THE MINUTES OF THE MEETING OF THE

REGENERATION SERVICES SCRUTINY COMMITTEE

HELD ON MONDAY, 8TH DECEMBER, 2008

Present: Councillor D. Raine (Chair)
Councillors S. Bishop, Mrs. S. Forster, H. High, M. Routledge, D.J. Taylor-Gooby and C. Walker

Also present: Councillors A. Burnip, R. Crute, Mrs. A.E. Laing, T. Longstaff, Mrs. S. Mason, K. McGonnell, D. Milsom, A. Napier, G. Patterson, G. Pinkney and R. Todd

Apologies: Councillor Mrs. E.M. Connor

1. **THE MINUTES OF THE LAST MEETING** held on 17th November, 2008, a copy of which had been circulated to each Member, were confirmed.

2. **THE MINUTES OF THE MEETING OF THE EXECUTIVE** held on 25th November, 2008, a copy of which had been circulated to each Member, were submitted.

RESOLVED that the information contained within the Minutes, be noted.

3. **PUBLIC QUESTION AND ANSWER SESSION**

There were no members of the public present.

4. **FEEDBACK FROM SCRUTINY MANAGEMENT BOARD**

The Chair reported at the last meeting of the Scrutiny Management Board held on 1st December, 2008, the following issue was discussed:-

Performance of East Durham Local Strategic Partnership

RESOLVED that the information given, be noted.

5. **NHS COUNTY DURHAM/COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - SEIZING THE FUTURE CONSULTATION**

The Chair welcomed David Gallagher - NHS County Durham and Diane Murphy - County Durham and Darlington NHS Foundation Trust, Project Manager for the 'Seizing the Future' consultation.

David Gallagher explained that NHS County Durham's responsibility was for commissioning health services and spent approximately £1 billion pound per year on GP's, dentists, community services, mental health services and acute hospital services. NHS County Durham procured services from County Durham and Darlington NHS Foundation Trust. The consultation process was to make sure the process was fair and open and NHS County Durham would make recommendations to the consultation.

Diane Murphy explained that the project had been running for approximately 11 months and had been very lengthy and been led by doctors and nurses. 'Seizing the Future' was about providing the best services for patients while maximising the use of all of the hospital sites. She explained that she was the Project Manager but was also a qualified nurse and her substantive role was the Assistant Director of Nursing.

It was explained that there would be no hospital closures or redundancies and the aim was to maximise the use of all of the hospitals providing local services wherever they could. Services would be centralised to provide safe care and give patients the best possible treatment.

There were two acute hospital sites - Darlington Memorial Hospital and the University Hospital of North Durham. Bishop Auckland General Hospital was to become a planned care centre. The Trust was also responsible for two community hospitals in Chester-le-Street and Shotley Bridge. Bishop Auckland General Hospital would be utilised more fully than at present and Shotley Bridge would also see some add-on day cases.

Diane Murphy explained what was currently provided at Darlington Memorial Hospital, University Hospital of North Durham and Bishop Auckland General Hospital and what was proposed. Bishop Auckland General Hospital would have a special rehabilitation centre which would be the first in this area.

Diane Murphy explained that specialisation improved outcomes for patients. The European Working Time Directive had also reduced the number of hours junior doctors could work and by August 2009, junior doctors would only be allowed to work 48 hours per week. The net effect would be that there would be a loss of equivalent of 31 junior doctors across the Trust and there needed to be a way found to manage this. There had also been recommendations made by the Royal College of Surgeons and Physicians about how to deliver services. Recommendations had been on accident and emergency departments, acute medicine, critical care and children's care.

Acute Medicine specialities had emerged and there was a new specialist team called the Acute Care Team who were specially trained in managing care in the first 24-48 hours. There was sufficient of this type of team in Durham but nowhere near enough in Darlington and Bishop Auckland Hospitals. Critical Care was a new speciality and there had been problems in recruiting. All level 3 care would be now transferred to Darlington.

