

Minutes

WESSEX CLINICAL SENATE COUNCIL MEETING

Minutes of the Wessex Clinical Senate Council Meeting held on 11 September 2014 at the Ageas Bowl, West End, Southampton SO30 3XH

Senate Council members in attendance:

William Roche	(WR)	Clinical Senate Chair
Lionel Cartwright	(LC)	GP and Dorset CCG.
Gary Connett	(GC)	Paediatrician, Wessex Academic Health Science Network
Suzanne Cunningham	(SC)	Consultant Midwife, University Hospitals Southampton.
Laura Edwards	(LE)	GP and Medical Director, Wessex LMC (for Nigel Watson)
Matthew Hayes	(MH)	Clinical Director, Cancer SCN, NHS England Wessex.
Richard Jones	(RJ)	Clinical Director, Cardiovascular, NHS England, Wessex.
Chris Kipps	(CK)	Clinical Director, Mental Health, Dementia, Neurological Conditions SCN, NHS England, Wessex.
Hayden Kirk	(HK)	Consultant Physiotherapist, Solent NHS Trust.
Andrew Mortimore	(AM)	Director of Public Health, Southampton City Council.
Alyson O'Donnell	(AO)	Clinical Director, Maternity and Young People SCN, NHS England, Wessex.
Simon Plint	(SP)	Dean, Health Education Wessex
Frank Rust	(FR)	Patient and Public Representative
Stuart Ward	(SW)	Medical Director, NHS England, Wessex.

Attendees/Observers:

Debbie Kennedy	(DK)	Senate Manager, NHS England, Wessex
Sara Cobby	(SC)	Senate Admin Officer, NHS England, Wessex
Hilary Kelly	(HK)	Wessex SCN Manager.

Guests:

HAMPSHIRE HOSPITALS

Arnie Lustman	(AL)	Programme Director
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NORTH HAMPSHIRE CCG

Lisa Briggs	(LB)	Chief Operating Officer
Sam Hullah	(SH)	Chief Accountable Officer

WEST HAMPSHIRE CCG

Heather Hauschild	(HH)	Chief Officer,
Inger Hebden	(IH)	Director of Commissioning Long Term Conditions and Community
Marie Preston	(MP)	Commissioning Project Manager, West Hampshire CCG.
Sarah Schofield	(SS)	Chair, West Hampshire CCG.

REVIEW TEAM

Des Holden	(DH)	Chair of Review Team, Medical Director, Surrey & Sussex Healthcare NHS Trust
Thomas Duncan	(TD)	Member of Review Team, Clinical Fellow, National Institute for Health and Care Excellence
Peter Hockey	(PH)	Clinical Director, Southern Health NHS Foundation Trust.
Richard Allen	(RA)	Patient representative, Southampton CCG

Apologies:

Lucy Sutton	(LS)	SCN & Senate Associate Director, NHS England, Wessex
Denise Cope	(DC)	Clinical Director, Mental Health, Dementia & Neurological Conditions SCN, NHS England, Wessex
Ranjit Mahanta	(RM)	Consultant Liaison Psychiatrist for Older Adults, Frimley Park Hospital

Item	Subject	Action
1.0	<p>Welcome:</p> <p>The Chairman welcomed those present to the meeting. He explained that this meeting of the Senate Council was different from previous meetings. Clinical Senates now have a new role of conducting clinical reviews on proposed service changes as part of the assurance process for NHS England. An external review team was therefore put together to prepare a report on the case for change for the development of the New Critical Treatment Hospital for North and Mid Hampshire. At the CCGs' request, this process was conducted at short notice over the summer period. He thanked Des Holden, the chair of the review team and the review team members for their timely and positive response to the timescale and noted that many of them had been able to attend the visit to Hampshire Hospitals on 13th August 2014 arranged by the Trust in addition to reviewing the documentation.</p> <p>The review team report would be considered by the Clinical Senate Council in camera this afternoon and they would produce the final report for the commissioners (CCGs and NHS England). There was a signed terms of reference for the review team and Senate Council to use as a guide. There would be an opportunity for Senate Council members to refresh their Conflict of Interest declarations before deliberations commenced.</p> <p>He outlined the purpose of the morning which was to hear from Hampshire Hospitals, North Hampshire CCG and West Hampshire CCG who had kindly agreed to attend and answer questions. They would then leave the meeting and the Senate Council would have an opportunity to hear from and answer questions from the chair of the review team and those review team members present.</p>	
2.0	<p>Hampshire Hospitals' update:</p> <p>AL gave apologies of Mary Edwards, CEO and Andrew Bishop, Medical Director. Mary was on annual leave and Andrew had an appraisal meeting.</p> <p>AL reported that the Trust had been working on the proposal for development of the Critical Treatment Hospital (CTH) for North and mid Hampshire for two years and that the Strategic Outline Case had recently been approved by the Board. The financial plans are to being presented to the Independent Trust Finance Facility (ITFF) next week, to hopefully complete the case in January. Surveys have been conducted on the preferred site. The Trust was hoping to go out to consultation in October after the CCG Board meetings at the end of September 2014. When the consultation is complete the design detail will follow and the planning application would hopefully be made in February/March of next year and the aim would be to commence construction in early 2016.</p> <p>FR said that because the public consultation takes 3 months, beginning in October would mean that additional time should be allowed for the Christmas break. He noted AL's statement that Hampshire Hospitals were still working on a transport strategy. This needed to be done before the consultation started as public transport would be a</p>	

