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PETERBOROUGH CITY COUNCIL

NOTICE OF MEETING

MEETING	**JOINT HEALTH SCRUTINY COMMITTEE - HINCHINGBROOKE HOSPITAL**
DATE:	**FRIDAY 11 MAY 2007**
TIME:	**10.00 am**
VENUE:	**COUNCIL CHAMBER, HUNTINGDONSHIRE DISTRICT COUNCIL, PATHFINDER HOUSE, HUNTINGDON**

AGENDA

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Scrutiny Committee

HINCHINGBROOKE HOSPITAL JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

2nd April 2007

Action

1. WELCOME AND APOLOGIES

Councillor Heathcock welcomed everyone to the meeting and noted the apologies received.

2. 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.

3. MINUTES OF PREVIOUS MEETINGS

The minutes of the meetings held on 28th February and 16th March 2007 were confirmed as correct records and signed by the Chairman.

3a. ELECTION OF VICE-CHAIRMAN

With the agreement of the Chairman, the Committee considered a change in its vice-chairmanship as an item of urgent business.

Councillor Male resigned as Vice-chairman of the Committee because it appeared likely that Councillor Heathcock would not be available for the Committee's final meeting in July. As the consultation proposals affected Cambridgeshire most closely of all the authorities forming the Committee, members took the view that it would be appropriate to have a Cambridgeshire member in the chair for the Committee's final meeting.

The Committee therefore resolved unanimously that Councillor Kevin Reynolds be elected Vice-chairman of the Committee with immediate effect.

4. CONSIDERATION OF FURTHER EVIDENCE IN RELATION TO:

- **Finances**
- **Risks and how these are addressed**
- **Nature and impact of changes**
- **Shifting activity from the hospital to the community setting and the interface with social care services**
- **Transport and access to services**

4a. Councillor Male reported on the **sub-group meeting** held on 22nd March, when he, Councillor Downes, Dr Angela Owen-Smith and Nick Roberts, together with the County Council's Health Scrutiny Co-ordinator, Jane Belman, met representatives of Hinchingbrooke Health Care Trust (HHCT). The purpose of the meeting had been to look at the financial and risk

assessment background to the proposals, with a view to understanding the future business plan. Some of the information conveyed was confidential to HHCT because if made public it would identify particular departments or posts.

The sub-group had noted that of the projected £10 million savings

- about £3 million were associated with the reconfiguration of hospital wards
- £1.1 million were associated with savings from the proposed Trust dissolution, and
- £1 million were associated with procurement savings.

Members had not identified any obvious difficulties with these figures.

The sub-group had noted that the 25% reduction in acute services at Hinchingbrooke was made up of a 10% natural reduction because of clearing the backlog (the Strategic Health Authority (SHA) had attributed 4% to backlog issues) and a 15% reduction made by transferring care from the hospital to the primary care sector.

4b. At its last meeting on 16th March, the Committee had raised a number of questions and sought **information from the Cambridgeshire Primary Care Trust (PCT) and HHCT**. Written replies to these requests, and to requests made by the sub-group on 22nd March, had been circulated to the Committee in advance of the meeting and included in the papers for the meeting on the Cambridgeshire County Council website. Commenting on these replies, the Committee

- (answer 2) queried the apparent discrepancy between the PCT's view that the initiative to reduce waiting lists had had a greater effect on patient numbers (10%) than the SHA's 4% figure. Simon Wood (Interim Programme Director for Service Reconfiguration, SHA) said that waiting lists at Hinchingbrooke were shorter than average so he would expect the hump to be smaller. Darren Leech (Project Director, HHCT) clarified that the 4% given in the answer referred to the contracted level of activity in the coming financial year
- (answer 12) noted an apparent disparity in calculation of the numbers represented by percentages in the answer; Tom Dutton (Assistant Director – Strategic Planning, PCT) undertook to clarify the table PCT
- (answer 13) expressed concern that the £2.2 million allocated to Integrated Community Teams might be in danger of being counted more than once
- (answer 16) sought assurance that the figures quoted were as up to date as possible and were factored in to the PCT's plans. Tom Dutton explained that planned growth in St Neots, the Paxtons and Huntingdon had been taken into account over the next 2 – 3 years, while Northstowe was a separate matter – if its residents were to choose to attend Hinchingbrooke, there would be a considerable gain in business there
- (answer 16) commented that the figures indicated a significant rise in demand by 2021, roughly the same as the reductions now being proposed, and asked whether Hinchingbrooke would have the capacity to match this demand if the land to the rear of the site were to be sold as proposed. Tom Dutton said that the figures quoted were now two years old, before the present shift in the model of care to much greater use of

primary care and community-based services; over the next 5 – 10 years, more real choice would become available to patients, particularly if transport links were to improve.

4c. Members examined the **question of long-term planning** further, noting that it was impossible to know what the position would be in 2021 (the date for which forecasts had been quoted in answer 16) because of changes in technology and in how healthcare would be delivered. The example was given of hernia repair, which had required a 3-day hospital stay 10 years ago and was now performed on a day patient basis.

The Committee asked how far ahead the PCT had been looking in drawing up its proposals for Hinchingbrooke, expressing concern that further review might be required in a few years' time, and asking what was the alternative to the proposals, Plan B. Chris Banks (Chief Executive, PCT) acknowledged the doubts which the Committee had already expressed about the land sale, but pointed out that there would be considerable cost attached to retaining the land until 2021. He emphasised that there was no Plan B, and the PCT was putting its trust in the proposals outlined in Option 2, because:

- the national direction of travel was that only that work which had to be carried out in a hospital setting be carried out there
- health trusts had a statutory duty to balance their budget, savings had to be made, and it was necessary to make those savings at the hospital level, because it would be wrong to cut community and primary care
- Hinchingbrooke's staff needed to be confident that the hospital had a viable future.

Janice Steed (Director of Strategic Development and Commissioning, PCT) told the Committee that she had looked at the proposals in detail, considered them in the light of the white paper *Our health, Our care, Our say* and of changes in clinical practice, and looked at Hinchingbrooke in the context of other hospitals. She had concluded that there had been comparative under-investment in primary and community care in the Huntingdonshire area because there had been so much use made of hospital care. She said that the PCT's Plan B would in practice be one of the other three options outlined in the consultation document, in which the PCT had been looking five years ahead and beyond.

4d. Dr Dennis Cox (a local GP and Professional Executive Committee Chair, PCT) introduced a presentation on **Extending Primary Care**. This and other PowerPoint presentations are attached to the signed copy of these minutes and included with the papers for the meeting on the Cambridgeshire County Council website; copies of the slides can be obtained from the Council's Democratic Services.

Dr Cox pointed out that as a GP, he was part of Hinchingbrooke's problem and of its solution. He had initially been sceptical about the proposals, but had become more optimistic, seeing Option 2 as achievable – though challenging for GPs, hospital doctors and patients – with Hinchingbrooke moving to a form of hospital that was neither District General nor Community Hospital. Points noted by the Committee in the course of the presentation included

- (slide 3) the local GP community did not quite understand how Huntingdonshire had come to have such a high number of hospital admissions and referrals, but it was a problem other areas had encountered sooner; non-elective admissions (slide 4) were far closer to the national average level
- (slide 6) in Dr Cox's own practice, GPs were now looking at all proposed referrals against national criteria and looking for ways of resolving problems that did not involve referral to hospital
- (slide 7) Dr Cox suggested that the Hinchingbrooke campus could be seen as a centre for care provision, whether primary or secondary, with for example a GP clinic in the Treatment Centre
- (slides 8 & 9) in Cambridgeshire, identification of low-priority procedures was already well advanced, and (slide 11) much chronic disease was already being managed in the community
- (slides 13 & 14) by NHS measures, Huntingdonshire already had good infrastructure and primary care of a high standard.

Members' comments and questions to Dr Cox included

- whether, given that Huntingdonshire was an area of growth, and that there was no national surplus of GPs, there would be GP capacity to absorb additional work displaced from Hinchingbrooke. Dr Cox said that part of the capacity problem was that patients were being referred to hospital because facilities were not available in the community; GPs had now started to build up the role of other staff members within their practices (his own practice now had diabetic, cardiac and respiratory specialist nurses, for example). If GPs, in their role as diagnosticians, had access to tests such as ECGs and 24-hour heart tracing, this would assist in the development of workable care pathways for patients
- many GPs now worked part-time, and GP working hours in general were not necessarily convenient for patients. Dr Cox pointed out that hospital appointments too were during the working day; GP surgery hours were 8am to 6pm.

4e. The Committee considered the actual (as opposed to weighted) **population figures** quoted in answer 4 of the written replies from the PCT/HHCT to the Committee, commenting that on the unweighted figures, Huntingdonshire elective hospital admissions were at the national average rate. Dr Cox said that the area was funded on (and some would say penalised for) having a healthy population, but that was how the funding system worked.

Dr Christine Macleod (Head of Cambridgeshire and Peterborough Public Health Network) told members that, looking at the Huntingdonshire population on several different analyses, the picture was of high hospital admission rates. The number of emergency admissions was decreasing because of improved community care, and suggestions for the more difficult task of reducing elective admissions (high across all 23 of Hinchingbrooke's specialisms) were contained in the consultation document. These included enhanced primary care with specialist nurses and putting preventative medicine in place, including encouraging members of the public to take responsibility for their own health.

Dr Macleod explained that unified weighted population figures were used as the basis for health funding in order to make some adjustment for varying local levels of need. Huntingdonshire, like Cambridgeshire as a whole, received less per head of actual population than more deprived areas of the country, though even on unweighted figures, Huntingdonshire's admission rates were high for the age of population.

