Wessex Clinical Senate

Minutes

WESSEX CLINICAL SENATE COUNCIL MEETING

Minutes of the Wessex Clinical Senate Council Meeting held on Wednesday 8th July 2015 0930 – 1630 at the RNLI College, Poole, Dorset.

Senate Council members present:

William Roche	(WR)	Clinical Senate Chair
Lionel Cartwright	(LC)	GP and Dorset CCG
Gary Connett	(GC)	Wessex Academic Health Science Network/Tertiary Care Providers
Laura Edwards	(LE)	(Deputy for Nigel Watson) Medical Director, Wessex Local Medical Committees Ltd
Matt Hayes	(MH)	Clinical Director, Wessex SCN, Cancer
Adrian Higgins	(AH)	GP, Clinical Lead, Primary Care, Wessex AHSN
Richard Jones	(RJ)	Clinical Director, Wessex SCN, Cardiovascular
Chris Kipps	(CK)	Medical Director, Wessex SCN, Mental Health, Dementia and Neurological Conditions
Ranjit Mahanta	(RM)	Consultant Liaison Psychiatrist for Older Adults
Liz Mearns	(LM)	Medical Director, NHS England, Wessex
Alyson O'Donnell	(AO)	Clinical Director, Wessex SCN, Maternity and Young People
David Phillips	(DP)	(Deputy for Andrew Mortimore) Director of Public Health
Simon Plint	(SP)	Dean, Health Education Wessex
Frank Rust	(FR)	Patient and Public member
Nigel Watson	(NW)	(am only) Chief Executive, Wessex Local Medical Committees Ltd

Attendees/Observers present:

Debbie Kennedy	(DK)	Senate Manager, NHS England, Wessex
Sara Cobby	(SC)	Senate Support Officer, NHS England, Wessex

External Review Team (ERT) Members present:

Mary O'Brien	(MO)	Deputy Chair of ERT, Consultant in Healthcare, Public Health England.
Alison Keen	(AK)	Head of Cancer Nursing, University Hospitals, Southampton
Karen Nugent	(KN)	Consultant General Surgeon, University Hospitals, Southampton
Femi Ogeleye	(FO)	Consultant Psychiatrist, University Hospitals, Southampton
Jenny Stiling	(JS)	Wessex Patient Voice Project
Martyn Webster	(MW)	Manager, Dorset Healthwatch

Invitees:

Debbie Fleming	(DF)	Chief Executive, Poole Hospital
Basil Fozard	(BF)	Medical Director, Royal Bournemouth Hospital
Tim Goodson	(TG)	Chief Officer, Dorset CCG
Katherine Gough	(KG)	Head of Medicines Management, Dorset CCG
Karen Kirkham	(KK)	GP Governing Body Member, Dorset CCG
Paul Lear	(PL)	Medical Director, Dorset County Hospital

Patricia Miller	(PM)	Chief Executive, Dorset County Hospital
Mark Mould	(MM)	Chief Operating Officer, Poole Hospital
Tony Spotswood	(TS)	Chief Executive, Royal Bournemouth Hospital
Robert Talbot	(RT)	Medical Director, Poole Hospital
Jenny Winslade	(JW)	Executive Director of Nursing, South Western Ambulance Service

Apologies:

Denise Cope	(DC)	Clinical Director, Wessex SCN, Mental Health, Dementia and Neurological Conditions
Suzanne Cunningham	(SC)	Consultant Midwife, University Hospitals Southampton
Dominic Hardy	(DH)	Director of Commissioning Operations, NHS England, Wessex
Hayden Kirk	(HK)	Consultant Physiotherapist, Solent NHS Trust
Andrew Mortimore	(AM)	Director of Public Health, Health and Wellbeing Board Member
Ron Shields	(RS)	Chief Executive, Dorset Healthcare Trust
Lucy Sutton	(LS)	Associate Director, Wessex SCN
Ruth Williams	(RW)	Nurse Director, NHS England, Wessex