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	key issue raised – even if patients were transported via ambulance, this is how many relatives would travel to the CTH to visit patients.	
3.0	<p>West Hampshire CCG view – update</p> <p>West Hampshire CCG thanked the Senate Council for their help. HH said that West Hampshire CCG was broadly supportive of centralisation, but they some concerns about the model. Affordability was also an issue for the CCG, but they recognised that this was beyond the Senate’s remit. The service change could also have a significant impact on the workload of other hospitals, community services and primary care.</p>	
3.1	<p>North Hampshire CCG view – update</p> <p>North Hampshire CCG also thanked the Senate Council for their help. SH said that the new Critical Treatment Hospital (CTH) would have less impact on the Basingstoke population as North Hampshire Hospital was already operating a GP led model in the emergency department. SH said that North Hampshire CCG is also broadly supportive of critical care services being relocated on one site, but has some outstanding issues.</p>	
3.2	<p>Questions and comments</p> <p>There were several questions and comments from those present.</p> <p>WR explained that AL would not be able to answer some of these questions, as they required clinical knowledge. He said that the unanswered questions would be in the Senate Council Report. WR thanked AL and the CCG teams for their contributions and they left the meeting.</p>	
4.0	<p>Presentation of the report of review team :</p> <p>DH thanked the review team members who were present for their work. The shortness of the timescale and the content of the documents made available by Hampshire Hospitals and the CCGs had made it difficult for the team to find all the answers, but he was confident that they had undertaken a thorough piece of work. He reminded those present that services staying as they were also posed considerable risks in the future: He advised that the “do nothing” option was not possible if the service was to be safe and sustainable in the future.</p> <p>DH noted that members of the review team had remarkably similar views on the proposals for the development of the Critical Treatment Hospital, despite being drawn from a variety of clinical and patient backgrounds.</p> <p>He summarised the review team recommendations and took questions.</p> <p>WR thanked DH and the Review Team for their contributions and they left the meeting.</p>	
6.0	<p>Deliberation in camera</p> <p>The Senate Council members met in camera for further discussion. A number of updates to the Conflict of Interest declarations were received. Several members resided in Eastleigh and Winchester. One member held a honorary contract with Hampshire Hospitals.</p> <p>It was noted that there was no psychiatrist present, but DC had sent her comments on the proposal. WR read them out at the meeting.</p> <p>There were a number of questions about the options appraisal process: why was this option the preferred one. It was noted that Council members were unaware of this model in operation anywhere else in the UK and whilst this was not a reason why the development should or should not go ahead, careful analysis and modelling would be</p>	

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	<p>required to ensure it was successful when implemented. The differences between this model and the Northumbria Urgent Care Centre model were noted,</p> <p>The Senate Council concluded that they were currently unable to provide clinical assurance about the impact of these proposals on the safety and sustainability of care for the wider patient population in the Hampshire Hospitals NHS FT catchment area.</p> <p>The Senate Council's advice to the CCGs and NHS England was that further information on the model of care across the three hospital sites would need to be provided before public consultation commenced.</p>	
7.0	<p>Senate Council Recommendations from 12th June meeting</p> <p>There was some concern that the presentation of the Draft Maternity Recommendations did not address some of the issues that had been raised. It was agreed that the recommendations be grouped according to the pathway e.g. under headings such as pre natal and post natal care. Also more reference to fathers and their role should be included if not in the recommendations, then in the vision document.</p> <p>AO reported that the SCN was still working on the maternity vision and had also commenced work on a paediatric vision, so there was an opportunity to amend the documents to take the views of Senate Council members into account.</p> <p>WR reminded the Council that it had been asked for generic advice, not specific advice, but asked for comments to be emailed to DK, who would update the recommendations and reissue.</p>	
8.0	<p>Vascular Surgery Update:</p> <p>SW reported on progress since the last meeting. The two Trusts were now working together and there is one joint MDT. There has been an expansion in the concept of mutual cover there is an action plan for continued improvement. It appeared that the advice given had been successful. SP asked if the Senate Council members could see a report on what had changed. It was agreed that DK would ask Simon Jupp, Director of Commissioning to provide this as he had requested the advice</p>	
9.0	<p>Primary Care:</p> <p>WR informed the Council of an impending issue for the Senate concerning the future of primary care. Preparatory work on the issue was underway.</p>	
10.0	<p>Close:</p> <p>There was no other business and WR closed the meeting.</p>	