Janice Steed (PCT) suggested that a healthy population was cause for celebration. Rather than increasing acute care resources, it was better to do more in primary care, by for example

- supporting the change in the GP's role to that of diagnostician, with work formerly carried out by GPs being done by other practice staff
- getting services quickly to (often elderly) people in their own homes, when for instance a nurse could visit to deal with a problem with medication or a catheter, avoiding the need for hospital admission.

4f. Members examined the **question of GP capacity** further, in answer to their questions noting that

- in Dr Cox's practice, 25% fewer patients were being referred to Hinchingbrooke, perhaps 1 in every 30 patients, rather than 2 in 30, though in some cases, he would arrange tests himself, then decide whether or not to refer
- use of clinical assessment procedures was already preventing three referrals per day in some practices
- Dr Mark Sanderson, a Huntingdonshire GP, and Chair of the Huntingdonshire Consortium for Practice Based Commissioning (HuntsComm) said that a full analysis of GP capacity across Huntingdonshire practices had not been carried out; HuntsComm was about to visit each practice to assess capacity, but had so far been looking at work going out of a practice, rather than the effect of additional work coming in to it
- what was being sought was not a straight transfer of work from hospital to GP, but a change in the way of working
    - reduction in demand by raising the threshold for some treatments and classing some others as low-priority
    - better patient information on medication and prescriptions
    - some increase in use of community services such as district nurses
- funding for primary care in Huntingdonshire was healthy, with a good number of doctors per head of population, good infrastructure, and good IT systems for call and recall of patients
- GPs would be able to arrange for tests without going through a consultant, though the tests would not necessarily be carried out in the practice; blood test equipment was cheap, and there were no plans to put major items of equipment in primary care
- the intention was to make more use of existing centres (e.g. the Oak Tree Centre in Huntingdon), bringing services into the market towns, rather than to every GP practice
- in answer to members' concerns that referral of patients found to have

cancer might be delayed, secondary experts were working closely with GPs to ensure that when NICE guidance was issued, GPs would be aware of pathways; the new 18-week measure would also accelerate the patient pathway

- full use of websites and PPI groups was being made to encourage patient self-awareness for cancer, though there were no plans to introduce a general prostate cancer screening service.

The Committee, while not doubting the capability of GPs to perform the work, expressed concern that no full analysis of GP capacity had been undertaken, and that it was not known whether all Huntingdonshire practices would be in a position to carry out the additional work.

4g. Judi Davis (Locality Chief Operating Officer (Cambs), East of England Ambulance Service NHS Trust) gave a presentation on **Ambulance Service Considerations** in relation to the consultation proposals. She informed the Committee that Option 2 was the Ambulance Service's preferred option.

Members' comments and questions in response to the presentation included

- how the Ambulance Service would cope with increasing numbers of transfers to Addenbrooke's Hospital, particularly given reductions in target times for the Service
- what the resourcing implications of the proposals would be. Judi Davis said that discussions on finance were in progress with the PCT, with a view to developing new resource plans because of the new targets
- the Trust had long-standing inherited financial problems, and there should be no assumption that Option 2 would save it money. Janice Steed (PCT) assured members that the Trust had been involved in assessing the options, both before and during the consultation period
- noting that the number of Level 2 Special Care Baby Unit (SCBU) transfers likely to be required was still unknown, members expressed surprise that this work had not already been done, as it could result in substantial costs to the Service. Judi Davis said that she would be meeting Darren Leech (HHCT) about this and should have the figures before the Committee's meeting on 11th May
- what the likely effect of maternity patients exercising choice in West Cambridgeshire would be for the Ambulance Service. Janice Steed said that only a small proportion of maternity patients required an ambulance, and no large increase in ambulance journeys from the area was anticipated; the Ambulance Trust would need to realign its services to meet patients' choice of hospital, but this would not necessarily result in additional costs to the Trust. The PCT was working with the local population to make Hinchingbrooke a positive option for maternity care, and had agreed to subsidise Hinchingbrooke maternity services by £1.1 million because of capacity constraints elsewhere
- how the voluntary car scheme was operated and its availability to transport patients to community clinics. Judi Davis explained that the Ambulance Service on behalf of the healthcare system managed the Ambulance Car Service and paid mileage costs to the voluntary car drivers, who were an excellent resource. Reductions in journeys to outpatients would release capacity for journeys to community clinics.

4h. Councillor Mac McGuire (Cabinet Lead Member for Transport and Delivery, Cambridgeshire County Council (CCC)) and Paul Nelson (Local Passenger Transport Manager, CCC) attended the meeting to answer the Committee's questions on the implications of the consultation proposals for CCC's **provision of transport**. Councillor McGuire stated that

- CCC had a co-ordinating role for community transport in general, with 9 dial-a-ride and 51 volunteer car schemes
- under Local Strategic Partnership arrangements, there was a thematic group, the Huntingdonshire Transport and Access Group, which looked at public transport and access to many local services, and included the PCT in its membership
- there were two types of public transport, commercial services run by independent operators and CCC-subsidised services, provided by operators under contract to the County Council; the viability of subsidised services was an area of concern to CCC given current budget pressures
- CCC was carrying out a review of passenger transport services including community transport, and was attempting to co-ordinate services, including dial-a-ride, to make them more efficient
- if services were moved from Hinchingbrooke into community settings, the demand for transport was likely to be reduced, but if specialist units were to be moved to rural locations, this could give rise to access problems (e.g. reaching the dermatology clinic in Buckden), raising the question whether specialist services would be best left on the Hinchingbrooke site.

Janice Steed (PCT) explained that there was no intention to move any one specialised service wholesale to another single location; the dermatology clinic in Buckden was a pilot to see whether dermatology would be possible in a community setting. Following the pilot, clinics would be rolled out to the market towns, or placed on the Hinchingbrooke site (but at a different cost from the present hospital out-patients' clinic). Access was one of the factors to be taken into account before taking any decision on locating clinics.

In answer to their questions, members noted that

- transport strategies, including the Guided Bus, had been developed with Hinchingbrooke as a main destination, and CCC had continued to consult over the last two years on improving provision for buses, cyclists and pedestrians in the Huntingdon and St Ives area, and on linking Huntingdon to Cambridge
- moving services from Hinchingbrooke could well increase demand for transport to non-traditional locations, for which traditional public transport was unlikely to be suitable. Instead, CCC would be working closely with the Ambulance Service, and be looking at e.g. multi-use vehicles and car schemes based in villages as making better use of resources than buses
- the Highways Agency had just completed its second consultation on the route of the A14. CCC supported the proposal to remove the A14 viaduct in Huntingdon, which with other route proposals would effect a major change to the road layout around the railway station and the hospital, and should improve journey times for ambulances, though there was no starting date for this work yet

- with regard to members' concerns that the design of some buses made them difficult for less agile people to use, there was a requirement that buses on contract to CCC be fit for purpose, and in particular, buses on the guided busway would be expected to have level access
- there would be no additional money to provide additional services for travel to clinics in market towns or GP surgeries, so the aim was to make better use of what was already in place
- although a 25% reduction in patients being referred to Hinchingbrooke was being sought, it was unlikely that this would have a major impact on the viability of current public transport to the hospital, though no formal assessment had been carried out and it was not known whether the proportion of public transport users among the 25% would be typical of the general patient population. Many buses serving Hinchingbrooke did so as a stop on their route to other destinations, including the nearby housing development, and these would still require bus services.

4i. Dr Guy Watkins (Chief Executive, Cambridgeshire Local Medical Committee) attended the meeting to present a **GP perspective** on the proposals. He explained that the Local Medical Committee was the statutory representative body for GPs, and covered Cambridgeshire and Peterborough. Its role was to represent, support and advise GPs – it did not form a part of the PCT system – and he himself had been a GP until 5 years ago.

Dr Watkins assured the Committee that the PCT's plans had not been made in isolation, but in consultation with local GP practices, involving more doctors than managers in the discussions. He welcomed the shift of work into the primary sector, which was part of an ongoing process and would

- fit in with government strategy,
- bring the Huntingdonshire care pattern into line with the norm for the rest of Cambridgeshire and Peterborough,
- enable patients to be treated at their local surgery, which was cheaper and easier for them than getting to the hospital, and
- keep patients in the safe environment of primary care, rather than exposing them to the hazards of hospital life.

Looking at the questions of GPs' capability, willingness and capacity to do the work, and funding, Dr Watkins said that

- GPs would be being asked to provide services already being delivered by GPs in other parts of the county and country. GPs were subject to a complex system of governance, involving performance management and assessment, ongoing training and a regulatory system, which ensured that they had both the capability to deliver the services and the mechanism in place to demonstrate that they had the capability
- Option 2 had developed out of the groundswell of local GP opinion, and moved GPs into what was a more normal way of working. The PCT had provided good support to GPSIs (General Practitioners with Special Interests), but there had been no incentive not to use Hinchingbrooke when services there had been cheap as well as good
- capacity included buildings, people and skill mix. GPs liked seeing patients and were used to taking on new work and reorganising their working lives. They had already become better promoters of self-care,

the use of pharmacies, and the expert patient approach, and some work could be transferred to other members of the practice team, freeing GPs to see patients who needed to be seen by a doctor. A normal referral rate was 4% of the GP workload, so a 25% reduction in referrals would result in only 1 in a 100 patients not being referred, not a huge change in referral patterns and pathway working

- there would be a risk if money were to be taken out of primary care funding rather than secondary care, but that was not being proposed.

