

**CHELTENHAM AND TEWKESBURY, COTSWOLD AND VALE AND WEST
GLOUCESTERSHIRE PRIMARY CARE TRUSTS**

INVESTING IN EXCELLENCE JOINT SUB-COMMITTEE

**Minutes of the meeting held at 6.00 pm on Wednesday, 19 January 2005
in The Friends' Meeting House, Warwick Place, Cheltenham**

PRESENT:

Mrs E H Law, Trust Chair, Cotswold and Vale Primary Care Trust (Chair)
Mrs P Barlow, Non-executive Director, Cheltenham and Tewkesbury Primary
Care Trust
Dr S Drysdale, Chair, Professional Executive Committee, Cotswold and Vale
Primary Care Trust
Mr J Duckworth, Non-executive Director, Cotswold and Vale Primary Care
Trust
Ms C Fowles, Chief Executive, Cheltenham and Tewkesbury Primary Care
Trust
Mr D Harbottle, Non-executive Director, West Gloucestershire Primary Care
Trust
Mr C Hickey, Non-executive Director, Cheltenham and Tewkesbury Primary
Care Trust
Mr R James, Chief Executive, Cotswold and Vale Primary Care Trust
Ms J Marriott, Non-executive Director, West Gloucestershire Primary Care Trust
Mr D Miller, Non-executive Director, Cotswold and Vale Primary Care Trust
Ms A Read, Non-executive Director, West Gloucestershire Primary Care Trust
Dr M Roberts, Chair, Professional Executive Committee, West Gloucestershire
Primary Care Trust
Ms S Ryan, Non-executive Director, Cheltenham and Tewkesbury Primary
Care Trust
Mr F Simpson, Non-executive Director, West Gloucestershire Primary Care Trust
Dr G Wilson, Member, Professional Executive Committee, Cheltenham and
Tewkesbury Primary Care Trust

IN ATTENDANCE:

Mr Richard Higgins, Project Director for Investing In Excellence
Dr G Routh, Medical Director, Gloucestershire Hospitals NHS Foundation Trust
Mr Jay Vinall, Executive Manager to the Board, Cotswold and Vale Primary
Care Trust (Secretary to the Joint Sub-Committee)

JSC1/05 WELCOME AND INTRODUCTIONS

Mrs Elizabeth Law welcomed members of the Joint Sub-
committee, members of the public and representatives of the
Press to the meeting.

JSC2/05 PURPOSE OF THE JOINT SUB-COMMITTEE

Mrs Law explained that the Joint Sub-committee had been established as a sub-committee of the three Primary Care Trusts in Gloucestershire, which were responsible for commissioning services for their populations and for consulting on proposals for significant service change. The Sub-committee would receive and consider a report on the outcome of the consultation and responses from the Gloucestershire Hospitals NHS Foundation Trust and the Gloucestershire Health Overview and Scrutiny Committee. The Sub-committee would then consider and agree any recommendations on the proposals for countywide change arising from the public consultation, which would then be presented to meetings of the three Primary Care Trust Boards, which were to be held on 8 February 2005.

The proposals had been the subject of extensive countywide public involvement and consultation exercises through which members of the public had had opportunities to participate. This meeting was being held in public in order to enable members of the public to witness the debate of the Joint Sub-committee.

The Joint Sub-committee's Terms of Reference had been included in the papers for the meeting. It was noted that there were no issues arising from the Terms of Reference which required clarification for members of the Joint Sub-committee.

JSC3/05 PUBLIC CONSULTATION OUTCOMES**(a) Investing in Excellence – Consultation Outcome Report**

Richard Higgins, Project Director, outlined the public consultation process, which had been undertaken in the context of new national requirements for public involvement, the establishment of the Gloucestershire Hospitals NHS Foundation Trust and the constitution of the Gloucestershire Health Overview and Scrutiny Committee. The consultation process had generated substantial public interest and a full range of documents were accessible on the Get Involved in Gloucestershire website (www.gloshealthservices.org.uk/getinvolved). There had been many lessons learned from the process and these would be published so that they could be applied to future involvement and consultation exercises.

A range of issues had been raised during the involvement and consultation process and these were set out in paragraph 3.1 of the Consultation Outcome Report. The key points for the Sub-committee were whether the issues raised during the consultation had been given an adequate airing and whether they were reflected in the response from the Gloucestershire Hospitals NHS Foundation Trust.

