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NOTICE OF MEETING

MEETING	**JOINT HEALTH SCRUTINY COMMITTEE - HINCHINGBROOKE HOSPITAL**
DATE:	**FRIDAY 16 MARCH 2007**
TIME:	**10.30 am**
VENUE:	**PATHFINDER HOUSE, HUNTINGDON**

AGENDA

PAGE NO

1. Welcome and Apologies

2. Declarations of Interest

3. Minutes of the Meeting held on 28 February 2007 **1 - 10**

4. Detailed Examination of the Proposals

- Finances
- Risks and how these are addressed
- Nature and impact of changes
- Implementation plans and timescales

5. Update and Discussion of Consultation Process

6. Shifting Activity from the Hospital to the Community Setting, and the Interface with Social Care Services

7. Next Steps and Requests for Further Information

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Scrutiny Committee

HINCHINGBROOKE HOSPITAL JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

28th February 2007

Action

1. ELECTION OF CHAIRMAN

It was agreed unanimously that Councillor Heathcock be elected as Chairman of the Committee.

2. ELECTION OF VICE-CHAIRMAN

It was agreed unanimously that Councillor Male be elected as Vice-Chairman of the Committee.

3. WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

4. DECLARATIONS OF INTEREST

Councillor Heathcock declared a personal interest under Paragraph 8 of the Code of Conduct, as a board member of Age Concern Cambridgeshire.

5. TERMS OF REFERENCE

Jane Belman, Health Scrutiny Co-ordinator for Cambridgeshire County Council, presented proposed terms of reference and operating conventions for the Committee. These had previously been discussed informally with member and officer representatives of the participating authorities.

One alteration was proposed at paragraph 10.1 of the terms of reference, to reduce the size of the quorum for meetings from 5 members to 4 members, because there were 9 members of the Committee in total. It was agreed unanimously that paragraph 10.1 be modified to read, "The quorum will be a minimum of 4 members, representing at least two participating local authorities." It was agreed unanimously to endorse the terms of reference as set out in the paper and amended at paragraph 10.1.

Commenting on the Programme of Activity appended to the Terms of Reference, Jane Belman reported that representatives of the Ambulance Trust and of the Maternity Services' Liaison Committee were willing to talk to the Committee. Because they needed first to work on their own response to the consultation, they would probably attend the Committee's third meeting, in April. Jane Belman also advised members that Cambridgeshire County Council's research staff were available to assist the Committee by providing background information.

Noting that the East of England Strategic Health Authority (SHA) officer originally due to attend the meeting was unwell and that the SHA had been unable to send a substitute, the Committee agreed unanimously that Jane Belman be instructed to require the SHA to send an officer to the meeting by lunchtime. She therefore left the meeting briefly to telephone the SHA.

6. FORMAT OF THE MEETING

The meeting consisted of a number of presentations, each of which was interspersed with comments, questions and answers and followed by more general discussion. As a number of topics recurred throughout the day, the points and questions are summarised thematically under Section 11 below. Slides of the presentations are attached to these minutes.

7. PRESENTATION FROM CAMBRIDGESHIRE PRIMARY CARE TRUST (PCT) ON POLICY AND FINANCIAL CONTEXT

Chris Banks, Chief Executive of Cambridgeshire PCT, gave a presentation on the context of the review, in relation to national policy, to the SHA's Acute Services Review (ASR), and to the financial position of the PCT and of Hinchingbrooke Health Care NHS Trust (Hinchingbrooke HCT). He was joined by Simon Wood, Interim Programme Director for Service Reconfiguration for the SHA.

Members noted that

- National policy favoured providing care in the community wherever appropriate, allowing hospitals to focus on services which only hospitals could provide
- As a small hospital, Hinchingbrooke was caught between the move to community care and the move to providing hospital care in bigger units where doctors could gain more specialised expertise
- Both PCT and Hinchingbrooke HCT had substantial recurrent and accumulated deficits
- The East of England SHA had the severest financial problems of all 10 SHAs, partly because of historic funding.

