. The projected new housing figures needed to be taken into account when considering community needs and likely future demand for health services. Mr Berry suggested that to reduce services at a local hospital was to undertake a social crime and an A&E Department that did not provide services to all could not be considered a proper A&E department.

Transportation issues still needed to be addressed. If an emergency bus was not available residents could not rely on existing bus services, particularly in the evenings. Taxi services could be used but these would be expensive costing approximately £40 for a return trip. Ambulances were available but could only provide finite levels of support. Recent coverage in the press had also revealed that ambulance services had been queueing at Worcester Royal Hospital in recent weeks which would impact on capacity. Some residents would have access to a car but it could take time to travel to Worcester Royal Hospital to access Maternity and Paediatrics services, particularly when there were traffic jams on the M5.

Mr Berry expressed concerns about the centralisation of Stroke services. Members were asked to note that national marketing campaigns in respect of Stroke services urged immediate action whenever it was suspected that a person had suffered a stroke. Mr Berry questioned whether this speedy response was possible for Redditch residents when services had been centralised at Worcester. In this context Mr Berry suggested that a full range of services needed to be available for residents to access at the Alexandra Hospital. This needed to include Maternity and Paediatrics services.

At the previous meeting of the Health Commission reference had been made to the Trust's budget deficit. Mr Berry suggested that providing additional funding to the trust would not necessarily resolve their financial problems. Instead greater thought needed to be given to the Trust's finances and how these were managed.

d) Ms Helen Grant

Ms Grant explained that she wanted to talk to the commission in her capacity as a mother, wife and resident.

The CCGs' proposals outlined plans to centralise emergency surgery at Worcester Royal Hospital. This would result in more patients from Redditch travelling to Worcester, either having been referred by the Alexandra Hospital or having been taken directly to Worcester Royal Hospital. Ms Grant questioned whether Worcester Royal Hospital would have the capacity to accommodate these patients in light of recent reports in the media about significant numbers of patients at the hospital and two deaths. In cases where capacity was limited in Worcester there was a risk that emergency surgery

might be performed at the Alexandra Hospital despite the lack of specialist staff being on site. A case of this nature had recently been brought to Ms Grant's attention, and no attempt appeared to have been made in this instance to find out whether a transfer could have been made to the Queen Elizabeth Hospital Birmingham.

Similarly Ms Grant raised concerns that if Paediatric Services continued to be centralised at Worcester Royal Hospital staff with the skills to support children in an emergency would not be available at the Alexandra Hospital if and when needed. Many parents living in Redditch would be concerned about the waiting times at Worcester Royal Hospital and would prefer to take their children to hospital in Birmingham for treatment. Ms Grant suggested that centralising services at Worcester Royal Hospital would ultimately lead to a reduction in beds and staff.

The move of Maternity Services to Worcester Royal Hospital had caused concerns amongst many mothers Ms Grant knew living in Redditch. It had been suggested that mothers would have a choice about where to give birth, however, some of Ms Grant's friends had not been provided with a choice and one had had to fight to be allowed to give birth in Birmingham.

The CCGs' proposed changes were likely to have an impact on ambulance services. However, the impact on West Midlands Ambulance Services did not appear to have been addressed in the consultation document. Ms Grant suggested that the trust needed to address this.

e) Ms Sharon Harvey

The Health Commission was asked to note that 20 per cent of residents living in the Borough did not have access to a car and many families only had access to one car which would not always be available in an emergency. The CCGs' consultation document referred to the transport options available to people in this position including community transport which was estimated to cost £27 for a return journey. A lot of residents would struggle to afford this. The minibus option referred to in the consultation document would cost £10 each way; again Ms Harvey suggested a lot of people would struggle to afford this. Public buses could transport residents to Worcester Royal Hospital from the Alexandra Hospital for £14 (return), though this did not take into account the cost to a resident of travelling to the Alexandra Hospital. This was a problem for residents living across the county, not just in Redditch.

Members were advised that many residents would not be aware of the Health Commission meetings or would struggle to attend these meetings for a variety of reasons. To enable a larger cohort of people to submit their views for the consideration of the Health Commission Members could not rely on public meetings to consult with the public but needed to be prepared to be proactive and to engage with local residents directly. Ms Harvey urged those residents watching the proceedings at the meeting on the Save the Alex Facebook page to submit their views for the consideration of both the Health Commission and the CCGs.

f) Ms Maureen Rowley

Ms Rowley explained that she lived in Redditch and could not drive so relied on public transport. Unfortunately bus services had regularly been cut in recent years whilst fares had been increasing. Whilst Ms Rowley often received a lift to access services at the Alexandra Hospital she did not feel it was appropriate to ask friends and family to drive her to Worcester Royal Hospital and to wait whilst she received treatment. Ms Rowley also noted that it was not appropriate to rely on ambulance services to access hospitals.

Recently Ms Rowley had travelled to the Queen Elizabeth Hospital Birmingham. The hospital had been easy and relatively affordable to access at £5 for a return journey. Redditch residents could also travel to the Queen Elizabeth Hospital Birmingham by train and the train journeys were regular and operated until after 11.00pm.

The Health Commission was asked to note that day services were also affected by the changes that had been made to services in Worcestershire. Ms Rowley had been due to receive a day procedure under general anaesthetic and had been invited to attend Worcester Royal Hospital. When she had requested that the appointment take place at the Alexandra Hospital she had been advised that the consultant could not get to Redditch and so a search was being undertaken to identify a new consultant who could carry out the procedure in Redditch.

g) Mr Ian Johnson

Mr Johnson explained that he was involved in the Save the Alex campaign.

Members were asked to note the case of a patient who had been taken to the Alexandra Hospital who had suffered a cardiac arrest. The decision had been taken to refer the patient to Worcester Royal Hospital but unfortunately this could not take place because there was a lack of capacity. Whilst the patient had survived this experience had caused a lot of distress to the patient and to staff.

It was important for residents to respond in the consultation process and Mr Johnson urged everybody watching the meeting on the Save the Alex facebook page to do so.

h) Mr Rob Underwood

Mr Underwood explained that his children had a rare medical condition which meant that they required immediate hospital access in an emergency. Mr Underwood lived a few minutes from the Alexandra Hospital but some distance from the Worcester Royal Hospital. As the Queen Elizabeth Hospital Birmingham was closer to Redditch this would be the preferred destination for his children but Mr Underwood was concerned he would not be believed if he raised the need to travel to Birmingham rather than Worcester during an emergency.

Mr Underwood noted that there were supposed to be two ambulances for Redditch patients. However in reality he suggested that there was only one as the other served Bromsgrove. Mr Underwood also had concerns about the performance of Trust services.

Unfortunately defibrillators would not save the lives of Mr Underwood's children but good and accessible hospital services could. Mr Underwood questioned who he could hold to account for moving hospital services and for any complications that might arise in the event of an emergency.

Public speaking finished relatively early in the morning. In the absence of the public Members noted that they could achieve more by concluding the meeting and consulting with residents directly. It was therefore agreed that the meeting should close at 12 noon.