Item	Subject	Action
1.	**Welcome** WR welcomed those present to the meeting. He explained that this meeting of the Senate Council was different to other meetings, with the exception of the meeting on 11 September 2014 to discuss Hampshire Hospitals' proposals to develop a critical treatment hospital. As well as horizon scanning and providing clinical advice to commissioners, clinical senates also had a role in conducting clinical reviews on proposed service changes as part of the assurance process for NHS England. WR explained the background to this meeting. The Senate Council had held a study day in Dorset on 13th March 2014 at which they heard from providers about the key issues facing them and from commissioners about the intention to have a Clinical Services Review. Dorset CCG approached the Senate Council in February 2015 to ask for a service review following the approval of the pre-consultation business case (PCBC) by their governing body. They asked that this review be completed by July 2015 in order to go out to public consultation in August 2015. As this was a whole system review – potentially affecting every health service in Dorset - it was agreed with the CCG that a two stage process would be adopted. An external review team would be appointed to review the PCBC and the plans that were in the public domain would be additionally reviewed by the Strategic Clinical Networks and Operational Delivery Networks. Comments made by these groups were fed back to the external review team in order that they could be considered before the final report was drafted. The review team's final report would be considered by the Clinical Senate Council in camera this afternoon and they would then approve, amend or reject the external review team report and produce the final Senate version, which	

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	would be sent to Dorset CCG for fact-checking. After this the Senate Council Report would be sent to commissioners (CCGs and NHS England). If the CCG decided to proceed to public consultation, then this document would be made available to the public. There was a signed terms of reference for the review team and Senate Council would use this as a guide. There would be an opportunity for Senate Council members to refresh their Conflict of Interest declarations before discussions commenced. WR outlined the purpose of the morning which was to hear from Dorset CCG, Dorset County Hospital, Poole Hospital, Royal Bournemouth Hospitals and South Western Ambulance. They had kindly agreed to attend to outline the key issues/challenges for them arising from the Dorset CSR and answer any questions. Dorset Healthcare was unable to send a representative but the Chief Executive had written a letter which would be read out. The invited guests would then leave the meeting. The deputy chair of the external review team would present their report and the Senate Council would have an opportunity to hear from and answer questions from those review team members present. The minutes of the meeting today would be available on the Senate website at the end of the process and be in the public domain. There were no questions from those present about the process.	
2.	**Dorset CCG update:** KK presented a summary of the vision for the future in Dorset, which aimed to deliver: • Best outcomes for patients and high quality, safe care • Skilled sustainable staff and attract workforce. • Streamlined and integrated service • Reduced length of hospital stay • Care closer to home working with LA colleagues, primary care and community services. • 7 day services • A financially sustainable model for the future taking into account increasing population demand. The vision needed to be deliverable within a 5 year time frame. KK hoped that the proposal for the 3 acute hospitals would be put to public consultation by the end of August • Trauma Centre with A&E and 24/7 services • Emergency hospital with A&E services • Planned care hospital with A&E services	
3.	**Dorset County Hospital** PM/PL presented the key issues/challenges for Dorset County Hospital (DCH): • Rural Area. DCH provides local access to both emergency and planned services for rural population • DCH is actively looking at integration with community health and social	

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	care services centred around the localities • How the service will move to a paediatric assessment unit rather than inpatient paediatric services as provided now. • A change of culture was required to work collaboratively rather than in competition (N.B. this applied to all 3 hospitals). • Whether working across more than one site/split site working attract the workforce in greater numbers? • So far the CSR had concentrated on services within acute providers and not on out of hospital care. • DCH is unlikely to be sustainable in the future without collaboration/integration	
4.	**Poole Hospital:** DF presented the issues/challenges for Poole Hospital: • Poole already had a successful high performing Trauma Unit • The Cancer Centre and Radiotherapy/Haematology Centre were based in the hospital – it was not clear what the benefits of moving these would be • DF believed that it offered the best location with space for expansion and faster benefits with less disruption • There was no significant difference in cost between Poole or Royal Bournemouth Hospital being the 24/7 site	
5.	**Royal Bournemouth Hospital:** TS/BF presented the issues/challenges for Royal Bournemouth Hospital (RBH): • How the workforce operates across three sites is more clinically relevant than the site/location of the different type of acute hospitals • Must make right decision for all Dorset and West Hampshire populations and work together. • There is currently no 24/7 consultant-led service in Dorset. • RBH serves the largest conurbation extending over the border of Dorset. It has good road links. • RBH has the most room to expand and is the most flexible site	
6.	**South Western Ambulance Service:** JW highlighted some of the issues/challenges for South Western Ambulance Service (SWAS): • Need to understand/model the impact of service changes on the 999 service • If SWAS is to be able to respond to as many patients as possible as timely as possible, it is clinically relevant where the 24/7 hospital is sited • It was very important that capacity is modelled and planned for in all 3 hospitals. • There was potential to further develop the 111 service with good out of hours care. • Opportunity for greater integration • Safe non-conveyance was important. SWAS have highest non-conveyance rate in the country. If this rate is to increase, they need additional medical support/input.	