Members asked to be sent copies of the national documents referred to by Chris Banks, being the white paper *Our health, Our care, Our say*, and the report *A recipe for care, not a single ingredient*. — Jane Belman

8. PRESENTATION ON THE PROPOSALS: OVERVIEW AND LINKS TO COMMUNITY AND PRIMARY CARE

On behalf of Dr Dennis Cox, Chair of the Professional Executive Committee of Cambridgeshire PCT, Dr Mark Sanderson, a Huntingdonshire GP, and Chair Elect and elective services lead of the Huntingdonshire Consortium for Practice Based Commissioning (HuntsComm), gave a presentation on the consultation proposals relating to community and primary care. He outlined the four options considered, emphasizing that the preferred Option 2 was affordable and would still allow those who needed acute hospital care to receive that care.

Members noted that

- In the speaker's view, hospital and primary care provision in Huntingdonshire were excellent and accessible
- The level of activity at Hinchingbrooke was unusually high, at 40% above the national level of activity, and services which elsewhere were routinely delivered in the community were provided at the hospital
- The preferred Option 2 would allow for the same range of services to be provided at the hospital but at a lower volume
- This reduction in volume would be achieved by changing the patient's pathway, the route a patient took from initial consultation with their GP to resolution of their problem
- It would be necessary to increase community provision of services to compensate for the reduction in hospital-based services.

9. PRESENTATION ON THE CONSULTATION PROCESS

Karen Mason, Acting Director of Communications and Public Involvement at Cambridgeshire PCT, gave a presentation on the consultation process and timetable. She outlined measures to spread awareness of the consultation across the hospital's catchment area, and offered to provide speakers to attend meetings of community groups, in addition to the programme of dedicated public meetings.

10. PRESENTATION ON THE PROPOSALS IN DETAIL RELATING TO SERVICES AT HINCHINGBROOKE

Mr Boon Lim, the Medical Director of Hinchingbrooke HCT, gave a presentation on the consultation proposals as they related to proposed changes at Hinchingbrooke Hospital. He outlined proposed changes in various services, Accident & Emergency (A&E), Trauma & Orthopaedics, Maternity services, Support services, and Paediatric services, and also the longer-term proposal to dissolve the Hinchingbrooke Health Care Trust.

Members noted that under the proposals

- The present level of cancer services would continue, with the Woodlands Centre remaining active at Hinchingbrooke and the rarer cancers continuing to be treated at Addenbrooke's Hospital
- The present range of A&E and emergency surgery services would continue
- There would be a reduction in elective surgery levels of activity, and shorter stays would result from increased use of keyhole procedures
- Medical wards would be moved to the front of the hospital, closer to other services such as radiology and physiotherapy
- Activity in maternity services would be increased by expanding the hospital's catchment area to include Cambourne and, when built, Northstowe, thus both easing the over-capacity problem at the Rosie Maternity Hospital in Cambridge and increasing Hinchingbrooke's income from maternity services.

11. QUESTIONS AND DISCUSSION ON THE PROPOSALS

Responding to the presentations, members discussed the following issues:

Hinchingbrooke consultation – process and timing

Hinchingbrooke consultation

In view of the number of services which it was proposed would still be provided at Hinchingbrooke, the Committee expressed concern that it was far from clear exactly what were the real service changes proposed, and what would be the consequences of continuing with the present provision at the hospital.

Questions of transition arrangements from present provision to the proposed new pattern were also raised, including what the timescale would be and who would be responsible for implementing changes.

Darren Leech, Project Director at Hinchingbrooke HCT, explained that, while not wishing to pre-judge the outcome of the consultation, pre-working groups had been set up informally so that change could be started fairly soon if necessary. It was conceivable though unlikely that circumstances might make it necessary to act quickly to maintain services now, in which case, the matter would be brought before the Joint Scrutiny Committee. Tom Dutton, Assistant Director – Strategic Planning at the PCT, confirmed that the PCT was also working towards implementing change.

