

Health Commission

Thursday, 19 January 2017

MINUTES

Present:

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

Officers:

Kevin Dicks

Democratic Services Officers:

Jess Bayley and Amanda Scarce

13. WELCOME FROM THE CHAIR AND HOUSEKEEPING

The Chair welcomed all those present and advised that the meeting would be recorded.

14. APOLOGIES AND INTRODUCTIONS

An apology for absence was received on behalf of Councillor Juliet Brunner and it was confirmed that Councillor Jane Potter was attending as her substitute.

15. CHAIR'S ANNOUNCEMENTS

The Chair outlined the purpose of the Health Commission and explained that this was the third and final meeting that would be taking place. Two meetings had been held on 12th and 14th January 2017. Unfortunately there had been limited attendance at these meetings, though a significant number of people had viewed proceedings on the Save the Alex Facebook page. Residents were urged to have their say, either by speaking during the meeting or completing one of the commission's surveys. The Chair asked for it to be noted that the deadline for surveys to be completed was Friday 20th January 2017.

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Chair

The feedback provided during the Health Commission meetings and in completed surveys would be analysed over the following few weeks and would help to inform the Council's formal response to the three Worcestershire Clinical Commissioning Groups' (CCGs) consultation process. The Health Commission's findings and conclusions would be detailed in a report, due to be presented at a special meeting of full Council on 2nd March 2017. This meeting would be open to the public to attend.

16. PUBLIC SPEAKING

The Chair explained that seven people had registered in advance to speak, though one resident had subsequently provided their apologies. Registered speakers would be invited to talk to the commission first before the meeting was opened up to other members of the public to speak.

The following residents spoke during the meeting. (As some residents did not register to speak in advance some names may not have been spelled correctly. Apologies are extended to those residents where this may have occurred):

a) Ms Margot Bish (spoke twice)

Ms Bish commented that there were a number of key problems that needed to be addressed:

- Two overcrowded A&E Departments in Worcestershire.
- Inaccessible services for Redditch residents. In particular Ms Bish expressed concerns about the accessibility of Maternity and Paediatrics services following centralisation at Worcester Royal Hospital.
- Log jams on the wards, with demand exceeding capacity.

To address these problems Ms Bish suggested that WAHT should work with equivalent trusts in Birmingham and Warwickshire. This would create a larger pool of doctors to treat patients and the doctors could be provided with greater flexibility in respect of working shifts. This model would also make the location more attractive to junior doctors as there would be experienced consultants within the multi-trust arrangement from whom they could learn. Within this structure junior doctors would feel valued and anticipate that they would have opportunities for promotion which would encourage specialists to remain working in the area.

This multi-trust approach to service delivery was also promoted by Ms Bish for Paediatrics services. The commission was advised that this approach would again attract junior doctors and the larger team would enable the rotation of consultants and registrars. Ms Bish suggested that across the area working patterns already in place at Birmingham City Hospital, whereby trained nurses managed the night shift, could be replicated. Consultants could then be invited to operate during the day across the region and Ms Bish suggested that if some of these consultants worked at the Alexandra Hospital this would reduce the need to refer children over night to Worcester Royal Hospital except in emergency cases. This working arrangement would also have a beneficial impact in terms of accessibility for parents and carers.

Similarly Ms Bish suggested that a multi-agency approach to delivering Maternity Services would provide staff with flexibility and the opportunity for Doctors to rotate in terms of shift patterns. Alternatively a midwife-led unit supported by a single registrar and junior doctor for each shift would potentially provide parents with an option to give birth at the Alexandra Hospital. Ms Bish asked the Health Commission to note that the reason provided for the temporary move of Maternity Services had been that there was a shortage of skilled staff to provide safe services; the rotation of staff in a multi-trust arrangement would address this staffing problem.

The Health Commission was informed that the log jam in Worcestershire could be addressed by making three additions to each hospital; a GP surgery, a Minor injuries Unit (MIU) and a rehabilitation centre. Within this structure patients reporting to A&E not considered to be emergency cases could be referred to the MIU or the GP. The MIU could also provide assistance to the A&E where there was significant demand for services. The flexibility of this arrangement would potentially make the hospitals more attractive places to work for staff.

