

Healthwatch Worcestershire

Board Meeting in Public

26th November 2014 - 6.30pm - 8.30pm

Ecumenical Centre, Redditch

1. Attendance and Apologies

Directors

- Peter Pinfield
- Martin Gallagher
- Isobel Dale

Co-Opted Board Members

- Anne Duddington
- Barbara Pugh
- Sylvia Dyke

Officers

- Simon Adams - Chief Operating Officer and Company Secretary
- Margaret Reilly - Engagement Officer
- Morag Edmondson - Engagement Officer

Apologies received from

- John Taylor - Director
- Carol Thompson - Director
- Jo Ringshall - Director
- Ray Eades - Co-Opted Board Member
- Marcus Hart - WCC Councillor

Public Participation

The Board Meeting was attended by 22 members of the public

2. Declarations of Interest - none

3. Public Engagement - The Future of Acute Hospitals in Worcestershire

Simon Hairsnape, Chief Officer of Wyre Forest CCG and Redditch and Bromsgrove CCG gave a presentation as part of the pre consultation engagement phase of the proposed changes to Acute Hospitals in Worcestershire - see presentation.

Following the presentation members of the public were invited to ask questions.

Question 1 - Wendy, Save the Alex:

How will CCGs ensure that Worcestershire retains patients, as a survey suggested that 98% of people would choose to go to Birmingham if given the choice?

SH response - This is one of the reasons that Option 2 was not viable. To make a service sustainable it needs to be used by approximately ½ million people. The current model will enable Worcestershire to sustain current specialist services, that he believes will be clinically sound.

Question 2 - John, Redditch:

Is there commitment from Worcestershire County Council to help with transport issues?

SH response - They have been working with Richard Harling on this issue since the beginning and trying to make sure they continue to work together. However the County Council are currently having to make some difficult decisions.

Question 3 - Robert, Save the Alex:

Feels that there is a level of dishonesty about the proposals. The Better Care Audit showed that services are not sustainable and there is currently a deficit. Where is the money going to come from?

SH response - They have been honest that these changes are about a balance of clinical and financial challenges. Part of the assurance process is to ensure that the model can be sustained before going out to consultation. There will be financial problems if these changes are not made. There will be financial issues over the next year or so.

Question 4 - Stan, Save the Alex:

What is SH's interpretation of 'consultation'?

SH response - The law says that we have to involve local people and that their views shape changes. This is your NHS and we want to know what people think. The changes that are suggested are what the NHS think are best for the people. The delays in making these changes will give them more time to speak to people and get feedback.

Question 5 - Stan, Save the Alex:

We are told that consultation has to happen before changes occur. Will this happen as it did not happen before?

SH response - Yes, have to consult before making changes, unless a change is needed on the grounds of safety. The changes to Stroke services were made prior to consultation because these were important changes that would save lives.

Question 6 - Stan, Save the Alex:

Will delay in making decisions put the Alex in jeopardy, as nurses will leave due to uncertainty?

SH response - We know that staff will worry about their jobs. But now there is one clinical model many staff have more certainty. The Trust is working with those who are most likely to be effected.

Question 7 - Stan, Save the Alex:

The options that were considered were not those suggested by the public and this suggests we have no say.

SH response - The options were proposed by clinicians and then the public had a chance to give feedback on them. The public has played a big role in decision making, especially keeping services at the Alex.

Question 8 - Neil, Save the Alex:

Regarding the proposal of a midwife led unit. There having been differing figures about the amount of women that would use it, between 200 and 700. Is the higher number because there would not be any alternatives elsewhere and more would have to use the service?

SH response - About half of births could be considered at low risk. This would give an approximate estimate of 1,000 births per year that could take place at a

midwife led unit. It then becomes a choice issue, so we need to estimate how many would choose to use the unit. If you estimate that there are lower than expected number of low risk births and only half of these take up the midwife led unit option, it may be as low as 300 / 400 people using the service. For the service to be viable it needs a minimum of 400 / 500 births per year. This is why we need to ask the public if it is a service they want and will use. If it is set up, but not used enough, then its long term viability will have to be considered. We are also looking at a midwife led unit at the Worcestershire Royal, which would give people more options.

Question 9 - Neil, Save the Alex:

How does this make home births more widely available?

SH response - Home birth is a choice issue at the moment and will remain so. But it will be promoted more in the future. We will make sure that there is capacity for more women to choose this option.

Question 10 - Margaret, Save the Alex:

Does networked care mean Consultant by Skype?

SH response - There will be Accident and Emergency Consultants in the department, not via tele-network. They will continue to contact specialist Consultants at specialist centres, such as the Queen Elizabeth where appropriate.