Acute Services Review

The Committee expressed concern at the fact that the SHA's Acute Services Review was still at a very early stage, yet the SHA had said that whatever the PCT decided about Hinchingbrooke would fit into the Review. They suggested that the consultation on the future of Hinchingbrooke was perhaps premature.

Members noted that uncertainty amongst the hospital's staff, particularly six months ago, had led to some already seeking jobs elsewhere. This had given urgency to the need to plan for a secure future for the hospital.

The Committee sought assurance that the outcome of the Hinchingbrooke review would under no circumstances be called into question by the subsequent findings of the ASR. Simon Wood stated that the ASR would not be bringing forward significant proposals for specific services, but would be producing a framework; it would be for PCTs and their Trusts to bring forward any service changes. There was a technical possibility that the Hinchingbrooke consultation could come up with a change in the proposals which did conflict with the ASR, but from the PCT's and the Trust's perspective, the proposals in the consultation document were a single package, and only delivery as a package could resolve the hospital's difficulties.

Community Hospitals Review

Members asked where the review of services at Hinchingbrooke fitted in to the review of services at Cambridgeshire's four community hospitals. They pointed out that a reduction in acute service provision at Hinchingbrooke, with corresponding increased reliance on community-based services, would be likely to have an effect on the four community hospitals.

The Committee stated that it needed an analysis of

- The stage reached by the community hospitals review
- How these community resources would fit into the proposed Hinchingbrooke pattern of services.

Timescale for proposals

Members queried the length of time to which the proposals related, and expressed concern that changed circumstances should not result in a further revision of services being consulted on within the next few years. The Committee noted that the intention of the present review was to provide stability and financial balance; funding to the hospital would increase over the years as the population in the area increased; it was impossible to give guarantees as to what might happen over 5 years ahead, given the pace of change in medicine.

Contingency planning

The Committee pointed out that it might decide, having completed its scrutiny, that the proposal should be referred to the Secretary of State if it considered the proposal not to be in the interest of the health service in its area or that the joint OSC had not been adequately consulted. Members reminded the PCT that referral to the Secretary of State was a long process, and expressed the hope that the PCT had a reserve plan for Hinchingbrooke to cover the months likely to elapse before the Secretary of State's decision would be known.

Financial matters

Present funding arrangements

In the course of discussion, the Committee noted that

- Money was not allocated to individual trusts by SHA; funding came direct from the DoH to PCTs, and PCTs organised contracts with hospitals for services without involving SHA
- SHA did have powers to levy charges on PCTs, and was exercising them because of the overall financial position in the East of England; the top-slice (described as not large) was being used to ensure financial balance across the region as soon as possible
- When it had had the power to set its own charges for services, Hinchingbrooke had charged at a lower level than the national average, but the change to a national tariff for services (payment by activity funding) meant that its income – and its charges to the PCT – had increased for the same level of activity

- The PCT received funding from the DoH on a weighted capitation formula, which did not yield enough funding to enable it to sustain past levels of purchasing from Hinchingbrooke on the new national tariff
- The funding formula was not based on the hospital's geographical catchment area, but on the population of the old Huntingdonshire PCT.

Historic debt

The Committee asked how Hinchingbrooke's historic debt would be dealt with, given the difficult financial situation of both SHA and PCT.

Members noted that the present consultation did not attempt to address the historic debt, but did aim to return Hinchingbrooke to recurrent balance, without which it would be impossible to resolve the accumulated debt. Meanwhile, the SHA was in negotiation with the Department of Health (DoH) about resolution of the historic debt; if successful, the negotiations would result in a loan of £27 million from the DoH over a 25-year period, which would enable Hinchingbrooke HCT to consolidate its debt with that one loan, and continue to run the hospital.