The suggested rehabilitation centre would provide an alternative to home care whilst making ward beds available for other patients to use. Ms Bish explained that she envisaged that the centre would be operated by carers, rather than nurses, with the support of physiotherapists. The costs involved in staying at these centres could involve patients paying for some of their care. This centre would provide a useful temporary place for rehabilitation and ensure that residents were not discharged too early; Ms Bish explained

she was aware of a number of elderly people who had been discharged to their own homes from hospital who had subsequently experienced falls causing them more severe physical problems.

Ms Bish suggested that the CCGs' plans in respect of separating planned and emergency surgery was flawed. The location of these two sets of surgery at different sites could lead to one experiencing great demand without receiving support from the other (Ms Bish noted that peak times for each type of surgery were different). By co-locating both planned and emergency surgery Ms Bish suggested that staff in each section could support the other. There would also be a reduction in travel times as and when complications arose in planned surgery.

The Health Commission was asked to note concerns in respect of patients travelling between Redditch and Worcester. Ms Bish commented that some patients would inevitably experience discomfort if they were not able to lie down when travelling due to the nature of their condition. This was not an option when using public transport. The Health Commission was asked to note that the increase in journeys from Redditch to Worcester would impact on traffic on direct routes between the hospitals which would impact on travel times for ambulances. The increased traffic would also have a negative impact in terms of air pollution and climate change.

Like many people in Redditch Ms Bish noted that she did not have access to a car and instead cycled to work. In the event that she or a relation were transferred to Worcester Royal Hospital she would struggle to access the site without taking time off work. This would impact on her income and, in the long-term, on her ability to maintain her livelihood.

The Health Commission was advised that Ms Bish was disappointed with the support that had been provided at a national level. She suggested that there was action that the Government could take to address problems within the health service. In particular Ms Bish urged the Health Commission to encourage the Government to cancel student fees and to reintroduce grants for student nurses and students completing medical degrees who were intending to work in the NHS. Without this action the Health Commission was advised that there was a risk that talented young people would not seek to enter a medical career due to concerns about the debts they

might incur at university and this would exacerbate staff shortages in the long-term.

Ms Bish had been present at the meeting convened to discuss changes to Paediatrics services in September 2016. She noted that many of the suggestions made by Dr Vathenen, during a meeting in September 2016 to discuss Paediatrics services, had been sensible. She questioned whether WAHT had taken these suggestions into account, and if they had not, the reasons why these suggestions had been rejected.

The Health Commission was advised that Ms Bish had concerns about the future provision of Oncology services in the county. She suggested that there was a risk that these services would also be centralised and provided in Worcester. Ms Bish urged the CCGs and WAHT to review all of the ideas put forward by the public and not to automatically accept the ideas identified by staff previously employed by the trust.

Ms Bish concluded by thanking Mr Neal Stote and the other members of the Save the Alex campaign for their work in respect of local health services. She also thanked all of the staff who had remained in post at the Alexandra Hospital during a challenging period.

b) Mr Peter Farman (spoke twice)

Mr Farman expressed concerns about the approach that had been adopted to review the services delivered by WAHT. The Health Commission was asked to note that when previously consulted about changes to hospital services Redditch residents had made it clear that they would prefer to travel to Birmingham rather than to Worcester if not all services could be retained in Redditch. However, Mr Farman suggested that the trusts providing health services in Birmingham could not provide assistance unless they were properly engaged in the review of services in Worcestershire.

It was suggested that whilst the Worcester Royal Hospital did not have any scope to expand in size the Alexandra Hospital appeared to have the potential to grow. Mr Farman expressed concerns that the planned clinical model that was subject to consultation appeared to be designed to protect services for Worcester but he commented that this should not influence decisions about health services in Redditch.

Mr Farman suggested that there were three key points that stood out about the proposed new clinical model:

- New parking spaces would be built at Worcester Royal Hospital.
- Four new ambulances would be needed to accommodate the increase in demand for services in Worcester.
- Proposals had been made in respect of providing buses and taxis to transport patients. However, Mr Farman commented that it was unclear whether these proposals extended beyond patients to include family members and friends.