Dr Watkins summed up by saying that he was enthusiastic about Option 2, because

- the proposals had largely come from primary care,
- it was necessary to transfer care to fit national norms, and
- it was better to do this in a controlled fashion rather than suddenly if the situation at Hinchingbrooke were to deteriorate.

Members' comments and questions to Dr Watkins included

- whether the transfer of work would affect waiting times to see a GP, which were already long in some parts of East Anglia. Dr Watkins said that patient satisfaction with GP services was high in Cambridgeshire according to recent patient surveys (70 – 75% level of satisfaction with their GPs and with the arrangements for seeing a GP or a particular GP) and not many wanted a change in GP hours, if different opening hours meant that the surgery would be shut at times when it was now open
- whether Saturday morning GP surgeries would become possible again. Members noted that the GP contract discouraged this, and that there was a political unwillingness to decide if Out Of Hours working should be used for routine work or just emergencies
- how numbers of patients per GP/surgery/practice nurse elsewhere compared with numbers in Huntingdonshire. Dr Watkins said that the whole time equivalent number of GPs in Huntingdonshire was similar to that elsewhere, but the number of part-time GPs was greater than average, which increased flexibility in working. The data on practice nurse numbers was not collected nationally. Janice Steed (PCT) said that 11% more funding went into primary care than the national average
- that the views of a practising GP might differ from the Chief Executive's picture. Dr Watkins told the Committee that few local GPs had not been involved in the process of developing the proposals, and if he were to misrepresent GPs' views, they would very quickly hear of this. Although there were challenges in delivering Option 2, they were no greater than those encountered in GPs' present work.

4j. Claire Bruin (Director of Adult Support Services, CCC), Vinny Logan (Board Nurse, PCT) and Sharron Cozens (Acting Lead for Older People's and Adults' Services, PCT) gave presentations on the **implications for social care** of the proposals in Option 2.

Points noted by the Committee in the course of the presentations included

- CCC and PCT were working closely together to support people in their own homes or as close to home as possible – the planning issue was how much of what services would be needed where

- there were community hospitals elsewhere in the county, but none in Huntingdonshire
- Vinny Logan's role was to ensure that the proposals were clinically viable
- evidence was available to support the figures in the chart of the current position on care provision in Huntingdonshire (ICT Capacity referred to Intermediate Care Teams). Bed provision more or less matched demand, but community capacity did not
- the Option 2 proposals represented a huge change in ways of working and involved significant investment in community teams
- the Hinchingbrooke discharge team could currently respond to emergency calls within 24 hours, but would need to respond in 2 – 3 hours
- care on discharge from hospital needed to be arranged more quickly – at present it could take a week to arrange care for an elderly patient medically ready for discharge after 48 hours in hospital
- if care services were always available, some hospital admissions could be avoided altogether
- developing robust community teams would help hospitals to use their systems more appropriately.

On care and staffing issues arising from the presentation, the Committee commented that

- from family experience, individuals in the homecare system were marvellous, but the existing system itself had shortcomings
- a PPI Forum survey of carers in Cambridge had shown that carers all regarded their GP's surgery as a focus of access, but many GPs did not know who they were.

In reply to their questions, members noted that

- homecare would be delivered in integrated teams, and each GP practice would have a homecare link person in the surgery; teams worked very variable hours at present, and proposals were out for consultation on normalising core times
- there were now career opportunities for care staff, with appointments in homecare / health / social care, and a package with career progression could now be offered to staff
- NVQ level 2 was the basic qualification for all staff, and further training was available
- a due system was in place under clinical governance for monitoring homecare workers; district nurses monitored them in teams in Cambridge City and South Cambridgeshire, with a weekly one-to-one session and occasional accompanied visiting, and similar arrangements were being consulted on for Huntingdonshire
- training for district nurses was now conducted on a national, competency-based, modular system, which enabled nurses to mix and match modules to enhance their capability.

On provision of beds, the Committee noted in reply to its questions that

- medical beds at Hinchingbrooke had last been reduced in 2005/06, when about 30 surgical beds had been removed when the Treatment Centre had opened with 24 beds plus day-care cabins
- interim care beds were purchased within the private sector – these were used e.g. by people who were nearly ready to return home from hospital but had to wait until their supporting homecare package was in place
- demand for interim care beds was increasing
- interim care beds might typically be in a sheltered housing scheme or a nursing home – they were being purchased in the market towns (apart from Ramsey, where there was no private sector presence), and other locations were being sought, as travel times were reduced if the beds were in a wide range of locations
- use of interim care beds would assist in meeting the Section 31 and CCC targets to reduce admissions to residential care
- patients in interim care beds did not attract delayed discharge penalties
- delayed discharge in Huntingdonshire had cost £95,000 (at £100 per person per day) in the current financial year, money which would be released by improving community care
- of hospital admissions for the Huntingdonshire population
    - 46% of emergency patients were aged over 65
    - 41% of elective patients were aged over 65
    - 41% of day case patients were aged over 65
- money would be better spent supporting elderly people outside the hospital setting
- a shift away from hospital admission for the elderly was already occurring.

On financial issues arising from the presentation, the Committee

- commented that resources appeared to be unequal to the present level of demand
- pointed out that the Local Authority did not have the capacity to pick up any shortfall in provision
- asked whether the additional £2.2 million for community services would be adequate to implement an integrated team approach and meet the existing shortfall. Janice Steed (PCT) said that £2.2 million would be enough to replace the work being done in hospital; it could be built into the PCT's commissioning plans, and reducing hospital admissions would release more money for community services
- noted that work was in progress on a detailed breakdown of how the £2.2 million would be spent; it was in Janice Steed's opinion a reasonable amount, would allow the PCT and CCC to build up integrated services and manage the anticipated demand together, and was the optimum amount for the resources available
- stated that it would welcome a breakdown of how the £2.2 million was to be spent, how it related to the present level of spending, and what its implications were for the County Council's Social Services. PCT/CCC

5. UPDATE AND DISCUSSION OF CONSULTATION PROCESS

Karen Mason, Acting Director of Communications, Cambridgeshire PCT, informed the Committee that since its last meeting, the PCT had worked with the media to raise awareness of the public meetings. Three of the seven meetings had so far been held, with a small but increasing attendance rate. Those who had attended had provided constructive, beneficial feedback. Other consultation activities included

- Invitations received to meetings of various community groups
- displays in the public library on market days in Huntingdon, St Ives and St Neots
- a phone-in with Radio Cambridgeshire, scheduled for 19th April
- attendance at meetings of the Ambulance Trust, the District Council, and the Patient and Public Involvement in Health Forum.

Members noted that about 30 written responses to the consultation had been received to date, generally supporting Option 2.

6. NEXT STEPS AND REQUESTS FOR FURTHER INFORMATION

In discussion with Jane Belman, Health Scrutiny Co-ordinator for Cambridgeshire County Council, the Committee identified the following matters as still requiring clarification by email from the PCT:

- how much the additional £2.2 million to be spent on Community Care was as a percentage of the total present spend on this service
- what the correct figures were underlying the table in answer 12 of the answers supplied to Key Questions/Requests for Further Information.

Members went on to consider how best to formulate the Committee's response to the consultation proposals.

It was decided that members should clarify their thoughts over the next one to two days, then communicate them by email to other members and officers. Jane Belman would use these thoughts as the basis for a draft response. This would then be shared with the PCT in advance of the Committee's next meeting on 11th May, at which the Committee's response would be finalised. Members J Belman

The Chairman thanked all participants for their contributions to the meeting.

Members of the Committee in attendance: *Councillor S Male (Bedfordshire County Council), Councillors G Heathcock (Chairman) K Reynolds and L Wilson (Cambridgeshire County Council), Councillor J Eells (Norfolk County Council), Councillor B Rush (Peterborough City Council), Mr N Roberts (Cambridgeshire PCT PPI Forum) and Dr A Owen-Smith (Hinchingbrooke PPI Forum)*

Also in attendance: *Councillor M McGuire*

Apologies: *Councillors A Carter and J Cunningham (Bedfordshire County Council), Councillors Y Lowndes, and K Sharpe (Peterborough City Council)*

Time: *10.30am. – 3.30pm*
Place: *Pathfinder House, Huntingdon*

Agenda Item No: 4

PROPOSED AMENDMENT TO TERMS OF REFERENCE: DURATION OF JOINT COMMITTEE

To:	**Hinchingbrooke Hospital Joint Health Overview And Scrutiny Committee**
Date:	**11th May 2007**
From:	**Jane Belman, Health Scrutiny Co-ordinator, Cambridgeshire County Council**
Electoral division(s):	**All**
Forward Plan ref:	**N/a** *Key decision:* **No**
Purpose:	**To propose an amendment to the terms of reference for the Committee, to extend its duration until July 30th 2007**
Recommendation:	**It is proposed that Sec 11.1. of the Committee's terms of reference (Appendix A) are amended to read: 'The joint OSC will run from February 28th 2007 – July 31st 2007 unless the joint OSC agrees to extend this period'**
Key Issues	**Sec. 11.1. of the Committee's terms of reference, agreed on 28th Feb 2007 currently states that: 'The joint OSC will run from February 28th 2007 – June 30th 2007 unless the joint OSC agrees to extend this period. '** **The PCT Board will be deciding on its proposals for services currently provided at Hinchingbrooke on 27th June 2007; it is proposed that the Committee have a final meeting to respond to this and to review the scrutiny process on 18th July 2007.** **The Committee therefore needs to formally agree an extension to the duration of the Committee to cover this period.** **The Committee will disband once the scrutiny is completed.**

Officer contact:		***Member contact:***	
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Appendix A

HINCHINGBROOKE HOSPITAL
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (OSC)

TERMS OF REFERENCE

1. Legislative basis

1.1 This Joint OSC is set up under the Direction issued by the Secretary of State for Health on 17th July 2003, 'Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) Health and Social Care Act 2001', under Statutory Instrument 2002 no. 3048.