In considering the proposed package of proposals for countywide change which formed the basis of the consultation, it was suggested that the Joint Sub-committee consider a number of observations relating to specific elements of the package.

Richard Higgins noted that the outcome of the consultation argued that the proposals for change for the intensive care and in-patient facilities were indivisible. In practice, the proposal to concentrate neonatal intensive care services was the least contentious issue and it appeared that a consensus of opinion had been arrived at regarding this.

The Outcome Report recorded that several issues had been raised with regard to in-patient services, including the number of in-patient beds, staffing, transfers between hospitals and access to the Gloucestershire Royal Hospital. A key issue which had to be addressed was that of staffing, where no alternative ways to address this aspect had been identified through the consultation; therefore, there was a question as to whether the proposed change was inevitable and a necessity.

In addition, the consultation had brought out some clinical disagreements about the proposals, which were outlined in the Consultation Outcome Report and the response from the Gloucestershire Hospitals NHS Foundation Trust. The location of services on one site was an agreed objective for the clinicians; however, the issue appeared to be more about the process which would be followed to achieve this objective over time.

In addition, there were strong differences between Cheltenham and the rest of the county about where services should be located and people in Cheltenham and the North Cotswolds had expressed a preference for services to be located on two sites; however, there was a growing recognition during the consultation that maintaining patient safety was an over-riding concern. This created a dilemma which needed to be resolved.

The Outcome Report identified two further issues which had been raised during the consultation: the implementation of any changes arising from the consultation; and overnight accommodation at Cheltenham General Hospital.

On the first point, the Gloucestershire Hospitals NHS Foundation Trust had proposed that the timescale for planning and implementation could be one year.

The second point had been suggested as an alternative approach, which, if combined with an extension of services at the Paediatric Assessment Unit at Cheltenham could provide a model of service through which children could be assessed, treated and returned home; however, it was not clear whether there would be sufficient numbers of patients to sustain this as a viable option.

In summary, therefore, it was suggested that the key points for the Joint Sub-committee to determine were:

- whether the consultation process had identified the right issues and given them an adequate airing
- whether it was accepted that the package of proposals was indivisible
- whether the need for change was accepted
- whether one location was the appropriate solution.

(b) Response from Gloucestershire Hospitals NHS Foundation Trust

Elizabeth Law read out an extract of Dame Janet Trotter's letter of response from the Board of the Gloucestershire Hospitals NHS Foundation Trust. The Trust had considered the outcome of the consultation at a meeting on 10 January 2005 and had sent its response, which was included in the pack for Committee members. The Trust response was that the Board considered that the proposed changes to specialist services were necessary and in the interests of patients, but the Trust would be willing to consider proposals from the Primary Care Trusts aimed at minimising the impact on families affected by the changes, in the light of the comments made during the consultation.

The Board had also responded on the question of overnight accommodation in Cheltenham. The Trust was prepared to

consider the operation of an overnight nurse-led unit for a properly funded trial period so long as this was not at the expense of the community paediatric service development.

(c) Report to Gloucestershire Health Overview and Scrutiny Committee

Richard James reported that he had attended the Gloucestershire Health Overview and Scrutiny Committee meeting held that morning. In response to the consultation, the Committee had agreed to recommend that a centre of excellence be created for Gloucestershire by centralising services at the Gloucestershire Royal Hospital. The Committee recognised the very strong feeling in Cheltenham in support of Battledown Ward remaining open 24 hours a day and strongly urged the Primary Care Trusts to consider the option of a nurse-led unit in Cheltenham. The Committee recommended that the implementation of any proposed changes be delayed until the outstanding issues highlighted in their report had been fully resolved and requested a further report to its meeting on 2 March 2005 showing how the health community would resolve, in its implementation plan, all of the issues raised in sections 5.1 – 5.4 of their report and how communication about implementation would be handled. The Committee had also asked to receive the minutes of the Joint Sub-committee's meeting as soon as possible.

The Joint Sub-committee considered that there were a number of learning points from the consultation exercise which could be utilised in order to improve similar exercises in the future. One key area was the need to achieve a better balance between providing enough detail about proposals in order to enable a meaningful dialogue to take place, without appearing to have already determined the outcome of the process.

This had been a different type of consultation exercise to any previously undertaken and it was recognised that the lack of detailed plans may have increased the level of anxiety about the proposals, which was reflected in the response to the consultation.