Mr Farman suggested that the concessions provided in the CCGs' documentation did not make up for the centralisation of areas such as Maternity Services.

c) Ms Joan Checkley

Ms Checkley noted that the senior personnel at WAHT were responsible for making decisions about the future of local health services. They were employed in their positions due to their experience and expertise. However, throughout the process nobody had been held to account for previous bad decisions that had been taken about local health services. The Health Commission was asked to note that the changes proposed in the CCGs' consultation document had been identified as necessary to ensure that services in the county were safe and it had been suggested that poor decisions made in the past could not be reversed. However, Ms Checkley commented that in order to improve services and make them safe those previously poor decisions needed to be corrected.

The Trust had originally identified two options for the future delivery of acute services in Worcestershire. One of these options had involved working with Birmingham. However, Ms Checkley expressed concern that Birmingham had not been engaged adequately in this process. Ms Checkley had requested further information on this subject from the trust but despite meetings with representatives had not yet received the information she had requested.

Ms Checkley concluded her speech by thanking Mr Neal Stote for his work on the Save the Alex campaign. She suggested

that this contrasted with the level of action that had been taken at the national level to support health services in Redditch.

d) Mrs Janet Ralph

Mrs Ralph opened by suggesting to the Health Commission that they should have convened at an earlier date to discuss this matter. Concerns were expressed that the work of the Health Commission was too late to influence the outcomes of the review of health services in Worcestershire.

When Mrs Ralph first moved to Redditch 40 years ago many new residents had been arriving and they had been promised a local hospital. In recent years the services available at the Alexandra Hospital had started to reduce in scale. Recently Mrs Ralph's husband had attended the hospital for a routine operation but had experienced a medical emergency and his life had been saved at the Alexandra Hospital. Mrs Ralph questioned whether this would have been possible if her husband had had to be transferred to Worcester.

The Health Commission was asked to take into account Mrs Ralph's concerns about the extent to which visitors from abroad were paying for health services when they utilised NHS facilities. Friends of Mrs Ralph had recently visited from another country; whilst they had health insurance they had never been asked to provide any details when they had had to access NHS services in an emergency. By contrast when Mrs Ralph's husband had needed to access health facilities in Australia he had needed to provide his insurance details in order to pay for services.

Mrs Ralph raised concerns about the impact of current changes to health services on future generations. In the past young people had been able to train to be a nurse without going to University. Mrs Ralph suggested that young people should be enabled to enter the nursing profession via apprenticeship opportunities and working their way up through the NHS. The Health Commission was informed that at present many young people would be deterred from a medical career, including in nursing, by the costs involved in attending university and the debts they were likely to have when they graduated.

e) Mr Trevor Magner (spoke twice)

Mr Magner explained that he had moved to Redditch in 2015 from Hemel Hempstead where he had lived for the previous 40 years. There had been a good local hospital in Hemel Hempstead but more recently, despite vigorous campaigning, the A&E Department had been downgraded and patients had to travel 10 miles to the nearest A&E Department in Watford. As this was located close to the football stadium there could be traffic problems impacting on access, particularly on days when football matches were taking place. As a consequence of these changes the staff had been overwhelmed with demand and the parking provision had been poor impacting on access for patients, their friends and relatives. Mr Magner expressed concerns that the same developments appeared to be taking place in Redditch.

The Health Commission was asked to note that there was a growing population in Redditch who would require services. Nationally the population was aging and older patients were likely to need to access health services. In this context Mr Magner suggested that the full range of health services needed to be available for residents to access at the Alexandra Hospital. Mr Magner conceded that some non-urgent surgery could be centralised, however, he explained that he was opposed to the centralisation of services if it resulted in reduced access.

In respect of A&E services Mr Magner noted that assurances had been provided that the service at the Alexandra Hospital would not be affected by the proposed changes. However, he noted that similar changes had been made to health services in other parts of the West Midlands and eventually this had tended to result in the closure or downgrading of the local A&E Department.

Concerns were raised about the travel arrangements between Redditch and Worcester. Mr Magner noted that it could take 40 minutes to travel to Worcester from the Borough if the traffic was clear. However, in cases where there were traffic problems, particularly on the motorway, travel times could be much lengthier. Parking problems at Worcester Royal Hospital could then lengthen travel times further.

