

Notice is hereby given that a **MEETING** of the **COUNCIL OF THE BOROUGH OF GOSPORT** will be held in the **TOWN HALL, GOSPORT** on **WEDNESDAY** the **TWENTY EIGHTH DAY** of **MARCH 2012** at **6.00PM AND ALL MEMBERS OF THE COUNCIL ARE HEREBY SUMMONED TO ATTEND TO CONSIDER AND RESOLVE THE FOLLOWING BUSINESS –** 

- 1. To receive apologies from Members for their inability to attend the Meeting.
- 2. To confirm the Minutes of the Ordinary and Extraordinary Meetings of the Council held on 1 and 24 February 2012 (copies herewith).
- 3. To consider any Mayor's Communications.
- 4. To receive Deputations in accordance with Standing Order No 3.5 and to answer Public Questions pursuant to Standing Order No 3.6, such questions to be answered orally during a time not exceeding 15 minutes.

(NOTE: Standing Order No 3.5 requires that notice of a Deputation should be received by the Borough Solicitor NOT LATER THAN 12 O'CLOCK NOON ON MONDAY, 26 MARCH 2012 and likewise Standing Order No 3.6 requires that notice of a Public Question should be received by the Borough Solicitor NOT LATER THAN 12 O'CLOCK NOON ON MONDAY, 26 MARCH 2012).

5. Questions (if any) pursuant to Standing Order No 3.4.

(NOTE: Members are reminded that Standing Order No 3.4 requires that Notice of Question pursuant to that Standing Order must be received by the Borough Solicitor NOT LATER THAN 12 O'CLOCK NOON ON TUESDAY, 27 MARCH 2012).

- 6. To receive the following Part II minutes of the Boards of the Council:
  - Policy and Organisation Board: 14 March 2012
  - Economic Development Board: 22 February and \*27 March 2012
  - Community Board: 12 March 2012
- \* These minutes are 'To Follow'.
- 7. Overview and Scrutiny Committee Reports (copies herewith)
  - a) Gosport Medical Emergency and Accident Services
  - b) Vascular Surgery

c) Chairman's Annual Report of the Overview and Scrutiny Committee For the Municipal Year 2011-2012

(NOTE: The Overview and Scrutiny Committee at its meeting on 15 March received the above reports and requested that they be forwarded to the full Council meeting.)

d) Scrutiny of Part 4 of the Constitution

To consider the report of the Borough Solicitor (copy herewith)

IAN LYCETT CHIEF EXECUTIVE

## TOWN HALL GOSPORT

20 March 2012

#### **FIRE PRECAUTIONS**

(To be read from the Chair if members of the public are present)

In the event of the fire alarm being activated, please leave the Council Chamber and Public Gallery immediately. Proceed downstairs by way of the main stairs or as directed by GBC staff, follow any of the emergency exit signs. People with disability or mobility issues please identify yourself to GBC staff who will assist in your evacuation of the building.

#### MEMBERS ARE REQUESTED TO NOTE THAT:

- (1) IF THE COUNCIL WISHES TO CONTINUE ITS BUSINESS BEYOND 9.30PM THEN THE MAYOR MUST MOVE SUCH A PROPOSITION IN ACCORDANCE WITH STANDING ORDER 4.11.18
- (2) MOBILE PHONES SHOULD BE SWITCHED OFF FOR THE DURATION OF THE MEETING

#### A MEETING OF THE POLICY AND ORGANISATION BOARD WAS HELD ON 14 MARCH 2012

The Mayor (Councillor Carter, CR) (ex-officio); Councillors Beavis (P), Burgess (P), Chegwyn (P), Hook (Chairman) (P), Lane (P), Langdon (P), Philpott (P), Ronayne (P), Smith (P) and Wright (P).

#### **PART II**

#### 48. BANKING ARRANGEMENTS

Consideration was given to a report of the Financial Services Manager on the above matter. The report made recommendations on the future of the council's banking services for which the current contract expired on 31 March 2013. The report outlined the steps that had been taken to secure the most cost effective option for the council. It was found that the proposed tariffs offered by the National Westminster Bank were the most cost effective option for the council and the report therefore recommended their acceptance.