1.2 This Direction requires that where a local NHS body consults more than one OSC on a proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of these OSCs shall appoint a joint OSC for the purpose of the consultation. Only that OSC may:

- Make comments on the proposal consulted on to the local NHS body
- Require the local NHS body to provide information about the proposal
- Require an officer of the local NHS body to attend to answer questions in relation to the proposal.

1.3 This Committee has been established by Bedfordshire, Cambridgeshire, Essex, Norfolk and Peterborough Councils.

2. Purpose

2.1 To consider Cambridgeshire PCT's proposals for service changes at Hinchingbrooke Hospital NHS Trust in relation to:

- The extent to which they are in the interests of the health service in Cambridgeshire and surrounding areas
- The impact on the proposals on patient and carer experience and outcomes and on their health and well-being
- The quality of the clinical evidence underlying the proposals
- The extent to which the proposals are financially sustainable.

2.2 To make a response and recommendations to Cambridgeshire PCT and other appropriate agencies on the above.

2.3 To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account.

3. Membership/chairing

3.1 All health OSCs consulted on the proposals will be entitled to three representatives and three substitutes. These will be nominated by the individual local authorities concerned.

3.2 Members will be politically proportional to the membership of their local authority, unless both:

- That authority's full Council agrees, with no-one dissenting, to waive the political proportionality requirement for their own members

and

- Members of all authorities represented on the joint committee agree to waive that requirement.

3.3 A local authority may if it wishes nominate fewer than three members to the joint OSC. This will also require the consent of its full Council, with no-one dissenting, and the agreement of members of all authorities represented on the joint committee.

3.4 The joint OSC members will elect a Chairman and Vice-Chairman

4. Co-option

4.1 A representative of Hinchingbrooke Patient and Public Involvement Forum and a representative of Cambridgeshire PCT Patient and Public Involvement Forum will be co-opted on to the joint OSC as non-voting members, but with all other member rights. Each Forum will be entitled to nominate a substitute member.

5. Supporting the Joint OSC

5.1 The lead authority will be Cambridgeshire County Council

5.2 The lead authority will act as secretary to the joint OSC. This will include:

- Appointing a lead officer to advise and liaise with the Chairman and committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned
- Providing administrative support
- Organising and minuting meetings.

5.3 Where the Joint OSC requires advice as to legal matters, the participating authorities will agree how this advice is obtained and any significant expenditure will be apportioned between participating authorities. Such expenditure, and apportionment thereof, would be agreed between the participating authorities before it was incurred.

5.4 The Joint OSC will be advised as to financial matters by the Chief Finance Officer of the lead authority.

5.5 The lead authority will bear the costs of arranging, supporting and hosting the meetings of the joint OSC. If the joint OSC agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.

5.6 Each participating authority will appoint a link officer to liaise with the lead officer and provide support to the members of the joint OSC.

6. Powers

6.1 In carrying out its function the joint OSC may:

- Require officers of Cambridgeshire PCT and other appropriate NHS bodies to attend and answer questions
- Require Cambridgeshire PCT, and other relevant NHS bodies to provide information about the proposals
- Obtain and consider information and evidence from other sources, such as Patient and Public Involvement (PPI) forums, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include inviting witnesses to attend a joint OSC meeting; inviting written evidence; and delegating joint OSC members to attend consultation meetings, or meet with interested parties and report back
- Make a report and recommendations to Cambridgeshire PCT and other appropriate bodies
- Refer the proposal to the Secretary of State if it considers that:

    - The proposal would not be in the interests of the health service in the area of the authorities forming the joint OSC has not been adequately consulted.
    - The joint OSC is not satisfied that consultation of the committee has been adequate in relation to content or time allowed.

7. Public involvement

7.1 The joint OSC will meet in public, and papers will be available at least 5 working days in advance of meetings

7.2 The lead authority will arrange for papers relating to the work of the joint OSC to be published on its website. Other participating local authorities may make links from their website to the joint committee papers on the lead authority's website

7.3 A press release will be circulated to local media at the start of the process

7.4 Local media will be invited to all meetings.

7.5 Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.

7.6 Members of the public attending meetings may be invited to speak at the discretion of the Chairman.

8. Press strategy

8.1 The lead authority will be responsible for issuing press releases on behalf of the joint OSC and dealing with press enquiries.

8.2 Press releases made on behalf of the joint OSC will be agreed by the Chairman or Vice-Chairman of the OSC.

8.3 Press releases will be circulated to all link officers.

8.4 These arrangements do not preclude participating local authorities from issuing individual statements to the media on the consultation provided that it is made clear that these are not made on behalf of the joint OSC.

9. Report

9.1 The lead authority will prepare a draft report on the deliberations of the joint OSC including comments and recommendations agreed by the joint OSC. The report will include whether recommendations are based on a majority decision of the OSC or are unanimous. The draft report will be submitted to the joint OSC or to the representatives of participating authorities for comment.

9.2 The final version of the report will be agreed by the joint OSC Chairman.

9.3 If necessary, minority reports will be appended to the main report.

10. Quorum for meetings

10.1 The quorum will be a minimum of 4 members, representing at least two participating local authorities.

11. Duration

11.1 The joint OSC will run from February 28th - June 30th 2007 unless the joint OSC agrees to extend this period.

11.2 The joint OSC will disband once it has fulfilled its function.

Agenda Item No: 5

RISK ASSESSMENT AND INVESTMENT IN COMMUNITY SERVICES: SUPPLEMENTARY INFORMATION FROM CAMBRIDGESHIRE PCT

To:	**Hinchingbrooke Hospital Joint Health Overview And Scrutiny Committee**
Date:	**11th May 2007**
From:	**Jane Belman, Health Scrutiny Co-ordinator, Cambridgeshire County Council**
Electoral division(s):	**All**
Forward Plan ref:	**N/a** *Key decision:* **No**
Purpose:	**To provide members with information from Cambridgeshire PCT on the risk assessment of the proposals and on the proposed investment in community services, as requested by the Committee at previous meetings.**
Recommendation:	**Members are asked to note the reports.**
Key Issues	**The following reports are enclosed:** • **Risk Analysis (App1)** • **Proposed Investment in Community Services (App 2)**

	Officer contact:		***Member contact:***
Name:	Jane Belman	Name:	Councillor Geoffrey Heathcock
Post:	Health Scrutiny Co-ordinator	Position:	Chairman of the Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee
Email:	Jane.Belman@cambridgeshire.gov.uk	Email:	Geoffrey.Heathcock@cambridgeshire.gov.uk
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Appendix 1

Proposals for Hinchingbrooke Health Care Trust – Risk Analysis

Risk	Mitigating action (and progress made)	Probability	Impact (assuming mitigating actions carried out)
Consultation process			
Consultation process is not considered to be robust	• Ensure high profile of consultation. Engagement of public through public meetings, opportunities to meet on a one-to-one basis, offers to attend community groups, displays at central libraries, media campaign and option to respond in writing *(ongoing through out consultation period)* • External assessor identified to review consultation process *(in place)* • Consultation process agreed with Scrutiny Committee and ongoing feedback sought	**LOW**	**LOW**
Preferred option is not supported by public through consultation	• Engagement with the public around key concerns (eg A&E, maternity) *(ongoing)* • Clear arguments for the case for change • Gaining clinical support and using clinicians to reassure the public *(ongoing)*	**LOW**	**LOW**
Consultation is not supported by OSC resulting in referral to Secretary of State	• Provision of extensive information at OSC meetings *(ongoing)* • Attendance of senior PCT and hospital representatives at meetings *(ongoing)* • Liaison with County Council *(ongoing)*	**HIGH**	**HIGH**
PCT proposals are rejected by Secretary of State following referral by OSC	• Review alternative options set out in consultation document and take appropriate emergency measures if required	**LOW**	**MEDIUM**
Partnership working			
Cambridgeshire County Council (as co-signatory to section 31 agreement) does not support the proposals	• Engagement with the County Council and Director of Adult Support Services *(ongoing)* • Opportunity for County Council to evaluate impact on social care *(ongoing)* • Senior support for direction of travel *(obtained)*	**LOW**	**LOW**
PCT and HHCT do not work together to manage the change to services	• Regular meetings between PCT and HHCT *(ongoing)* • Senior support for plans and direction of travel *(obtained)*	**LOW**	**LOW**
GPs and other clinicians do not support the proposals	• Engagement of GPs and HuntsComm from early stage *(ongoing)*	**LOW**	**LOW**
Reducing activity			
Lack of clinical support to reduce referrals	• Engagement and ownership of demand management plans by HuntsComm and practices *(ongoing)* • Strong evidence base around the introduction of clinical	**LOW**	**MEDIUM**