Mr Magner explained that he had recently accessed the A&E Department at the Alexandra Hospital having broken his arm in an accident. The service provided by the paramedics and

hospital staff had been excellent and his treatment from initial admission to discharge had been completed promptly. During Mr Magner's admission to hospital he had viewed an app which monitored A&E waiting times across the country. During that time the A&E at the Alexandra Hospital had been over capacity and some patients had been treated on trollies; demand for A&E services at Worcester Royal Hospital had also been over capacity. Mr Magner had been surprised in this context that staff from the Alexandra Hospital had been required to travel to Worcester to help provide support to meet patient demand at that site.

The Health Commission was asked to note that there was a problem with bed blocking, particularly involving elderly patients who were ready to be discharged but who could not return to independent living in their own homes. In these cases Mr Magner suggested that Worcestershire County Council, which had responsibility for adult social care, should be charged by the hospital a set fee per day until the patient could be discharged into suitable accommodation. Mr Magner suggested that this approach would soon encourage solutions to be identified to bed blocking.

The impact of the centralisation of ambulance services was also addressed by Mr Magner. He expressed concerns that this could lead to an increase in the length of response times, something which Mr Magner advised had occurred in Hemel Hempstead following changes to their local services.

Mr Magner suggested that some of the pressures impacting on the NHS could be resolved if there was improved funding for GP services. He noted that at the national level £400 million had been pledged by the Government to support GP practices in the short-term; Mr Magner suggested that a far larger amount of funding was needed. He suggested that this did not necessarily mean that a seven-day-a-week service from GPs was required. Instead, by increasing funding for GPs Mr Magner suggested that they could help to relieve some of the pressure on A&E Departments.

The Health Commission was advised that more action needed to be taken to boost staff morale at the Alexandra Hospital. In order to do this Mr Magner suggested that there should be no further service transfers to Worcester Royal Hospital and a proper recruitment process should be introduced for the trust.

Mr Magner commented that MIUs and Urgent Care Centres (UCCs) tended to be closed at certain hours in hospitals. However, he suggested that if these units remained open 24 hours a day they could help to relieve some of the pressures on A&E Departments.

In conclusion Mr Magner rejected the proposals detailed in the CCGs' consultation document and suggested that the changes to services that were causing blockages in terms of delivery needed to be reversed. He also noted that there was a possibility that the bed blocking and delays that might occur as a result of consultation could result in patient deaths. If this was to occur Mr Magner suggested that somebody needed to be held accountable and criminal charges would be reasonable.

f) Ms Jane Lavery

Ms Lavery explained that she lived in Alvechurch and used services at the Alexandra Hospital. She advised that she was more positive about the proposals from the CCGs than many of the other speakers at the meeting as they were better than she had anticipated. In particular she was pleased to find that under the proposals the Alexandra Hospital would be retaining an A&E department and the hospital would not be closing.

The Health Commission was asked to note that the staff working at all of the hospitals in the NHS provided excellent services and had a good reputation. Regardless of the level of demand staff always worked hard to do the best for their patients and this needed to be recognised. There had been well publicised problems in terms of the trust's ability to recruit suitably qualified staff, partly due to the uncertainty about the future of hospital services. Ms Lavery questioned whether, if the Alexandra Hospital was made into a centre of excellence, the trust would have the budget to attract the staff needed to maintain this service.

Ms Lavery commented that she had some reservations about the CCGs' proposals in respect of Maternity, Gynaecology and Paediatrics services. The proposed UCC for the Alexandra Hospital would mean that only children with severe medical problems would be referred to Worcester. Mothers were supposed to be provided about choices in respect of giving birth; however if a mother wanted to use the Outpatients services at the Alexandra Hospital they were required to give

birth at Worcester Royal Hospital which Ms Lavery suggested limited many women's choices.

Transportation was also a concern raised by Ms Lavery. The Health Commission was advised that Ms Lavery did not have access to a car and would struggle to travel to Worcester. Ms Lavery acknowledged that the CCGs had identified a number of travel options but she questioned whether these would provide adequate solutions to people in her position.