#### **RESOLVED: That:**

- a) pursuant to Contract Procedure Rule 3 approval be given to waiving Contract Procedure Rule 8.1 for the reasons set out at paragraph 2.9 of the Manager's report; and
- b) the Council enters into a 3 year contract with the National Westminster Bank plc for the supply of banking services from 1 April 2012.

# 49. CROSS REFERENCE FROM ECONOMIC DEVELOPMENT BOARD (26 JANUARY 2012

#### TOURISM STAFFING ARRANGEMENTS

The Board considered a cross reference from the Economic Development Board on the above matter.

At its meeting on 26 January 2012, the Council's Economic Development Board had considered the findings of a review consequent on the current Service Level Agreement with Tourism South East expiring on 31 March 2012; and, as a result, the Board had approved the recommendation that the Gosport Tourism Marketing Service be provided solely in-house with effect from 1 April 2012. In approving this recommendation, the Board had also confirmed its support for the proposal to establish a permanent Tourism Officer post within the Economic Prosperity, Tourism & Culture team, to ensure that staff resource is available to deliver the tourism marketing service from 1 April 2012.

RESOLVED: That approval be given to the creation of a full time Tourism Officer

post, effective from 1 April 2012.

#### 50. PROCUREMENT OF THE DIAL-A-RIDE SERVICE

Consideration was given to a report of the Financial Services Manager on the procurement of the Dial-a-Ride service in Gosport.

The Manager's report considered the proposals for the procurement of the Dial-a-Ride service from 1 February 2013. It was proposed, as in the previous tendering exercise, that Hampshire County Council would act as the lead authority with this Council being asked to sign a Memorandum of Agreement for joint funding of the service. The report also detailed the scrutiny of the Gosport Dial-a-Ride Service undertaken by the Overview and Scrutiny Committee from June 2010.

An addition was moved and subsequently approved to the recommendations as outlined in paragraph 2.6 (iv) of the Manager's report. It was outlined that this was not aimed at reducing the service but improving the service through value for money. It was appreciated that the right kind of publicity had to be applied to the service to increase usage of it such as through Gosport's Older Persons' Forum. Members also expressed their thanks of the hard work put in by the three members of the Dial-a-Ride Working Group and were fully supportive of their role as outlined in recommendation (iii) of the report.

#### **RESOLVED: That:**

- a) the proposed 'Memorandum of Agreement for joint funding of the Gosport Dial-a-Ride service contracted through Hampshire County Council' as detailed in Appendix A of the Manager's report be approved;
- b) the findings and recommendations of the Scrutiny of the Dial-a-Ride service undertaken by the Overview and Scrutiny Committee (14 November 2011) as outlined in paragraphs 2.5 and 2.6 of the Manager's report be supported;
- c) the Dial-a-Ride Working Group be requested to meet with representatives of Hampshire County Council to take forward the tendering process and evaluation for the provision of the Gosport Diala-Ride service from 1 February 2013; and
- d) a performance clause should be present in the next contract. Should the performance of the Dial-a-Ride scheme not improve, then there should be the ability to reduce the service.

#### 51. EXCLUSION OF THE PUBLIC

RESOLVED: That in relation to the following items the public be excluded from the meeting, as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during these items there would be disclosure to them of exempt information within Paragraphs 1,

3 and 7 of Part 1 of Schedule 12A to the Local Government Act 1972, and further that in all circumstances of the case, the public interest in maintaining the exemptions outweighs the public interest in disclosing the information, for the reasons set out in the reports.

#### 52. RISKED BASED VERIFICATION

Councillor Philpott declared a Personal Interest in this item and remained in the meeting room.

Consideration was given to an exempt report of the Financial Services Manager.

The report was exempt as the information related to the actions to be taken in order to prevent and investigate fraudulent claims. Disclosure of this information could prejudice such prevention and investigation of crimes and therefore the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

RESOLVED: That this report and its contents be noted and approval be given to the Risked Based Verification Policy as outlined in Appendix A of the Manager's report.

#### 53. EARLY RETIREMENT

Consideration was given to an exempt report of the Chief Executive.