Question 11 - Margaret, Save the Alex:

Why will you not just say that there will be a midwife led unit rather than asking people? We are told it will be in the north of the County. Where exactly will it be and if it is a new building how will this be financed?

SH response - We are asking if people want a midwife led unit as we need to test the strength of commitment and make sure it is what people want. It would cost ½ million pounds extra per year and this has been allowed for. We are prepared to go ahead if this is what people want. There are different opinions and view about midwife led units, so the decision has to be made if this is what local people want. It will most benefit population of Redditch, so it would make sense to be there. It could possibly be on the site of the Alex, but this may give people a false impression of services available and may not fit with the ideal setting for this kind of service. It will be up to the Trust to decide where it will be.

Question 12 - Pat, Redditch:

Wanted to check that the midwife led unit would be in Redditch. Based on the way that the Stroke Unit was set up without any choice she feels that saying the people have a choice is a joke - there is no choice.

SH response - There is a choice - either stay with the current service or go with the changes. If we make no change we will meet financial and clinical problems. With regard to Stroke Unit - proposals were presented in 2012 and the decision was made to go ahead as there was overwhelming support.

Question 13 - Ian, Save the Alex:

Who put the presentation together? It does not include the negative side of the changes. The presentation needs to be improved.

SH response - It was tested by a group of people to ensure accessibility before it was used. Try to be honest in the presentation. The presentation can be amended following feedback.

Question 14 - Ian, Save the Alex:

The West Midlands Clinical Senate have delayed the process because they said the models failed the tests to say they could go ahead?

SH response - Think that this has now been resolved and the model meets the required level to go ahead. The delay has given more time for engagement.

Question 15 - Ian, Save the Alex:

Questioning different claims about how long the plan is sustainable for - 10 years or 5 years?

SH response - It will be sustainable for a minimum of 3-5 years. It is difficult to predict further due to unknowns. But all being well it should be sustainable for 10 years.

Question 16 - Simon Adams, Healthwatch Worcestershire:

There has been a lot of focus on Redditch and Bromsgrove, but what are the implications for the people of South Worcestershire?

SH response - Yes there will be implications for everyone in Worcestershire, who may need to travel to different sites for treatment.

Question 17 - Neil, Save the Alex:

Do not understand about the long term sustainability. It will rely on Trust Development Authority giving money. How is this going to happen?

SH response - The Trust Development Authority and NHS England will not go out to consultation saying proposals are sustainable if they are not. The Trust will have to give assurance that these costs can be met. Capital will not be invested without ensuring that it will be financially viable.

4. Notes from the Board Meeting in Public on 22/9/14

Matters arising -

- Glossary of terms - this is ongoing

5. Governance

The Co-opted Board Members Sylvia, Barbara and Anne introduced themselves. Ray was unable to attend. Simon explained we are currently working on the terms of reference for the Co-opted Board Members and will be discussing this at a meeting on 10th December.

6. Co-Production Update

A submission has been made to the Health Select Committee, but we are unable to publish this. A survey has now been produced to gather the views of our Reference and Engagement Group and members of the public. We will be sending this out widely to Trusts, their members and others. Simon asked everyone to let us know if there is anyone else we should send it to.

7. Carers Strategy Refresh

Issues were raised at the Health and Well-being Board about the Carers Strategy. The previous strategy was jointly owned and shaped by all. However the new strategy had been developed without any consultation, which is not acceptable. Anne raised this at the Health and Well-being Board. They have now said that this will be looked at again before progressing. It will now go out for consultation when it is ready.

Pat, from Redditch, asked if the new strategy will include young carers. Peter said that it will now. Anne also confirmed there needs to be an integrated Carers Strategy.

Simon commented that the minutes from the Health and Well-being Board did not reflect what was actually said and Peter has raised this as an issue.

8. Pharmaceutical Needs Assessment

Margaret gave a presentation on Healthwatch Worcestershire's response to the Pharmaceutical Needs Assessment - see presentation.

The response was agreed by the Directors and Co-Opted Members.

9. CQC Inspections of Worcestershire Health and Care Trust and Primary Care in Wyre Forest

We have had formal notification that this inspection will take place in January. There was a discussion about the involvement of HWW. Simon confirmed we have been asked to support the CQC in engaging with local people. Rebecca from Redditch Mental Health Action Group said she would like to be involved.

10. Business Priorities Update

Simon gave a presentation with updates about the business priorities - see presentation.

Judy Adams - commented that the issue of CAMHS needs to be looked at.

Neil, Save the Alex - told everyone that waiting times for A&E and Minor Injury Units in Worcestershire are now available on line.

The Urgent Care Survey was agreed by the Directors and the Co-Opted Board Members.

11. Date of Next Meeting

This will be in January and will be organised before Jon Rouse visits Worcestershire.