Ms Lavery made reference to car parking arrangements for people visiting Worcester Royal Hospital. The Health Commission was advised that there was a park and ride arrangement available at Worcester Rugby Club and the charge for parking at this site was relatively affordable compared to the charges for parking at the hospital. However, this option had not been well publicised.

Finally Ms Lavery concluded by questioning whether the feedback from residents to the CCGs could really influence the eventual clinical model that was adopted or whether the outcome was a fait accompli.

g) Mrs Linda Magner (spoke twice)

Mrs Magner explained that when she had first moved to Redditch over 40 years ago there had not been a hospital in the Borough. Mrs Magner had given birth to premature twins in the old hospital in Bromsgrove and had had to visit the hospital three times a day to express milk. The Health Commission was advised that in cases involving premature births in 2017 many mothers would struggle to similarly travel to Worcester to provide the same support to their young babies.

The Health Commission was advised that Mrs Magner worked with elderly people. Clients who had suffered a stroke often needed reassurance and tended to worry about their elderly partners in their absence. These anxieties had been exacerbated by the centralisation of services, with patients worrying about their elderly partners travelling to and from the hospital. There was therefore a risk that the centralisation of health services could cause patients more health problems.

Mr and Mrs Magner had attended the meeting convened by the local MP to discuss temporary changes to Paediatric services in September 2016. During this meeting a former

member of staff from the Alexandra Hospital, Dr Vathenen, had invited representatives of WAHT to visit Sussex where he was working to view how services could be structured and delivered. Mrs Magner questioned whether this visit had ever taken place.

The Health Commission was informed that nationally there was a shortage of qualified doctors and nurses. These shortages were exacerbated by the financial appeal to qualified medics of operating as locums rather than as permanent members of staff. Mrs Magner explained that one of her acquaintances was a qualified doctor who worked as a locum and he could earn up to three times more working for an agency than in a permanent position. To address this problem Mrs Magner suggested that medics should be encouraged to remain employees in the NHS and, if they left the service, should be required to pay some of the funding back to the service that they had received for their original training.

Mrs Magner suggested that it would be interesting to obtain the following information from WAHT:

- Clarification about the number of locums used by WAHT to provide services.
- Further information about the new consultants announced during the public meeting in September. In particular Mrs Magner questioned whether these consultants had been employed as permanent members of staff.

Concerns were raised about the potential impact of the proposed new clinical model on ambulance services. Mrs Magner commented that in other parts of the country where services had been centralised waiting times for ambulances had increased. She suggested that there was a risk this could occur in Redditch too.

Finally Mrs Magner questioned the objectivity of the questionnaire that had been launched by the CCGs.

h) Ms Nicole Thomas

Ms Thomas explained that she was employed as a Health Care Support Worker based in Evesham, though she was also a Redditch resident. She had observed the impact of the centralisation of Stroke Services in Worcester on demand for

rehabilitation beds; sometimes there was not enough time available to wipe down the beds after a patient had been discharged before a new patient arrived. Some patients had been referred to the rehabilitation ward too early from hospital and could have a detrimental impact on their health.

The impact of demand for services was having a negative impact on staff morale. Staff were leaving the service for other forms of employment, often because they felt over worked. Many of the patients the rehabilitation ward supported needed help when using the toilet and this took up quite a lot of the time used to provide these patients with support. Patients who had had strokes often experienced depression yet there was too little time available to staff to enable them to support patients in this position.

The Health Commission was asked to note that the journey from Redditch to Worcester could be prohibitively expensive for people on low incomes or in receipt of benefits. A friend of Ms Thomas had a number of siblings, including a child with severe asthma. Recently the child had to be taken to hospital and as their mother did not drive and an ambulance could not be provided the mother had had to pay £50 for a return trip to the hospital by taxi. She had struggled to afford to pay this because she was living on benefits. Journey times on the motorway could take time, particularly in poor traffic, and this created risks for seriously ill children referred to Worcester from Redditch. Ms Thomas suggested that before the changes to services detailed in the CCGs' consultation document were implemented these transportation problems needed to be resolved.

Ms Thomas explained that she understood the rationale behind the proposed changes to services. However, she suggested that a better approach would be to improve existing services rather than to implement the planned changes.