The report was exempt as it identified a specific individual and information regarding their personal financial affairs. The public interest in the Council's overall affairs could be met in other ways without releasing such personal information and therefore the public interest in maintaining the privacy of personal information outweighed the public interest in the Council's financial affairs.

RESOLVED: That approval be given to the early retirement of the post holder for Post No. CE15 with effect from 31 October 2012.

The meeting ended at 6.15pm.

# A MEETING OF THE ECONOMIC DEVELOPMENT BOARD WAS HELD ON 22 FEBRUARY 2012

The Mayor (Councillor CR Carter) (ex-officio); Chairman of the Policy and Organisation Board (Councillor Hook) (ex-officio) (P), Councillors Allen (P), Ms Ballard (P), Chegwyn (P), Edgar (P), Mrs Hook (P), Kimber (P), Lane (P), Langdon (P), Ronayne (P) and Mrs Searle (P).

#### **PART II**

#### 49. GOSPORT LOCAL DEVELOPMENT SCHEME 2012

Consideration was given to a report of Borough Solicitor, seeking approval for the Local Development Scheme and the introduction of a Community Infrastructure Levy.

To address Members concerns, the effect of the new legislation on Officers and the planning process was clarified.

Members were advised that the appeal process would still remain in place.

The Chairman acknowledged that there would be concerns surrounding the above matters and advised that any Member with any further questions would be welcome to contact him.

#### RESOLVED: That:

- a) the Gosport Local Development Scheme 2012 as set out in Appendix B of the Report of the Borough Solicitor be approved and;
- b) agreement be given to introducing a Community Infrastructure Levy and preparing a Charging Schedule alongside the Local Plan.

#### 50. ANY OTHER BUSINESS

There was none.

**CONCLUDED 6.15PM** 

#### A MEETING OF THE COMMUNITY BOARD

#### WAS HELD ON 12 MARCH 2012

The Mayor (Councillor Carter C R) (ex-officio), Chairman of the Policy and Organisation Board (Councillor Hook) (ex-officio) (P), Councillors Mrs Bailey, Burgess (P), C K Carter, Mrs Cully (P), Edgar (P), Forder (P), Henshaw (P), Hylands (P), Mrs Hook (P), Jessop (P), Kimber (P) and Murphy (P).

#### PART II

# 49. ASSET MANAGEMENT STRATEGY AND HOUSING REPAIRS PROGRAMME 2012-13

Consideration was given to a report of the Housing Services Manager which informed the Board of the proposed 2012/13 Housing Repairs Programme and sought the Board's approval for that programme and associated Asset Management Strategy.

The Chairman congratulated Officers on the success of the Decent Homes Programme.

A Councillor was concerned that the maintenance of balconies was not mentioned in the report. The Head of Operational Services noted that balconies were covered in the day to day repairs heading, under infrastructure. The Head of Operational Services said the detailed programme of work would be distributed via the MIB when it was compiled.

The Leader of the Council was delighted that there were increases of spending in a variety of Housing areas, such as: energy efficiency; central heating and garages. He stated that the Council continued to be committed to improvements for Gosport residents.

RESOLVED: That, the Board approve:

- a. the proposed 2012/13 Housing Repairs Programme and note the impact on the Asset Management Strategy; and
- b. that the Housing Services Manager follow the principles as detailed below:
  - to seek Board approval to vary the Housing Repairs Programme where work within an identified element of the approved Housing Repairs Programme cannot take place;
  - ii. that where urgent works are identified (after approval of the Housing Repairs Programme) for which there is no identified provision, the Housing Services Manager in consultation with the Chairman be permitted to vary the programme for works up to £100,000; and
  - iii. that the Housing Services Manager be required to seek Board approval where work within an identified element of the approved Housing Repairs Programme is going to over-spend by more than £100,000.

#### 50. ANY OTHER ITEMS

There was no other business.

The meeting ended at 6.05 pm.