	thresholds *(assembled)*		
Patient safety is compromised due to a reluctance to refer for specialist treatment or advice	• Patient safety is paramount. All other patients who have a clinical need to be seen by a specialist will have access to this advice	**LOW**	**LOW**
Shift of activity to other settings			
Schemes do not deliver anticipated reductions	• Realistic achievements built into 2007/8 plan *(completed)* • Clear project leads identified *(completed)* • Implementation and progress is monitored as part of the PCT's corporate monitoring procedure *(ongoing)* • Phasing of change is considered *(ongoing)*	**MEDIUM**	**MEDIUM**
Skills, capacity and capability to develop and run new services in Primary Care	• PCT appointed PBC Business Partner to work with HuntsComm and matrix team of specialists to support the commissioning and development of services *(team in place)* • PCT purchase of Dr Foster information tool to support decision making *(completed)*	**LOW**	**MEDIUM**
Care is more expensive to deliver in non-hospital environments	• Detailed planning of schemes considers cost implications *(process in place)*	**LOW**	**LOW**
Patients have difficulties accessing facilities in primary care	• Location and accessibility will be evaluated as part of the appraisal of new service proposals *(process in place)* • The PCT will work closely with the County and District Councils, and voluntary sector to investigate the options for Community Transport Schemes *(ongoing)*	**MEDIUM**	**MEDIUM**
Lack of capacity prevents shift to independent sector	• Consider options for tendering services • Consider adjusting phasing to match capacity available • Potential to use capacity at HHCT (would not comply with Government policy to shift activity to independent sector)	**HIGH**	**MEDIUM**
Increasing activity			
Activity from other localities in the PCT is not increased	• Close working with CATCH, individual practices and patients to change referral patterns *(ongoing)*	**MEDIUM**	**MEDIUM**
Expansion of Integrated Community Teams			
Recruitment of nursing and care worker staff prevents increased capacity in Integrated Care Team	• Introduction of new employment packages • Consider opportunities to redeploy staff from HHCT • Consider opportunities to develop existing workforce and introduce new roles • Potential to move use staff from other localities of the PCT	**MEDIUM**	**HIGH**
Turnaround savings (vacancy freezes) prevent Integrated Care Team reached required capacity	• Review vacancy freezes	**LOW**	**MEDIUM**
Cuts to social care budget prevent ICT reaching necessary capacity	• Close working with the County Council *(ongoing)* • Corporate performance monitoring *(ongoing)*	**MEDIUM**	**HIGH**
Excess bed days at HHCT are not reduced	• Investment in community services • Discussions with providers (community beds and nursing	**MEDIUM**	**MEDIUM**

	homes) around capacity (ongoing) • Increase accuracy of capacity forecasting • Review clinical processes to access the needs of patients		
Proposals outlined as part of consultation are not consistent with the outcome of the Community Hospitals Review	• Close working will ensure there is consistency between the proposals being suggested *(ongoing)*	**LOW**	**LOW**
Children's Unit			
£700,000 cost pressure for PCT	• Both provider and commissioner to look for opportunities to increase income through other activity to offset £700k pressure *(ongoing)* • Working with other partners to identify options for increasing income *(ongoing)*	**HIGH**	**HIGH**
Maternity			
Hinchingbrooke is not the hospital of choice for maternity services	• Work to promote Hinchingbrooke as an attractive option which 'normalises' birth *(ongoing)* • Development of a midwifery-led birthing unit • Engage Cambourne GPs *(process in place)* • Increase HHCT community midwifery presence in West Cambridge area *(in place)* • Action plan in place and regular review meetings	**MEDIUM**	**HIGH**
Cost base of maternity services is not reduced	• Action plan in place, led by HHCT	**LOW**	**MEDIUM**
£1.1m cost pressure for PCT	• Working with HHCT to increase the number of births and widen the clinical network for the unit *(ongoing)*	**HIGH**	**HIGH**
Special Care Baby Unit (SCBU)			
SCBU is given level 1 status – capacity needed elsewhere for those babies needing level 2 care	• Work with Neonatal Network to explore options and impact on regional neonatal services (	**MEDIUM**	**HIGH**
SCBU is given level 2 status – high cost of maintaining a level 2 unit	• Work with Neonatal Network to explore options and impact on regional neonatal services	**MEDIUM**	**HIGH**
Hinchingbrooke change plans			
Recruitment and retention becomes difficult due to low staff confidence in proposals – resulting in difficulties maintaining clinical specialties	• Staff are kept engaged, informed and involved at all stages of the process *(ongoing work)*	**HIGH**	**HIGH**
Hinchingbrooke do not attract patients from other PCTs (Risk is with HHCT not PCT)	• Marketing strategy to increase patients from other PCTs *(ongoing)*	**MEDIUM**	**MEDIUM**
High redundancy costs	• New staff are being employed on short term contracts *(in place)* • Redeployment will be considered where possible *(plans in place)*	**LOW**	**LOW**
Treatment Centre is not used to necessary capacity	• Movement of services within the Trust to make best use of capacity	**MEDIUM**	**MEDIUM**

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Cambridgeshire NHS
Primary Care Trust

Seeking Sustainable Health Services for the People of Huntingdonshire

Proposed Investment in Community Services

Short Briefing Paper for the Overview & Scrutiny Committee

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1. Introduction

Following the meeting held on 2nd April 2007, the Committee requested details of how the proposed investment in community services would be made. This short briefing paper sets out this information.

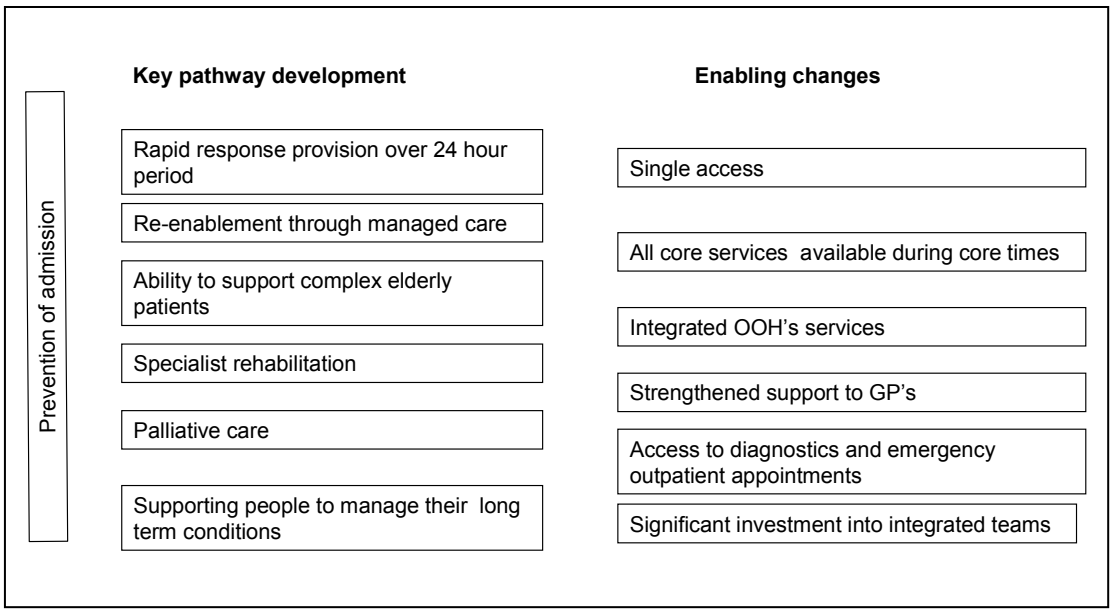
2. Proposed Investment

The Committee were advised at their last meeting on 2nd April that the model of care for community services was being considered and that discussions between the PCTs commissioning and provider services leads were well underway.

2.1 Model of Care

At that meeting, the new model of care was presented and is replicated in Figure 1 below.

Figure 1: Model of Care for Community Services



2.2 Investment Available

Page 67 of the Full Consultation Paper states a proposed investment of up to £2.3 million in integrated services for older people and £250k in additional medical input over 2007/8 and 2008/9.

The revised investment in additional medical input was included in the PCTs response to OSC for the 2nd April meeting and currently stands at £299k (response number 13). This leaves £2.201 million available for investment in integrated services for older people.

The following section maps the £2.201 million investment to the key pathway development areas described in Figure 1.

Key Pathway Development Area	**Proposed Investment £**	**Notes**
Rapid Response 24 hrs	700,000	
Re-enablement through Managed Care Specialist rehabilitation Palliative Care Supporting People to manage LTCs	901,000	Allocation of £901k to cover all four key pathway development areas
Complex Elderly Patients	600,000	
TOTAL	**2,201,000**	

The funding will be used to cover the cost of:

- Additional staff e.g. Senior Daily Living Assistants, District Nurses, Therapists
- Backfill to current teams
- Care Managers
- Limited administrative support (one post)
- Non pay and overheads
- Equipment
- Spot purchase nursing home beds as required

2.3 Current Position

Discussions are continuing regarding the details of the investment and its proposed phasing and the figures above may change but the total investment amount will remain unchanged.

Agenda Item No: 6

SEEKING SUSTAINABLE SERVICES FOR THE PEOPLE OF HUNTINGDONSHIRE

CONSULTATION RESPONSE

To:	**Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee**
Date:	**11th May 2007**
From:	**Jane Belman, Health Scrutiny Co-ordinator**
Electoral division:	**All**
Forward plan ref:	**N/a** *Key decision:* **No**
Purpose:	**To agree the Committee's response to Cambridgeshire PCT's consultation on proposals for services currently provided at Hinchingbrooke Hospital.**
Recommendation:	**Members are asked to consider and amend the draft consultation response.**
Key Issues:	**The Committee's final response, incorporating any amendments to the draft agreed at the meeting, will be submitted to Cambridgeshire PCT by their response deadline of Tues 22nd May 2007. The PCT Board will consider all the responses received and present a formal response to the consultation at a Board meeting held in public on Wednesday 27th June 2007.** **The Committee will consider the PCT's response, and any further action the Committee may wish to take, at its final meeting on Wednesday 18th July 2007.**

	Officer contact:		***Member contact:***
Name:	Jane Belman	Name:	Councillor Geoffrey Heathcock
Post:	Health Scrutiny Co-ordinator	Position:	Chairman of the Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee
Email:	Jane.Belman@cambridgeshire.gov.uk	Email:	Geoffrey.Heathcock@cambridgeshire.gov.uk
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Seeking Sustainable Services for the People of Huntingdonshire

Draft Consultation Response

CONTENTS PAGE: to be added to final version

1. INTRODUCTION

1.1 This response is made by Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee (the Committee), which was set up by Cambridgeshire, Bedfordshire, Peterborough, Norfolk and Essex Councils to consider and respond to Cambridgeshire Primary Care Trust (PCT) proposals for the future of services currently provided by Hinchingbrooke Health Care NHS Trust (HHCT).