Finally it was commented that *The Five Year Forward View* document, published by the national Mental Health Taskforce in February 2016, placed a strong emphasis on providing support to people with mental health problems. However mental health services had been reviewed and as a result of this some of those services would be closing in the county.

i) Ms Anne Smith (spoke twice)

Ms Smith explained that she was a resident of the Lickey Hills who used hospital services in Worcestershire. She expressed concerns that in recent years patients had started to be treated more as units than as people. The changes to services would not just impact on patients but also on their friends and families. Enabling people to remain in good health in their own homes could help to save money in the long-term. Ms Smith welcomed the Health Commission as it provided an opportunity for the public to express their views.

Decades ago when Ms Smith had needed to undergo procedures the doctors had arranged for this to be delivered around her availability as a mother with childcare responsibilities. Appointments at that point could be booked via a Doctor's PA and it was suggested that a similar pragmatic approach would be helpful in the current environment.

When Ms Smith first moved into the area that had been a serious collision on the M5. The Alexandra Hospital had accommodated all of the crash victims and had provided an excellent service. There was an expanding population not just in Redditch but in the whole of the north of Worcestershire where residents had traditionally used the Alexandra Hospital; for example a large housing development had been built at Longbridge in Bromsgrove district in recent years. Ms Smith questioned where this increasing population would be able to access health services.

The Health Commission was asked to take into account changes to health services and Ms Smith suggested that these were increasingly being privatised. This included private nursing homes and the referral of NHS patients to private hospitals for elective surgery. Ms Smith suggested that this was not what the public wanted to pay for and she commented that most residents would be prepared to pay more to help maintain the NHS as a free public service.

j) Mr David Cartwright

Mr Cartwright commented that he agreed with much of what had already been said during the meeting. He particularly raised concerns about the potential impact of travelling to Worcester to access services in the long-term on Redditch residents.

Over the past 25 years Mr Cartwright noted that there had been numerous discussions of potential changes to hospital services in Worcestershire. Every time these changes were discussed residents had been assured that this would be the last time that changes would be made only for further reviews of services to be announced at a later date. The constant changes to health services in Redditch undermined the potential to secure consistency in service delivery and had a detrimental impact on the potential of WAHT to attract new staff. Mr Cartwright urged the commission in its response to the CCGs to request an assurance that no further changes or reviews of services would take place in the foreseeable future.

k) Ms Hannah Cartwright

Ms Cartwright explained that she worked at a nursery in Redditch. Whilst Ms Cartwright did not have any children this was something she was considering for the future. However, she was concerned about the potential need to travel to Worcester from Redditch if she became pregnant and she advised Members that she would be reliant on her parents if this was to occur as her partner could not drive.

The Health Commission was asked to note that there was a risk that the permanent centralisation of Maternity and Paediatrics Services in Worcester could have a negative impact on the economy. Young families might be deterred from living in Redditch permanently due to concerns about access to health services for them and their children. Many of the parents of children at the nursery where Ms Cartwright worked could not drive though their children might have serious medical conditions. They would already be concerned about the proposals and would be questioning whether to continue to live in the area.

l) Ms Jenny Moseley

Ms Moseley advised that she was a mother of four young children. Over five years ago she had been rushed to Worcester Royal Hospital when she had given birth to premature twins. There had been no theatre, no anaesthetist and no pain relief available. The experience had been very distressing and Ms Moseley questioned whether this would change under the model proposed in the CCGs' consultation document.

The Health Commission was advised that one of Ms Moseley's children had a serious medical condition whilst another had recently had an eye infection. When treatment had been provided the children had been referred to Worcester Royal Hospital. In both cases Ms Moseley's partner had had to stay at home to look after the other children and he could not travel to be with her and their other child. The changes proposed needed to take into account more than just the needs of the patient, particularly when considering services for children; it was also important to take into account the family support unit. Ms Moseley expressed concerns about the potential impact of her absences whilst at Worcester with her younger children on the wellbeing of her older children. She also expressed concerns about her ability to enable her child with a serious medical condition to meet with their consultant and to receive specialist services as she would struggle to travel to Worcester.