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7.	**Dorset Healthcare Trust** Key issues/challenges for Dorset Healthcare were: • Importance of delivering 24/7 services in Dorset and national clinical standards • Robust plans for delivering care closer to home. • Integration between acute hospitals and community hospitals. • Clarity around the models of care was essential with the co-operation of all trusts in Dorset • Furthering integration of physical and mental health services.	
8.	**Questions and Comments:** An extensive question and answer session and discussion then followed as Senate Council members and External Review Team members asked questions of the CCG and NHS Trusts. WR explained that there may be some unanswered questions, which could be followed up after the meeting. The main issues which needed to be explored further after the discussion was concluded were: • Impact on Ambulance Service • Pathways across primary care, community and acute services for the most common conditions. • Where are the savings are coming from and when? The risk of not being able to do everything that was planned. • How the parity of esteem agenda has shaped the proposed service provision given that mental health was being considered as a separate issue? • Evidence that clinicians had been engaged but were there champions? • Had developments/providers just over the border of Dorset been considered fully and discussed with the relevant Trusts e.g. Yeovil, Salisbury, Southampton • Great potential to avoid admissions in paediatric services – had this been factored into the plans? • Difficulty in attracting staffing and sustaining trainees in West Dorset. • Needs to be one cancer service across Dorset. Concern over separating radiotherapy from the rest of cancer care.	
9.	**Presentation of the Report of the External Review Team** Conflicts of interest were declared regarding the Dorset Clinical Services Review. Several Senate Council and External Review Team members lived in Dorset, one worked in Dorset and more had been consulted by Dorset CCG in the process of developing the CSR. WR explained the confidentiality of the external review team report which was tabled and that it would remain confidential until public consultation but welcomed frank discussion. MO thanked DK for all her hard work in such a tight timescale in producing the final draft of the External Review Team report. National guidelines had been followed. The remit for the report was around assurance. Three meetings of the External Review Team were held and questions were raised for the CCG	

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	after ach meeting; the answers were discussed at subsequent meetings. Further questions were raised at the joint CCG, Senate Council and External Review Team meeting in Dorset on 10th June 2015 and these were emailed to the CCG. The Strategic Clinical Network steering groups were also consulted as part of the review process. Comments from these meetings were then shared with the External Review Team. A literature review was also conducted and used at the request of the external review team to test some of the assumptions in the business case. MO presented the final draft report of the External Review Team to the Senate Council and explained the general consensus of the External Review Team was that although the CCG were to be congratulated on their hard work and aspirations, there were some outstanding concerns about underlying assumptions made and they felt more modelling was required to understand better the implications on patients of what was being proposed, particularly on those with mental health issues, long term conditions, older frail population, patients with learning difficulties and also the travelling population. It was noted that the members of the review team had remarkably similar views on the CSR, despite being drawn from a variety of clinical and patient backgrounds. Questions then followed from the Senate Council to the External Review Team. There were a number of questions about the options appraisal process, particularly the colour coding of hospitals which could lead to confusion for the public and which did not appear to align with the trauma network/urgent and emergency care recommendations. WR thanked the deputy chair and the members of the external review team for their work and the External Review Team departed.	
10.	**Senate Council Deliberation in Camera** No issues were raised with regard to the content, clarity and suitability of the External Review Team Report. In her absence, MO was congratulated for the careful detail of her presentation. The Senate Council were concerned that the out of hospital alternative if services were no longer provided in hospital was not supported by appropriate plans. More work was needed to develop the primary and community care model. At present, the CSR was focused on secondary care. They also noticed that Trust leadership had changed since March 2014 and that appeared to have had an impact on their willingness to collaborate and level of engagement in the proposals. There were concerns about the absence of benchmarking data against other providers and CCGs.	

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	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 Dorset area. **Next steps**: - Final Draft of Report to be shared with CCGs on 17th July 2015. Any further comments from Senate Council therefore to be returned by 13th July. WR to draft covering letter.	**DK/WR**
11.	**Date of Next Meeting** Wednesday 30th September 2015 – Venue to be determined	**SC**