In addition, it would be important in the future to ensure that there was a greater consensus of clinical opinion before going out to public consultation. In practice, there was a general consensus regarding the proposed change, but there were concerns about the process of change which would need to be addressed through the implementation of any changes.

It was considered that the Consultation Outcome Report reflected the views which were expressed during the consultation.

The Joint Sub-committee agreed that:

- **the consultation process had identified the right issues and these had been given adequate consideration**
- **there were a number of learning points from the consultation, particularly the balance of detail made available on the basis of consultation and the need for clinical consensus about proposed changes.**

From the specific feedback from the public in the Cheltenham and Tewkesbury Primary Care Trust area, it was evident that there was not an acceptance that the package of proposals was indivisible; however, having considered the arguments particularly around the issue of staffing, it was concluded that the package of proposals was indivisible. It was recognised that this could be difficult for people in Cheltenham and the North Cotswolds to accept that such a decision was being made on the basis of what could be regarded as essentially a staffing imperative; however, it was considered that this issue had been thoroughly tested through the consultation process.

The Joint Sub-committee agreed that the package of proposals was indivisible.

It was considered that in order to provide a critical mass of services of an appropriate quality within the county and taking into account issues such as staffing, there was justification for concentrating services.

There had been a lot of discussion during the course of the consultation about numbers of staff: however, it was important to recognise that the issue of staffing was essentially that of having sufficient numbers of appropriately trained, skilled and qualified staff and that there was an inherent risk of diluting these scarce resources if the existing pattern of services was retained. This was a national issue and many health communities were facing similar issues for the same reasons.

The Joint Sub-committee agreed that the need for change was accepted.

It was recognised that the public in the Cheltenham and Tewkesbury area had expressed the greatest concerns about

the proposal to locate services on one site; however, having considered the arguments, tested the proposals through the consultation process, and in the absence of practical viable alternatives, it was concluded by the Joint Sub-committee that the proposed location on a single site was the only acceptable option. It was also considered to make clinical sense to have services located on a single site.

The Joint Sub-committee agreed that locating services on one site was the only workable solution, whilst recognising the views of specific local communities about this proposal.

JSC4/05 RECOMMENDATIONS FROM THE JOINT SUB-COMMITTEE

a) The package of proposals

The Joint Sub-committee had agreed that the package of proposals was indivisible and the proposals as set out were acceptable.

The Joint Sub-committee agreed to recommend the package of proposals for countywide change to:

- **locate intensive and high dependency care for newborn babies and the children's in-patient ward at Gloucestershire Royal Hospital**
- **retain Special Care Baby Units and neo-natal resuscitation at both Cheltenham General and Gloucestershire Royal Hospitals**
- **Retain Paediatric (Children's) Assessment Units at both hospitals with 7 day a week opening between 9.00 am and 10.00 pm at Cheltenham General Hospital**
- **Invest in children's home and community nursing adding 6 staff to the current complement to create a countywide service.**

b) Implementation Plan

It was essential that matters of detail including the issues raised during the consultation such as the number of beds, staffing and parking should be addressed in the Gloucestershire Hospitals NHS Foundation Trust's Implementation Plan. The Foundation Trust's offer to share the detailed plans with a wide audience was welcomed.

The Primary Care Trusts as the commissioners of services, would need to see the detail of how these issues were to be addressed in order to be assured, on behalf of their local populations, that satisfactory arrangements were being planned and implemented. The Implementation Plan should cover the main issues identified in paragraph 3.1 of the Consultation Outcome Report and those issues raised during the course of this meeting, particularly inter-hospital transfers, emergency care, out of hours and access. It was recognised that transportation was a wider issue which would require a partnership approach in order to address it.

It was questioned whether it was reasonable to ask the Gloucestershire Hospitals NHS Foundation Trust to produce an Implementation Plan within two months and to implement the changes within a further ten months. It was also important to take into account the need to report back to the Overview and Scrutiny Committee and that that Committee had recommended that any proposed changes be delayed until the concerns raised during the consultation had been addressed. It was considered that these timescales should be regarded as indicative, but that identifying a timetable would provide a disciplined framework within which the health community could plan and implement any changes.

The Gloucestershire Hospitals NHS Foundation Trust was keen to develop an Implementation Plan which addressed the interests of care of children and it would be essential that the three Primary Care Trusts contributed to and were satisfied with the Plan as commissioners of these services.