1.2 The Committee consisted of Health Overview and Scrutiny Committee representatives from the above authorities, and a representative each from the Patient and Public Involvement Forums for Hinchingbrooke and for Cambridgeshire PCT. It was convened by Cambridgeshire County Council.

1.3 The Committee was established under the Direction issued by the Secretary of State for Health on 17th July 2003: 'Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) Health and Social Care Act 2001', under Statutory Instrument 2002 no. 3048. The Direction requires that where a local NHS body consults more than one Overview and Scrutiny Committee on a proposal for substantial development or variation of a health service, the local authorities concerned shall appoint a joint Overview and Scrutiny Committee for the purpose of the consultation.

1.4 The purpose of the Committee was:

- To consider Cambridgeshire PCT's proposals for service changes at HHCT in relation to:
  - The extent to which they are in the interests of the health service in Cambridgeshire and surrounding areas
  - The impact of the proposals on patient and carer experience and outcomes and on their health and well-being
  - The quality of the clinical evidence underlying the proposals
  - The extent to which the proposals are financially sustainable
- To make a response and recommendations to the PCT and other appropriate agencies on the above
- To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account.

Appendix 1 sets out terms of reference and membership of the Committee.

1.5 The Committee met in public four times between February and May 2007. It considered written and oral evidence from representatives of the following:

- HHCT
- Cambridgeshire PCT
- Huntingdonshire Consortium for Practice Based Commissioning (Hunts Comm)

- East of England Strategic Health Authority (SHA)
- East of England Ambulance Service NHS Trust
- Cambridgeshire County Council in relation to social care and transport issues
- Cambridgeshire Local Medical Committee.

(Details to be added to final version as Appendix 2)

THE RESPONSE IN OUTLINE

2. RESPONSE: SUMMARY

2.1 The Committee supports the proposals set out in Option 2 for the future of services currently provided on the Hinchingbrooke Hospital Site, subject to the concerns set out below. In particular, it supports the proposals to:

- **Maintain the proposed range of hospital services, including maternity services, on the site, in order to safeguard patient access and choice**
- **Develop out-patient services in GP practice or community settings**
- **Develop intermediate care services in partnership with Cambridgeshire County Council that will help maintain people's independence by avoiding hospital admissions and enabling earlier discharge from hospital, in line with national policy set out in 'Our Health, Our Care Our Say'.**

2.2 The Committee concludes that:

If the concerns it has identified are addressed, the proposals are in the interests of the health service in Cambridgeshire and surrounding areas, and should have a positive impact on patient and carer experience and outcomes, and on their health and well-being.

The Committee does not have sufficient evidence to assess whether the proposals are clinically or financially sustainable.

3 KEY CONCERNS

3.1 There are considerable challenges for the PCT and HHCT in delivering Option 2. These include:

- Whether the proposals can deliver the financial savings in the timescale required, given that HHCT is forecasting that it needs to deliver recurrent revenue savings of £14.5m over the next 3 years.
- Whether the PCT's proposed investment of £2.2m in intermediate care services will provide sufficient capacity to meet service user and carer needs, and reduce the demand on hospital services. The Committee is particularly concerned that:
    - Intermediate care services are developed in a way and at a pace that ensures that they are of high quality and are sustainable, and that existing services are not reduced until new ones are in place. This includes provision for staff recruitment, training and retention.

- The proposals should not place additional financial pressure on Cambridgeshire County Council's Adult Support Services
- More work is done to ensure that GP practices identify carers and that they have access to services.

It is essential that the PCT and Cambridgeshire County Council work in partnership, and with other agencies, user and carer groups to develop these services. This should include collaboration on ensuring accessibility to services where these are provided outside the home.

- Whether there is sufficient capacity in the primary care sector to develop outpatient services, and ensure these services are of high clinical quality**.**

It is essential that there is a full assessment of GP capacity to carry out the additional work, robust clinical governance arrangements are made, and the developments are adequately resourced.

- Whether HHCT can attract sufficient patients from outside Huntingdonshire to maintain clinical and financial viability, particularly for maternity services.

3.2 The Committee considers that it did not receive sufficient evidence to be able to form a view on whether the proposals in Option 2 are financially viable or achievable in the timescale proposed, nor whether Hinchingbrooke Hospital will be viable in the long-term. In particular, it is concerned that the information did not include:

- A detailed cost-benefit analysis of the proposals and a business plan
- A needs assessment to underlie the proposed £2.2 m. investment in community services; details of how it will be allocated, and a programme for development of these services
- Details of how outpatient services would be developed.
- Alternative strategies if the financial savings are not achieved in the timescale.

The Committee strongly recommends that these are drawn up in collaboration with partner agencies as soon as possible

3.3 Full consideration must be given to accessibility, including the availability of public, community and volunteer transport, when locating community-based outpatient and intermediate care services. The access needs of people who do not have their own transport but do not quality for financial assistance must be considered. It is likely that the majority of outpatient services will most appropriately be centred on market towns and the Hinchingbrooke site, with outreach into more rural locations.

The Committee recommends that the PCT and Cambridgeshire County Council work with each other, and with patient groups, the Ambulance Trust, District Councils, and with commercial and community transport providers when developing these services, to ensure that they are accessible, and that best use is made of available transport resources.

3.4 Further work is needed to identify what changes in the services provided by the Ambulance Trust will be required as a result of the proposals, and what their financial implications will be for the Trust.

It is essential that the PCT and HHCT work closely with the Ambulance Trust in developing the proposed service changes, and that the Ambulance Trust is adequately funded to meet the changing demands on its services arising from the proposals, while at the same time meeting its overall quality and response time targets.

3.5 Further work is needed on long-term capacity planning to take account of the projected growth in and ageing of the population over the next 10 – 15 years, including the development of Northstowe.

The Committee recommends that consideration should be given to retaining sufficient land on the Hinchingbrooke site to accommodate future demand for inpatient and outpatient services.

3.6 Further work will be needed to link the proposals, particularly those relating to intermediate care services, with the current review of community hospitals in Cambridgeshire**.**

3.7 In order to improve the viability of maternity services, the PCT and HHCT should:

- regularly review the effectiveness of, and if necessary modify, their approach to encouraging women in Cambourne and West Cambridgeshire to use HHCT's maternity services
- explore with Cambridgeshire County Council and with commercial operators the feasibility of improving public transport between Cambourne and Hinchingbrooke.

3.8 Further work is required to identify whether it is appropriate to downgrade the Special Care Baby Unit (SCBU) from Level 2 to Level 1.

It is essential that arrangements for future SCBU provision ensure that there is the right level and mix of Level 1, 2, and 3 SCBU units in Cambridgeshire and surrounding areas to meet local needs, and that the transfer of babies is kept to a minimum

3.9 The PCT and HHCT should develop a proactive strategy to encourage residents from outside the Huntingdonshire area to choose to be treated at Hinchingbrooke. This should include working with PCTs and Hospital Trusts in neighbouring local authority areas, particularly Peterborough and Bedfordshire.

3.10 The Committee did not take a view as to whether it supported the principle of dissolution of HHCT as a corporate entity. It noted that this will be the subject of a separate consultation.

THE RESPONSE IN DETAIL

4. RISKS AND VIABILITY

4.1. The Committee considered evidence from the PCT, HHCT and the SHA concerning the financial and risk assessment background to the proposals and how these were being dealt with; how it was intended to achieve the proposed savings; and how staff reductions would be managed.

4.2. The Committee noted that:

- No viable alternative option was being put forward if the savings anticipated in Option B were not achieved in the timescale.
- HHCT is forecasting that it needs to deliver recurrent revenue savings of £14.5m over the next 3 years through implementation of the proposals, its financial recovery plan, efficiency savings, and additional income. The success of the proposals is dependent on all these anticipated savings being achieved.
- HHCT current financial recovery plan was already delivering recurrent revenue savings.
- The PCT and HHCT were awaiting the outcome of the consultation before drawing up a business plan or a detailed cost-benefit analysis of the changes.
- The SHA Acute Services Review would be producing a framework for the future delivery of acute and associated community services later in 2007.

4.3. **The Committee is concerned that**:

- Without the information that would be contained in a business plan, the Committee could not assess whether the proposals were financially or clinically viable, or whether the proposals would deliver the required savings.
- It was not clear whether there is sufficient capacity in primary care services to take on the outpatient work that is currently undertaken at Hinchingbrooke, nor how this will be delivered.
- There is no evidence as to whether or not the proposed investment in intermediate care services is sufficient to meet user and carer needs and to reduce the demand on hospital services, or what timescale will be required to deliver it.
- There is a risk that services at Hinchingbrooke may not be clinically or financially viable in the long term if:
    - the number of patients decreases below the levels proposed – in particular if Hinchingbrooke does not attract patients from outside Huntingdonshire.
    - the projected increase in demand for its maternity services does not materialise.
    - service developments at neighbouring hospitals, particularly Peterborough and Addenbrooke's impact on patient choice
    - there is any conflict between the proposals and the framework produced through the Acute Services Review

- It is not clear what the future arrangements will be for payback of HHCT's historic debt, nor the extent to which receipts from the proposed land sale on the site could be used to fund it.