Proposed pattern of provision

The Committee sought further information and clarification on

- What the problem was now, and what the consequences would be of making no change at Hinchingbrooke
- Identification of the real detailed service changes proposed, in terms of
    - volume of service
    - changes in revenue and costs
    - set-up costs (including moving wards)
    - clinical viability of new set-up
- Evidence for statements that community care cost less than hospital care, particularly given that many of the same people would be employed whichever setting they were working in
- Action being taken to ensure that hospital overheads would be reduced, in view of the fact that reducing activity at Hinchingbrooke could still leave the same overheads in place. Members noted that reducing infrastructure by consolidating work at the front of the hospital site and selling the back was expected to make a substantial contribution to decreased overheads
- Evidence that the proposals in Option 2 would indeed be affordable
- Detailed costs of the different models of care being proposed in maternity services (such as provision of locality clinics for maternity care; the choice of mid-wife led delivery in hospital), and reasons why there should be an additional £1.1 million cost, given that mothers would require maternity care somewhere.

Members commented that many services, such as anaesthetics, pharmacy and some laboratory services, would still be needed to support clinical activity at the hospital. They noted that much laboratory and X-ray work was undertaken at GPs' requests, and that demand would remain.

Financial implications of dissolving Hinchingbrooke HCT

The Committee noted that the first priority was to resolve service provision at the hospital (the subject of the present consultation), but once that was achieved, there was likely to be a further consultation on the future of the Hinchingbrooke Health Care Trust itself, because operation of the Trust as a separate organisation was not financially viable. The proposal then would be that the Trust ceased to exist, though an operational management team and clinical leadership would remain on the Hinchingbrooke site.

The Committee sought further clarification on

- What the costs would be for the new organisation if the present Trust were to be disbanded
- An understanding of back-office healthcare costs
- How the arrangements would work in practice
- Who would pick up the management work which had been done by the Trust, given that no hospital Trust had abundant spare capacity.

Statistical matters

Catchment figures

The Committee sought clarification on

- What the statistical basis was for statements about Hinchingbrooke's catchment area
- How the Hinchingbrooke catchment area related to the weighted population for Huntingdonshire as used by the DoH for estimating the population needs and allocating funding
- The robustness of the figures used to calculate housing and population growth, on which future activity was being forecast.

Members noted that the catchment population for Hinchingbrooke had been based on figures derived from what had happened in 2005/06, as analysed by the Eastern Region Public Health Observatory.

Activity levels

The Committee sought clarification on

- The basis for statements about activity level at Hinchingbrooke being 40% above national average – there appeared to be confusion as to whether this related to activity at Hinchingbrooke in relation to use of the hospital by the residents of Huntingdonshire, or in relation to its catchment area, however that might be defined, or indeed whether there were two different 40%s being referred to

- The evidence for and accuracy of statements about weighted population and about activity purchased
- The medium to longer term effect of the size of Northstowe on where services would be provided
- The impact on services of increasing the size of Northstowe further.

Members noted that the population of new settlements such as Cambourne and Northstowe tended to be young and economically active. Residents' demands on the health service tended to be for maternity and paediatric services, and for most of them it was some years before they developed substantial health needs. Members also noted that the proposed reduction in activity at Hinchingbrooke was by 20-25%, not 40%.

Impact on patients

The Committee expressed concern about the impact of various aspects of the proposed changes on the hospital's present or prospective patients. Particular questions identified included

- Transport routes to Hinchingbrooke were well-established, but would people be able to travel to visit clinics in other centres, particularly GPs with Special Interests (GPSIs), who might well be some way away with no obvious public transport available
- The need for ongoing supervision and training of GPSIs. Members noted existing arrangements included e.g. a weekly multi-disciplinary meeting at the hospital for GPSIs conducting dermatology clinics; these meetings provided an opportunity to share and seek advice on any problems
- If women from a wider area were to be encouraged to give birth at Hinchingbrooke, there was a risk of more babies being born on their way to the hospital
- If the Special Care Baby Unit were to reduce the level of care provided from level 2 to the less severe level 1, would there be an increased risk of mothers and babies having to travel long distances for more specialised care. Members noted that provision needed to be looked at over a wider area, and it was possible that capacity might be increased elsewhere, e.g. at Peterborough
- Whether transferring pathology services to Peterborough would result in delays receiving results and thus in diagnosis. Members noted that under the Service Level Agreement, Peterborough would be expected to provide the same level of service as was being delivered in-house now
- At what stage would changing the clinical threshold for referral (e.g., is a an arthritic hip replaced as soon as it is diagnosed, or only once it is affecting the patient's quality of life unacceptably) amount to delay in resolving the patient's problem, or take away a patient's choice of when to receive what treatment
- The need for the PCT to initiate debate with GPs on referral thresholds to avoid wide variation between practices.