#### **GOSPORT BOROUGH COUNCIL**

#### **OVERVIEW AND SCRUTINY COMMITTEE**

#### **16 JANUARY 2011**

#### ITEM FOR DISCUSSION

TITLE: SCRUTINY OF GOSPORT MEDICAL EMERGENCY AND

**ACCIDENT SERVICES** 

AUTHOR: GOSPORT MEDICAL EMERGENCY AND ACCIDENT

**SERVICES SCRUTINY WORKING GROUP** 

#### Members

Councillors Forder, Scard and Dickson Bob Pennells (Medical Advisor)

#### **Officers**

Carly Walters

#### 1.0 Reasons for the Scrutiny

- 1.1 The decision to undertake the scrutiny was taken at a meeting of the Overview and Scrutiny Committee held on 4 July 2011 (see Appendix 1).
- 1.2 There were four reasons:
  - a) There was a concern about the nature and amount of publicity given to the Minor Injuries Unit (MIU) at the War Memorial Hospital, Gosport;
  - b) There was concern as to whether the ambulance service made sufficient use of the MIU;
  - c) There was some anxiety about the viability of the MIU and its future during a period of financial and economic challenge; and
  - d) It was thought that Members would benefit from fuller knowledge of local health policies and facilities on the peninsula.

#### 2.0 The Working Group

- 2.1 This comprised Councillors Scard, Forder and Dickson. Councillor Jessop was originally appointed to the Working Group but he was replaced by Councillor Dickson before the Working Group's business began.
- 2.2 Dr Bob Pennells agreed to provide advice and Carly Walters was the Council Officer who serviced the Working Group.

#### 3.0 Progress of the Scrutiny

- 3.1 There were four formal meetings of the Working Group as well as many informal contacts by email and face-to-face.
- 3.2 The four formal meetings were as follows:
  - 3.2.1. 18 July 2011: At this meeting the parameters of the scrutiny were agreed (see appendix 2);
  - 3.2.2. 8 September 2011: The Working Group visited the MIU, toured the facility and gathered evidence (see appendices 3 and 4). Individuals representing the MIU were as follows:
    - i) Anne Welling Consultant Nurse in Emergency Care;
    - ii) Isabel Gaylard Acting Lead Nurse;
    - iii) Simon Mullett Clinical Director for the Emergency Department;
    - iv) Peter Mellor Company Secretary, Portsmouth Hospital Trust; and
    - v) Lewis Wilkinson Admin Manager, Emergency Medicine.
  - 3.2.3. 27 September 2011: The Working Group met with Neil Cook, Head of Operations, East Hampshire, South Central Ambulance Service NHS Trust (See appendices 5 and 6);
  - 3.2.4. 1 November 2011: At this meeting provisional conclusions and recommendations were discussed. It was decided to conclude the Scrutiny and commence a further medical scrutiny of the proposals to restructure vascular surgery services in Hampshire, Sussex and the Isle of Wight (See appendix 7); and
  - 3.2.5. During the course of the Scrutiny further evidence was made available to the Working Group from a variety of sources. These included a publicity poster issued by the NHS Hampshire and Portsmouth Hospitals NHS Trust (appendix 8); some publicity articles printed in past copies of the Gosport Borough newspaper 'Coastline' (appendix 9) and a small publicity card promoting the Portsmouth Minor Injuries Unit at St Mary's Hospital (appendix 10).

#### 4.0 Main Findings

4.1 Current provision has been arrived at in the context of considerable local anxiety concerning the closure of Haslar Hospital. Some members of the

Council had also anticipated that a 24 hour Accident and Emergency Service would continue to be offered on the Peninsula, but this was never realised. Therefore, to an extent, the MIU was born out of disappointment. A difficult birth.