4.4. ***The Committee strongly recommends that a detailed cost-benefit analysis, and business plan, including detailed plans for how outpatient and intermediate care services will be developed, and alternative strategies if the savings are not achieved in the timescale, are drawn up in collaboration with partner agencies as soon as possible.***

5. SHIFTING ACTIVITY FROM THE HOSPITAL TO THE COMMUNITY SETTING

Provision of Outpatient Services in GP practice and community settings

5.1. The Committee considered evidence from representatives of the PCT, HHCT, HuntsComm, and the Cambridgeshire Local Medical Committee; and from representatives of Cambridgeshire County Council concerning transport issues.

5.2. It noted that:

- Residents of the former Hunts PCT area had a considerably higher rate of elective hospital admissions when compared with the rates for the East of England or England as a whole, particularly when calculated on the basis of weighted population. This suggested that there was scope to develop more community based services as an alternative
- A number of initiatives were planned or in place in Huntingdonshire to provide a wide range of outpatient services in GP practice or community settings.
- This approach has been successfully taken in other parts of the country, and there were good practice examples to draw on which used a wide variety of service models and professional skills.
- The PCT's plans had been made in consultation with GP practices, and the GPs who gave evidence to the Committee considered that GPs had the will and capacity to change their way of working and take on new work.
- The PCT's intention was to locate clinics in market towns or on the Hinchingbrooke site.
- Arrangements for clinical governance and quality control are in hand.

5.3. <u>Transport and access</u>

- Transport strategies for the area, including the forthcoming Guided Bus, had been developed with Hinchingbrooke as a main destination, and the County Council had sought to improve provision for buses, cyclists and pedestrians in the Huntingdon and St Ives area.
- The County Council was carrying out a review of passenger transport services, including community transport, to make them more efficient.
- There was no additional County Council money to provide additional services for travel to clinics in market towns or GP practices.

- If services moved from Hinchingbrooke to new, particularly rural, locations, access by bus was unlikely to be suitable – multi use vehicles and car-schemes would be more appropriate.

5.4. **The Committee is concerned that:**

- Further work needs to be done to identify how and where these services are best provided, and what resources, in terms of funding and staff development will be needed. It is essential that:
    - A full assessment of GP capacity across Huntingdonshire practices to carry out the additional work proposed is carried out.
    - Robust clinical governance arrangements are put in place and monitored to ensure diagnosis and treatment of a high quality
    - The development of these services, including infrastructure and staff training, is adequately resourced
    - The services should be developed in a way that ensures that they are located to be accessible to patients, especially those who do not have access to private transport. Account should be taken of the largely rural nature of the catchment area, and the existence of areas of deprivation, particularly in Huntingdon and Fenland.

- Full consideration must therefore be given to accessibility, including the availability of public, community and volunteer transport, when locating community-based outpatient and intermediate care services. The access needs of people who do not have their own transport but do not quality for financial assistance must be considered. It is likely that the majority of the outpatient services will most appropriately be centred on market towns and the Hinchingbrooke site, with outreach into more rural locations.

5.5. ***The Committee recommends that the PCT and Cambridgeshire County Council work with each other, and with patient groups, the Ambulance Trust, District Councils, and with commercial and community transport providers when developing these services, to ensure that they are accessible, and that best use is made of available transport resources.***

The introduction of Intermediate Care Services

5.6. The Committee considered evidence from the PCT and Cambridgeshire County Council Adult Support Services. It noted that:

- Cambridgeshire County Council and the PCT had a joint strategy and pooled budget for provision of integrated services for older people, and the proposals fitted in with this.
- The proposals were in line with national policy as set out in the White Paper 'Our Health, Our Care, Our Say' and the Green Paper 'Outcomes for Social Care', aimed at increasing user choice, control, and quality of life through providing services in the community that would reduce hospital admissions and facilitate discharge.
- Current resources appeared to be unequal to the present level of demand. There was insufficient community capacity, and care on discharge from hospital needed to be arranged more quickly.

- Cambridgeshire County Council, which has cut its budget for Adult Support Services for 2007/8, did not have the capacity to pick up any shortfall in provision.
- The Option 2 proposals represented a significant investment in community teams.

5.7 The Committee noted that PPI Forum evidence from Cambridge identified that although GPs are a key point of access to services, they are not always aware of the carers in their patient population.

5.8 **The Committee is concerned that:**

- There is insufficient evidence as to whether the proposed £2.2m investment will be sufficient, especially as both the PCT and Cambridgeshire County Council's Adult Support Services are under considerable financial pressure. In particular, further work is required to assess user and carer need, identify costs and how the funding should be allocated, and draw up a realistic programme and timescale for development of these services. .
- The implications for Cambridgeshire County Council's Adult Support Services, in the short term or in future years are not clear. There is a risk that the proposals will place additional pressures on the Adult Support Services budget, which will have a detrimental effect on services for users and carers.
- The services should be developed in a way and at a pace that ensure that they are of high quality and are sustainable, and that existing services are not reduced until new ones are in place. This includes provision for staff recruitment, training and retention.
- More work is done to ensure that GP practices identify carers and ensure they have access to services.

5.9 ***It is essential that the PCT and Cambridgeshire County Council work in partnership, and with other agencies, user and carer groups to develop these services. This should include collaboration on ensuring accessibility to services where these are provided outside the home*.**

6. IMPLICATIONS FOR AMBULANCE SERVICES

6.1 The Committee heard evidence from the East of England Ambulance Service NHS Trust. It noted that:

- The changes would have implications for the pattern and resourcing of ambulance services, in relation to the changing catchment area for maternity services, changes to SCBU provision; use of the voluntary car scheme to transport people using community based outpatient services; and emergency care provision. These implications had not been fully identified
- The Ambulance Trust could help support the changes.

6.2 **The Committee is concerned that:**

- Further work is needed to identify what changes in the services provided by the Ambulance Trust will be required as a result of the proposals, and what their financial implications will be for the Trust.

It is essential that the PCT and HHCT work closely with the Ambulance Trust in developing the proposed service changes, and that the Trust is adequately funded to meet the changing demands on its services arising from the proposals, while at the same time meeting its overall quality and response time targets.

7. LONG-TERM CAPACITY PLANNING

7.1 The Committee noted that:

- Future capacity requirements would be affected by:
  - The new town of Northstowe, which will be larger than originally anticipated.
  - General population growth in the Cambridgeshire area. The most recent forecast, (Population Growth and Capacity Planning for Health and Social Care: Cambridgeshire Horizons Jan 2006) estimated that this population growth would result in increases of 25% in elective and emergency inpatient admissions, and a 23% increase in outpatient admissions by 2021 for the Huntingdonshire area. This needed updating in the light of subsequent changes in population forecasts.
- Changes in technology and how healthcare was delivered made it impossible to accurately plan for future capacity more than a few years ahead.

7.2 **The Committee is concerned that:**

- Sufficient capacity is retained in the long term to meet the demands resulting from population growth, especially as demographic predictions may be exceeded.
- Further work is needed on long-term capacity planning to take account of the projected growth in and ageing of the population over the next 10 - 15 years.

7.3 ***The Committee recommends that consideration should be given to retaining sufficient land on the Hinchingbrooke site to accommodate future demand for inpatient and outpatient services.***

8. COMMUNITY HOSPITALS REVIEW

8.1. The Committee noted that the PCT was in the early stages of a review of services currently provided by Cambridgeshire's four community hospitals. These were located in Cambridge, East Cambridgeshire and Fenland, areas where the PCT aimed to increase the number of residents using Hinchingbrooke.

8.2. Further work is needed to link the proposals, particularly those relating to intermediate care services, with the review of community hospitals in Cambridgeshire.

9. MATERNITY SERVICES

9.1 The Committee supports the proposals for maternity services, including a more community based approach to antenatal midwifery services in line with current government policy and clinical guidelines for routine antenatal care. It notes that there is evidence that this approach benefits women from vulnerable and minority groups.

9.2. It is concerned that the clinical and financial viability of the service depends on the ability of HHCT to increase the number of births at Hinchingbrooke, initially by 300 over a 2 year period.

9.3 It notes that there is no direct public transport link between Cambourne and Hinchingbrooke

9.4 **In order to improve the viability of the maternity services, the PCT and HHCT should;**

- **regularly review the effectiveness of, and if necessary modify, their approach to encouraging women, particularly in Cambourne and West Cambridgeshire, to choose HHCT's maternity services**
- **explore with Cambridgeshire County Council and with commercial operators the feasibility of improving public transport between Cambourne and Hinchingbrooke.**

10. PAEDIATRIC SERVICES

10.1 The Committee is concerned that the proposed downgrading of the SCBU might increase the risk to babies needing Level 2 care, who would need to be transferred to Addenbrooke's or other hospitals. Any reduction in overall SCBU capacity would impact on babies and mothers from a wide area, and result in an increase in transfers of babies to other units both within and outside the region.

10.2 The Committee considers that further work is required to identify whether it is appropriate to downgrade the Special Care Baby Unit (SCBU) from Level 2 to Level 1.