The Committee noted that aspects of the proposed changes could be of great benefit to patients, for example more diagnosis and care provided at their own local GP's surgery, with less frequent attendance at hospital.

Staffing issues

In the course of discussion, the Committee noted that Hinchingbrooke had been staffed with a predominance of consultants, but, partly as a result of the European Working Time Directive (EWTD), the pattern was now changing to employ more staff at lower grades. The Trust was committed to reducing the risk of redundancy arising from the present proposals to zero; there was a workforce plan covering the next two years, an outline of which could be supplied to the Committee.

Members raised various concerns about the implications of the proposals for staffing levels, including

- Whether it would it prove possible to recruit enough staff to provide the increased level of community care envisaged
- What the mix of disciplines of staff leaving Hinchingbrooke was, and how many of these could be redeployed in the community
- In view of a general shortage of midwives, whether enough could be recruited to sustain the increased activity planned for Hinchingbrooke.

The Committee requested an outline of staffing plans for the proposed arrangements.

Implications for Community Care Services

The Committee expressed concern about the impact of various aspects of the proposed changes on Cambridgeshire's community care services, particularly in the light of the difficulties faced by both the PCT's budget and the County Council's Adult Social Care budget. Specific concerns and comments included

- The cost of reducing activity at the hospital would be borne by the community care and social care budgets. Sharron Cozens, Acting Lead for Older People's and Adults' Services, Cambridgeshire PCT, pointed out that when an older person was brought to A&E following a crisis, the present lack of community support tended to result in that person being admitted to hospital whether it was clinically necessary or not; the proposals would enable that support to be in place
- In view of the enormous financial pressures already on the integrated services budget, County Council social care colleagues must attend the Committee alongside Sharron Cozens to give feedback on the implications for the County Council
- If there was any truth in suggestions that the DoH wanted to look again at national eligibility criteria, this could affect provision of care
- Whether there was sufficient capacity (buildings, GP skill, GP time) in GP surgeries for the additional work envisaged
- The need for PCT and Hinchingbrooke HCT to provide a risk analysis – and proposed mitigation measures – for the Community Care and GP issues raised.

12. NEXT STEPS AND REQUESTS FOR FURTHER EVIDENCE

The Committee agreed that Jane Belman, Health Scrutiny Co-ordinator for Cambridgeshire County Council, should ensure that representatives of the PCT and Hinchingbrooke HCT were aware of what further information the Committee was seeking from them, and what questions to them had been identified by members, in preparation for the Committee's **next meeting on Friday 16th March 2007**. Jane Belman

Members of the Committee in attendance:
Councillors J Cunningham and S Male (Bedfordshire County Council), Councillors R Butcher, G Heathcock and K Reynolds (Cambridgeshire County Council), Councillor J Eells (Norfolk County Council), Councillor B Rush (Peterborough City Council), Ms P Skelton (Cambridgeshire PCT PPI Forum) and Dr A Owen-Smith (Hinchingbrooke PPI Forum)

Also in attendance:
Councillors P Brown, C Hyams and S Normington (Cambridgeshire County Council) and Councillor M Banerjee (Huntingdonshire District Council)

Apologies:
Councillor J Cunningham (Bedfordshire County Council)

Time: *10.35am. – 3.25pm*
Place: *Pathfinder House, Huntingdon*