The Joint Sub-committee agreed to recommend that:

- **the Implementation Plan should cover the main issues identified through the consultation as set out in paragraph 3.1 of the Consultation Outcome Report and during the course of this meeting**
- **the Implementation Plan should be published within two months**
- **the Primary Care Trusts test the validity of the Implementation Plan and assure themselves that the issues raised by their respective populations had been addressed**
- **progress on the preparation of the Implementation Plan be reported to the Overview and Scrutiny Committee at its meeting on 2 March 2005.**

c) Overnight in-patient accommodation at Cheltenham General Hospital

Elizabeth Law explained that the proposal to provide overnight in-patient accommodation at Cheltenham General Hospital had been raised during the consultation in order to see what services might be developed in Cheltenham if the package of proposals which formed the basis of the consultation were agreed. During the consultation period it had not been clear whether such a unit was a viable proposal; however, the Gloucestershire Hospitals NHS Foundation Trust had offered to evaluate a unit through a pilot scheme.

Richard Higgins reported that this proposal had been raised by a wide range of stakeholders during the course of the consultation. He suggested that the proposal presented a dilemma as all the guidance and good practice for children's services considered that children should only be admitted for in-patient treatment and care when it was medically necessary; otherwise, they should be cared for at home. He further suggested that the health community should only be considering planning a nurse-led unit if this service could be safely provided without medical cover and the children could not be better cared for at home.

A Short Life Group established by the Gloucestershire Hospitals NHS Foundation Trust had been established to examine the model and had also looked at the only operational nurse-led overnight children's unit in the country, which was located at Bishop's Auckland. The Group had considered a number of potential advantages and disadvantages of a freestanding nurse-led unit and a nurse-led unit supported by resident paediatric and surgical medical cover.

There was a range of issues to be addressed when considering such a proposal, such as safety, recruitment, location, effective use of resources, costs and how this service would complement and support both in-patient and community paediatric services. There was also an issue that the development of a nurse-led hospital unit could inhibit the development of a community paediatric service.

The options which would need to be considered were that either a nurse-led unit was a viable proposal; or, it was a transitional development which could support the change in the pattern of services, particularly the development of community services: or, it was not a viable proposal.

Therefore, a pilot scheme would provide an opportunity to evaluate the proposal; however, any pilot scheme would need to be properly structured and it should be regarded as an additional cost and should not utilise funds allocated for the development of community services. It would also be important to test the relative priority of this proposal against other planned developments within the health community. It was also considered that primary care medical practitioners would wish to be assured that there was a clinical consensus amongst the paediatric community regarding the viability of such a unit.

It was considered that the work undertaken to date to examine this proposal was valuable. It was not clear if the pilot was intended as a Cheltenham or a Gloucestershire-wide service. Following discussion, it was felt that there might be a wider role for this type of service if its purpose was to ease access for the small number of children no longer needing 24 hour medical care but who still had clinical care needs. It was therefore suggested that there was a need to explore the issue of nurse-led care in a way which also explored alternative models of services, such as "hospital at home".

There was willingness across the Joint Sub-committee to explore the issue of nurse-led care and recognition that this required a partnership approach which involved the three Primary Care Trusts and the Gloucestershire Hospitals NHS Foundation Trust. It was also recognised that this proposal was a particular issue for Cheltenham and the North Cotswolds. It was proposed that it be recommended to the Primary Care Trust Boards that this issue be referred to the Children's Health Planning Group, which should be commissioned to undertake an option appraisal to test ways of responding to the issue of access for the small cohort of children who did not need 24 hour medical care, but still require clinical care. A report should be prepared within the same timescale as the Implementation Plan being prepared by the Gloucestershire Hospitals NHS Foundation Trust. In order to avoid any delay, this issue would be discussed at the Children's Health Planning Group meeting to be held on 20 January 2005.

The Joint Sub-committee agreed to recommend to the three Primary Care Trust Boards that the Children's Health Planning Group be commissioned to lead an option appraisal and prepare a report on alternative approaches for nurse-led care – the report to be completed within 2 months to be considered alongside the Trust's Implementation Plan.

JSC5/05 NEXT STEPS

The Joint Sub-committee agreed that:

- it had discharged its functions according to its Terms of Reference
- the minutes of the meeting would be circulated to Sub-committee members for agreement
- a further meeting of the Sub-committee would only be held if there was substantial disagreement about the minutes of the meeting
- the minutes of the meeting which would include the Sub-committee's recommendations would be submitted to the three Primary Care Trust Boards at their individual meetings to be held on 8 February 2005.