- 4.2 Despite this, and whilst recognising that the MIU is much less than a full Accident and Emergency Department, the Working Group were impressed and surprised by the resources available and the professionalism of its staff. We greatly value the Unit.
- 4.3 We were encouraged by evidence suggesting that the number of patients being treated at the Unit is steadily increasing.
- 4.4 We were reassured that there is no suggestion that there is to be any diminution in the service offered. The MIU offers a service that is valued by the local community, is highly cost effective and successful at helping manage pressure on the Accident and Emergency Department at Queen Alexandra Hospital (QA).
- 4.5 The MIU reduces the amount of time local residents spend travelling for their treatment, reduces congestion on the roads and reduces pressure on the ambulance service.
- 4.6 The Working Group was greatly impressed by the evidence supplied about the performance of the local ambulance service. We were encouraged not only by the performance data but by what appears to be a constant search for ways and means of enhancing performance.
- 4.7 Throughout our enquiry there was a constant reservation concerning the public's level of understanding of which injuries should be treated at the MIU in Gosport and which should be treated at QA. We think that there is still a lack of clarity surrounding this and are unconvinced that existing and past attempts at explaining this have been adequate. Too often the publicity has been designed to tell the public what the MIU is not there for! We also note that the publicity has often lacked photographic images which are effective in helping deliver information.
- 4.8 We were also concerned that certain terms used in connection with the MIU are not well understood. The MIU is described as being "nurse led" but the nurses that staff the MIU are often experts in trauma cases. The public understanding of the term "nurse" does not generally aid understanding. Also the term "minor injuries" can in itself be misleading because the public generally think of minor injuries as being much less than those the MIU is equipped to deal with. We understand that it would be difficult and probably

undesirable to find alternative terms, but we think they could be better explained.

#### 5.0 Recommendations

These recommendations from the Working Group are mainly designed to address 'Main Findings' 4.7 and 4.8, above.

- 5.1 Overview and Scrutiny Committee requests that Gosport Borough Council's Chief Executive implements the following measures to improve public understanding of the MIU located at the War Memorial Hospital:
  - To liaise with the relevant medical authorities to encourage them to widely circulate in the Borough 'publicity cards' of the type issued in Portsmouth;
  - ii) That the service offered by the MIU be <u>promoted</u> in three successive issues of Coastline in a form which residents can cut out and post in a prominent place in their homes;
  - iii) In conjunction with recommendation (ii), we would ask that the a personalised feature be run on a Consultant Nurse in Emergency Care at the MIU, to promote understanding of the competencies these professionals have;
  - iv) That information about the MIU should feature prominently and permanently on the Borough Council's website; and
  - v) That wherever possible photographic images should be used to add to the effectiveness of the publicity material.
- 5.2 We would also encourage the Portsmouth Hospitals NHS Trust to consider enhancing the service offered by the MIU at the War Memorial Hospital in the light of its current success, increasing popularity and cost effectiveness.

#### 6.0 Appendices

#### Appendix One

Minutes of the Overview and Scrutiny Committee held on 4 July, 2011.

#### Appendix Two

Notes of the meeting of the Gosport Medical Emergency and Accident Services Working Group held on 18 July, 2011.

#### Appendix Three

Notes of the meeting of the Gosport Medical Emergency and Accident Services Working Group held on 8 September, 2011 at the War Memorial Hospital, Gosport.

#### Appendix Four

PowerPoint presentation used at the meeting held on 8 September, 2011.

#### Appendix Five

Notes of the meeting of the Gosport Medical Emergency and Accident Services Working Group held on 27 September, 2011 with Neil Cook, Head of Operations, East Hampshire, South Central Ambulance Service.

#### Appendix Six

PowerPoint presentation used at the meeting held on 27 September, 2011.

#### Appendix Seven

Notes of the meeting of the Gosport Medical Emergency and Accident Services Working Group held on 1 November, 2011.

#### Appendix Eight

Publicity poster issued by the Hampshire and Portsmouth Hospitals NHS Trust.

#### Appendix Nine

Publicity articles printed in past copies of the Gosport Borough newspaper 'Coastline'.

#### Appendix Ten

Small publicity card promoting the Portsmouth Minor Injuries Unit at St Mary's Hospital.

### A MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE

#### **WAS HELD ON 4 JULY 2011**

Councillors Bradley, Dickson, Forder (Chairman) (P), Foster-Reed (P), Geddes (P), Hylands (P), Jacobs (P), Jessop (P), Kimber (P), Scard (P), Mrs Searle, and Miss West (P).

It was reported that, in accordance with Standing Orders, Councillor Smith had been nominated to replace Councillor Bradley for this meeting.

#### 6. WELCOME TO DR PENNELLS

The Chairman welcomed Dr Pennells to the Overview and Scrutiny Committee meeting. The Chairman advised the Committee that he had asked Dr Pennells to attend in order to give expert advice regarding one area of potential scrutiny, Medical Accident and Emergency Response Services in Gosport.