The Health commission was advised that the proposed changes detailed in the CCG's consultation document would have the most negative impact on vulnerable residents. Ms Moseley suggested that the proposed changes to services appeared to have been made in response to financial pressures.

m) Mr Richard Portes

Mr Portes commented that he and his family had lived in Redditch since the 1970s and had received an excellent service from staff at the Alexandra Hospital whenever they had had to utilise local health facilities. The Health Commission was advised that Mr Portes did not anticipate that the proposed changes to the clinical model for WAHT could be prevented. However, he suggested that residents and the Health Commission could influence the way that these changes were implemented. In particular, Mr Portes suggested that the CCGs and WAHT should be urged to ensure that the proposed changes were not implemented until the problems with restricted car parking at Worcester Royal Hospital and public transport had been addressed.

The Health Commission was asked to note that the population in North Worcestershire was growing. In this context Mr Portes suggested that it would be helpful to clarify the catchment area for the Alexandra Hospital at a time when the availability of services at that site were reducing.

Recent media coverage had highlighted problems with bed blocking and the impact on access to services across the country. In part Mr Portes suggested that the problem with bed blocking was caused by funding problems for adult social care. The Health Commission was asked to note that Surrey County Council was attempting to address this by holding a referendum asking its residents whether they would be prepared to increase Council Tax by 15 per cent in order to cover the costs of delivering social care services. Mr Portes suggested that if additional services were to be retained further consideration needed to be given to how those services were funded.

Mr Portes concluded by explaining that he had had a number of appointments at the Alexandra Hospital recently. On each occasion he had met with a different locum and he questioned what message this was sending to potential staff.

n) Mr Neal Stote

Mr Stote explained that he was involved in the Save the Alex campaign and had spoken to the commission on 14th January 2017.

The Health Commission was asked to note a number of concerns about changes to local health services. The option to give birth at the Alexandra Hospital was no longer available to mothers. Children who were unwell would be taken to Worcester and not the Alexandra Hospital. Mr Stote suggested that it was unclear whether children and their families who self-referred to the A&E Department at the Alexandra Hospital would receive treatment. However, he noted that many people would automatically assume that the A&E Department would treat children. There was no sign up at the A&E Department at the Alexandra Hospital to advise people that the department provided services to adults only nor were signs on display notifying people that emergency surgery was not available at the site.

Mr Stote urged residents to read the CCGs' consultation document and to respond. He advised that whilst the Save the Alex campaign had disbanded the hospital still needed to be saved. There remained areas of concern, particularly overcrowding at WAHT facilities, and Mr Stote suggested that it was likely the trust would remain in special measures. The problems that had been experienced by the trust were

significantly influenced by financial difficulties though Mr Stote suggested that the situation could have been better managed.

The Health Commission was asked to note that the issues that had been discussed during the meeting were not peculiar to Redditch. There were challenges facing the health service across the country and this was impacting on staff morale. In this context Mr Stote suggested that there needed to be a discussion at a political level about how health services should be funded and what services should be available for residents to access locally.

Many of the issues that had been raised by residents during the meeting had been highlighted by the Save the Alex campaign on a number of occasions in recent years. Transport in particular had been a concern for a long time. The hopper bus provided a useful solution; however it was unlikely that this would be used by residents unless the service was effectively promoted to the public.

Mr Stote noted that the CCGs' consultation was not the only review that could impact on local health services. The contents of the Herefordshire and Worcestershire Sustainability and Transformation Plan appeared to suggest that there would be further changes in the future.

The Trust had had a second option available to work with Birmingham in the delivery of hospital services. This option had not eventually been pursued by the trust leading Mr Stote to question whether the voice of the public was being listened to.

o) Ms Leah Brindley

The Health Commission was advised that Ms Brindley's younger sibling had severe asthma. Recently the Doctor had advised her family to take her sibling to Worcester Royal Hospital, however, the family had been told that they needed to transport her sibling there independently though they did not have access to a car. The family had consulted with paramedics and had been advised that the hospital was too full.

Ms Brindley advised that she was unwilling to have children in Redditch following the move of Paediatrics services having watched the impact of the centralisation of services on her family which struggled to pay to travel to Worcester. The

Health Commission was advised that if Ms Brindley did have children she would opt to take her children to Birmingham rather than to Worcester Royal Hospital.