With regard to children's care, Bishop Auckland General Hospital had been a flagship site but because the number of patents that had been admitted had reduced, this was no longer viable. A large proportion of consultant paediatricians were nearing retirement and there weren't the numbers of consultant paediatricians to employ.

Doing nothing was not an option and the rotas of doctors were thinly spread across Bishop Auckland and Darlington Hospitals. If no changes were made, there would be a decline in quality and safety of services.

Two-thirds of patients would continue to be treated in the A&E at Bishop Auckland General Hospital and would not be affected and patients would benefit by travelling for more specialised care. Serious injury had been centralised in Darlington Memorial Hospital in 2000 and major head injuries were transferred to James Cook. A proportion of heart attack patients already travelled to James Cook and Freeman for immediate angioplasty.

The changes would be an improvement for patients as there would be better access to a specialist, being on the right ward, less risk of cancelled operations, better rehabilitation after being ill and less risk of infections like MRSA.

With regard to travel and access, it was hoped that a hospital link service could be established similar to the pilot that was running in East Durham whereby patient, visitor and staff transport would be provided. Work had been ongoing with Durham County Council's Integrated Transport Unit.

David Gallagher explained that the consultation was running from 6th October, 2008 to 12th January, 2009. It was hoped that a board meeting would be held on 3rd March 2009 when the evidence would be reviewed and decisions would be made on the proposals. It was better to have a planned approach if they wanted the best care for patients in the County.

A Member queried if there would be a loss of any posts. Diane Murphy explained that there were no losses of posts planned at all and there were plans to create new roles. This was not about reducing services, it was about reorganising what was currently provided.

A Member queried if patients that currently attended Durham Hospital would now have to go to Bishop Auckland. Diane Murphy explained that yes this would happen. People would be given the choice for planned care and a lot of people currently attended Bishop Auckland for planned care at the moment.

David Gallagher explained that transport and access would be put in place before any changes were made. All patients would have the choice to go to whichever hospital they required and the PCT would fund it.

A Member queried which centre of population in County Durham would be most affected by the proposals. Diane Murphy explained that 2,093 patients would be better off and 2,050 would be worse off under the proposals. In the DH6 postcode, 22 households would be better off and 50 would be worse off in terms of travelling.

A Member queried why the whole county was being consulted when the Bishop Auckland area would be mainly affected. D. Gallagher explained that people from East Durham did use Bishop Auckland General Hospital as well as the University Hospital of North Durham, and they needed to be considered.

A Member referred to Community Hospitals and explained that they were run by different organisations. He queried if there were any plans to make a more uniformed level of community provision. D. Gallagher explained that the development plan for community hospitals would commence the following year. Who owned the building did not matter, it was the service that was provided and standards of care must be the same.

A Member queried when hospitals stopped becoming hospitals and started becoming a care centre. He queried if the A&E would still be in operation as she had stated that two-thirds would still be using it. D. Murphy explained that almost 30,000 patients were treated in A&E at Bishop Auckland. It was proposed that it ceased to be called an A&E and would be an integrated Urgent Care Centre with emergency care practitioners and GP's. 20,000 patients fell into the category of minor injuries and could still be treated in Bishop Auckland General Hospital.

David Gallagher explained that Bishop Auckland General Hospital was a hospital and would continue to be a hospital and services were still going to be provided from it.

The Chair commented that part of the rehabilitation was getting visitors to the hospital and queried how they were going to make sure that happened. Diane Murphy explained that the transport services planning was for visitors as well as staff and visitors were an important part of the care and recovery of patients.

A Member referred to cancelled operations and queried if they were cancelled because there were insufficient beds. Diane Murphy explained that some of the cancellations happened because of the pressure on beds. Planned care was provided in the same wards as emergency care and by separating them, planned care beds would be ring-fenced.

A Member queried what would happen if the proposals did not work. Diane Murphy explained that the Trust was confident that the proposals would work and standards would continue to rise. The proposal was the Trust's strategy for the next five years.

The Chair thanked David Gallagher and Diane Murphy for their attendance.

RESOLVED that the information given, be noted.

JC/PH com/regen-scrutiny/081201
10th December, 2008