10.3 ***It is essential that arrangements for future SCBU provision ensure that there is the right level and mix of Level 1, 2, and 3 SCBU units in Cambridgeshire and surrounding areas to meet local needs, and that the transfer of babies are kept to a minimum***

11. SERVICES TO NON-CAMBRIDGESHIRE RESIDENTS

11.1 The Committee notes that HHCT had a modest increase in the proportion of patients from outside Cambridgeshire between April 2006 and Jan 2007, when 5.4% of their new attendances came from outside the County

11.2 It is not clear from the proposals what steps are being taken to increase the number of patients from outside Cambridgeshire who use Hinchingbrooke.

11.3 ***The PCT and HHCT should develop a proactive strategy to ensure that residents from outside the Huntingdonshire area have the option to choose to be treated at Hinchingbrooke. This should include working with PCT commissioners and Hospital Trusts in neighbouring local authority areas, particularly Peterborough and Bedfordshire.***

12 DISSOLUTION OF HHCT AS A CORPORATE ENTITY

12.1 The Committee noted that:

- The PCT estimated that £1m of the proposed recurrent savings would be made through reductions in management costs if HHCT was dissolved.
- It is not yet clear how the new arrangements would work in practice, nor who would take over the management of Hinchingbrooke or on what terms
- The dissolution proposal would be the subject of a separate public consultation, probably in 2008/9.

The Committee did not take a view as to whether it supported the principle of dissolution of HHCT as a corporate entity.

13. CONCLUSION

The Committee requests that:

- **Cambridgeshire PCT Board takes full account of the Committee's response when deciding which option to pursue.**

- **Cambridgeshire PCT and HHCT reply to the Committee stating how they have taken the Committees response into account, and how they intend to address each of the Committee's concerns.**

Source Documents	Location
Seeking Sustainable Services for the People of Huntingdonshire: Consultation Document	Cambridgeshire PCT 01223 885717
Reports and minutes: Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee 28.2.07; 16.3.07; 2.4.07	Cambridgeshire County Council, Shire Hall, Cambridge
Population Growth and Capacity Planning for Health and Social Care: Cambridgeshire Horizons	01223 718126
Our Health, Our Care, Our Say	Dept of Health www.dh.gov.uk

Appendix 2

Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee

The Scrutiny Process: Draft

1. Preliminary Work Sept 2006 – Feb 2007

1.1. Following growing public and member concern about the financial difficulties at Hinchingbrooke Hospital, Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee (HASCSC) held a special scrutiny committee meeting on 18th October 2006, on the financial situation and future services at Hinchingbrooke Hospital. This meeting considered evidence from Jane Herbert, the Acting Chief Executive Hinchingbrooke Healthcare NHS Trust (HHCT); Paul Watson, Director of Commissioning, East of England Strategic Health Authority, and Chris Towns, Acting Chief Executive, Cambridgeshire Primary Care Trust (PCT).

1.2. Cambridgeshire County Council officers informally contacted the health scrutiny committees of all the authorities whose residents used Hinchingbrooke Hospital, to obtain an indication of which authorities might be interested in participating in a joint scrutiny committee.

1.3. Informal meetings between representatives of authorities that had expressed an interest in taking part in the joint committee, a representative of the Hinchingbrooke Hospital PPI Forum, and representatives of HHCT and Cambridgeshire PCT were held on 16th December 2006 and 2nd February 2007 to discuss the public consultation process and timescale. At those meetings, the councillors discussed draft terms of reference and activities for the joint committee.

2. The Formal Scrutiny

The joint scrutiny committee activities were as follows:

2.1. <u>First Meeting: 28th February 2007</u>

The Committee

- Elected Cllr Geoffrey Heathcock as Chairman, and Cllr Stephen Male as Vice Chairman.
- Agreed terms of reference
- Considered presentations on the proposals from:
    - Chris Banks, Chief Executive, Cambridgeshire PCT and Simon Wood, Interim Programme Director for Service Reconfiguration, East of England Strategic Health Authority (EoE SHA)
    - Dr Mark Sanderson, Chair-Elect and elective services lead of Huntingdonshire Consortium for Practice Based Commissioning (HuntsComm)
    - Mr Boon Lim, Medical Director, HHCT

- Considered a presentation on the consultation process from Karen Mason, Acting Director of Communications and Public Involvement, Cambridgeshire PCT

Further information on the proposals was given by Darren Leech, Project Director, HHCT; Tom Dutton, Asst Director, Strategic Planning, Cambridgeshire PCT; Sharron Cozens, Acting Lead for Older People's and Adults Services, Cambridgeshire PCT

2.2. Second meeting: 16th March 2007

The Committee considered:

- Reports from Cambridgeshire PCT and HHCT giving more detail on the proposals. Further information was given by:
    - HHCT: Darren Leech; Dr Boon Lim; Sue Smith, Chairman, HHCT Board; Karen Charman, Director of Human Resources and Communications;
    - Cambridgeshire PCT: Matthew Smith Assistant Director, Commissioning; Chris Banks: Rachel Harrison Asst Director of Finance: Janet Dullaghan, Chief Operations Officer, provider side,
    - Simon Wood EoE SHA
- Comments on the proposals from Mark Howe, Head of Adults Client Side Cambridgeshire County Council, on behalf of the County Council and Adult Social Care. Further information was given by Janet Dullaghan, and Darren Leech.
- An update on the consultation process given by Chris Banks

2.3. Third meeting: 2nd April 2007

The Committee

- Elected Cllr Kevin Reynolds as Vice-Chairman to replace Cllr Stephen Male

Considered:

- Reports from Cambridgeshire PCT and HHCT giving further detail on the proposals. Further information was given by:
    - HHCT Darren Leech
    - Cambridgeshire PCT: Chris Banks, Tom Dutton, Assistant Director, Strategic Planning; Janice Steed, Director of Strategic Development and Commissioning
    - EoE SHA: Simon Wood

- A presentation from Dr Dennis Cox, Professional Executive Committee Chair, Cambridgeshire PCT, on extending primary care. Further information was given by Dr Christine Macleod, Head of Cambridgeshire and Peterborough Public Health Network, Janice Steed, and Dr Mark Sanderson
- A presentation from Judi Davis, Locality Chief Operating Officer Cambridgeshire, East of England Ambulance Service NHS Trust, on Ambulance Service considerations in relation to the consultation proposals
- Information from Cllr Mac McGuire, Cabinet Lead Member for Transport and Delivery, and Paul Nelson, Local Passenger Transport manager, Cambridgeshire County Council, on the implications of the consultation proposals for the County Councils provision of transport. Further information was given by Janice Steed
- A GP perspective on the proposals from Dr Guy Watkins, Chief Executive, Cambridgeshire Local Medical Committee
- A presentation on the implications for social care of the proposals by Claire Bruin, Director of Adult Support Services, Cambridgeshire County Council; Vinny Logan, Board Nurse, and Sharron Cozens, Cambridgeshire PCT. Further information was given by Janice Steed
- An update of the consultation process given by Karen Mason, Cambridgeshire PCT
- Feedback from a sub-group of the Committee, Cllr Stephen Male, Cllr Peter Downes, Dr Angela Owen-Smith and Nick Roberts, who had met representatives of HHCT on behalf of the Committee on 22nd March 2007 to look at the financial and risk assessment background to the proposals.

3 Further Committee meetings

3.1 Friday April 11th 2007: To finalise the Committee's response to the consultation

Wednesday 18th July 2007 To hear Cambridgeshire PCT response to the Committee's comments, agree any further action, and review the wider consultation process.

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Agenda Item No: 8

REVIEW OF CONSULTATION PROCESS: PROPOSED APPROACH

To:	**Hinchingbrooke Hospital Joint Health Overview and Scrutiny Committee**
Date:	**11th May 2007**
From:	**Jane Belman, Health Scrutiny Co-ordinator**
Purpose:	**To propose how the Joint Health Scrutiny Committee should approach its review of the consultation process at its next meeting on 18th July 2007.**
Recommendation:	**Members are asked to consider and agree the recommended approach.**
Key issues:	**The Committee's terms of reference include: "To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account."**

It is also important for the Committee to consider:

- **How effectively the Committee has been consulted and to what extent its views have been taken into account**
- **What lessons can be learned for future joint scrutinies of proposals for health service changes, particularly in the context of the forthcoming Acute Services Review**

	Officer contact:		***Member contact:***
Name:	Jane Belman	Name:	Councillor Geoffrey Heathcock
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1. INTRODUCTION

1.1. In addition to responding to the proposals for services currently provided by Hinchingbrooke Healthcare NHS Trust,the terms of reference of the Joint Health Scrutiny Committee include:

"To consider and comment on the extent to which patients and the public have been consulted on the proposals, and the extent to which their views have been taken into account."

1.2 The Committee has considered reports from Cambridgeshire PCT on the consultation process at all its meetings.

1.3 At the first meeting of the Joint Health Scrutiny Committee, it was agreed that the final meeting of the Committee would review the wider consultation process.

Suggestions for how the Committee could do this are set out below.

2. REVIEWING THE CONSULTATION PROCESS

2.1 It is proposed that the Committee consider the following issues:

- The extent to which Cambridgeshire PCT has consulted patients and the public, including the extent to which its consultation process has complied with Cabinet Office Guidelines
- The extent to which the views of patients and the public have been taken into account in its final recommendations
- The extent to which the views of the Committee have been taken into account in the final recommendations.

2.2. It is further proposed that the Committee consider:

- What lessons can be learned from the experience of the Scrutiny Committee on how to conduct effective joint scrutinies in future, and how this learning can be disseminated.
- What lessons for future consultations can be learned from how Cambridgeshire PCT conducted its consultation.

Cambridgeshire PCT and Hinchingbrooke Health Care NHS Trust, should be invited to contribute their perspective to this discussion.

The discussion should include both those aspects that went well and those that could be done better or differently in future.