Questions were raised by Ms Brindley as to why WAHT spent so much on locum staff and could not retain permanent members of staff. It was noted that permanent members of staff were paid much less than locums and she suggested that this arrangement was immoral.

p) Mrs Rosemary Dixon

Mrs Dixon advised that she had lived in Redditch for many years and was a volunteer at the Alexandra Hospital. She thanked the Save the Alex campaign for their work to protect local hospital services and criticised comments made in previous years that had suggested that the campaign had impacted on recruitment problems at the Alexandra Hospital.

The Health Commission was asked to note that the CCGs' consultation document clearly stated that the public were being consulted about a single proposed clinical model for acute services. Mrs Dixon suggested that consequently the public was not being consulted about what services they wanted but about the services they were going to receive in future.

Mrs Dixon commented that the CCGs' consultation document reported that most pregnant women from Redditch had chosen to give birth at Worcester Royal Hospital following the centralisation of Maternity Services. However, this did not acknowledge that women had to give birth in Worcester if they wanted to receive pre-natal care at the Alexandra Hospital.

On a number of occasions Mrs Dixon noted that WAHT had justified the centralisation of services at Worcester Royal Hospital to address safety concerns. However, Mrs Dixon questioned who had caused these services to become unsafe and noted that this was not the fault of the staff.

Public transport was also addressed by Mrs Dixon. She noted that the CCGs' consultation document made reference to the 350 bus, which reportedly stopped at both the Alexandra Hospital and Worcester Royal Hospital. However, Mrs Dixon noted that when she had used the bus she had found that it did not stop at Charles Hastings Way unless a specific request was made to the driver to stop there. If this request was not

made the bus would continue to the bus depot at Worcester where passengers would need to transfer to another service to reach the hospital thereby lengthening travel times.

The consultation document suggested that it would cost £380,000 per annum to operate a minibus between the hospital sites in Worcestershire. It was noted that a return journey via a minibus would be subject to a charge of £10 each way with a return journey via the 350 bus costing £7. Ms Dixon suggested that the continued provision of the proposed hopper bus for free after the three month trial had ended would be preferable.

q) Mr Andrew Sweeny

Mr Sweeney explained that he had lived in Redditch since 1988. He had not intended to speak but to add to the numbers present at the meeting. Whilst the number of attendees was lower than those who had attended the meeting in September 2016 to discuss changes to Paediatrics services Mr Sweeney commented that this did not necessarily mean that there was a lack of interest amongst Redditch residents in the future of local health services. Mr Sweeney suggested every resident deserved safe health services in return for their contributions in taxes and he commented that the evidence provided for the proposed service changes was inadequate.

The Health Commission was asked to note that the populations in both Redditch and Worcester were growing. Worcester Royal Hospital appeared already to be struggling to cope with increased demand as a result of changes that had already been made to services.

Mr Sweeney suggested that more funding needed to be allocated to the NHS by the Government. He concluded by explaining that he supported Save the Alex's campaign to protect services at the Alexandra Hospital.

r) Ian Johnson

Mr Johnson explained that he had been involved in the Save the Alex campaign for some time. He had read through the CCGs' consultation document and had some reservations about the content. He urged residents to complete the Health Commission's survey and the CCGs' questionnaire in order to demonstrate their views about proposed service changes.

s) Mr Mike Spencer

Mr Spencer suggested that a key problem was short-term compartmentalised approaches to thinking about public services. Mr Spencer commented that unfortunately individuals were only often interested in considering potential changes to their service areas rather than the wider implications. He suggested that public sector bodies should take a step back and review changes and the overarching implications at a local level from a more strategic perspective.

t) Ms Sharon Harvey

Ms Harvey made reference to the CCGs' consultation document and noted that a number of case studies had been included within the papers. However, she suggested that many of the scenarios detailed within the document could result in more negative outcomes for the patient if problems such as delayed travel times were taken into account. She suggested that, therefore, the case studies provided were not necessarily realistic and commented that the document should also have addressed the actions that would be taken in a scenario where things went wrong.

The Chair thanked everybody present for speaking during the meeting. He concluded by thanking the Save the Alex campaign for streaming each meeting on their Facebook page and for helping to raise the profile of the commission's work.

The Meeting commenced at 7.00 pm
and closed at 8.55 pm