#### 7. APOLOGIES

Apologies for inability to attend the meeting were received from Councillors Bradley, Dickson and Mrs Searle.

#### 8. DECLARATIONS OF INTEREST

There were no declarations of interest.

# 9. MINUTES OF THE MEETINGS OF THE OVERVIEW AND SCRUTINY COMMITTEE HELD ON 24<sup>TH</sup> MARCH AND 19<sup>TH</sup> MAY 2011

RESOLVED: That the Minutes of the Overview and Scrutiny Committee meetings held on 24<sup>th</sup> March and 19<sup>th</sup> May 2011 be approved and signed by the Chairman as true and correct records.

#### 10. DEVELOPMENT OF A WORK PROGRAMME

#### a) REQUESTS FOR SCRUTINY

Consideration was given to a briefing note circulated by the Borough Solicitor regarding the review of Polling Places (attached to these minutes as appendix 1).

The Borough Solicitor advised the Committee that the Council was required by statute to divide its areas in polling districts and polling places for the purpose of parliamentary elections and keep them under review. The last review was undertaken in 2007, therefore there was a need for this area to be re-examined.

The Committee was advised that there were limited options available for Polling Stations due to the lack of suitable available buildings.

The Council would publish notice of the review in the Town Hall and in the local newspaper.

The Borough Solicitor informed the Committee that during the review consultation would take place with special interest groups, members of the public, councillors and disability groups.

The comments from special interest groups would be presented to the Overview and Scrutiny Committee for consideration. The Borough Solicitor suggested that an extraordinary meeting of Overview and Scrutiny Committee in September 2011 be arranged to consider the comments.

The Borough Solicitor informed the Committee that as the (Acting) Returning Officer, they had to present the final proposals to Full Council for approval in November 2011. The Electoral Registration Officer would implement any changes when publishing the Register of Electors on 1<sup>st</sup> December 2011.

The Overview and Scrutiny Committee agreed to undertake this area of scrutiny and arrange an extraordinary meeting of the Overview and Scrutiny Committee in September 2011 to consider the review of polling places. The committee agreed that this scrutiny would be done through the full committee between September and November 2011 (see appendix 2).

RESOLVED: That the Committee agree to undertake the review of Polling Places, and arrange an extraordinary meeting of the Committee in September 2011 to consider this scrutiny.

#### b) WORK PROGRAMME

RESOLVED: That the Work Programme be noted.

#### c) OTHER SUGGESTIONS FOR SCRUTINY

The Committee considered a table circulated by the Chairman, which outlined the proposed areas of scrutiny for 2011/12 which were suggested at the last Committee meeting in this 2010/11 municipal year (attached to these minutes as appendix 2).

Gosport Medical Emergency and Accident Services

The Chairman invited Dr Pennells to share with the Committee his thoughts on the medical accident and emergency scrutiny proposal.

Dr Pennells suggested that the scrutiny of Gosport's medical emergency and accident services should be sub divided into two separate areas:

- 1. A&E provision focused on QA hospital, minor injuries clinic at the War Memorial Hospital (WMH) and the Out of Hours GP service.
- 2. Ambulances on the Peninsula which included access issues and where ambulances were based day to day.

Dr Pennells had conducted email correspondence with Mr Neil Cook, Head of Operations for South Central Ambulance Service (SCAS) NHS Trust, regarding the second area of scrutiny (attached to these minutes as appendix 3). Mr Cook was unable to provide any data regarding Gosport, but was happy to attend a committee meeting to explain the service in the area. He did note, however, that SCAS had outperformed other ambulance trusts, nationally, in both clinical and performance target areas.

Dr Pennells also noted that while Gosport was well provided for regarding minor injuries at the WMH, the Hospital was underused. He noted that this could be due to lack of publicity. Dr Pennells' noted that the service provided there could be lost if it was not used.

Councillors agreed that there was a lack of publicity regarding the services provided at WMH and confusion over what 'minor injuries' actually meant.

A Councillor queried whether ambulances took all patients to QA and not to the WMH, which could explain the lack of patients at the WMH.

A Councillor questioned whether access to the peninsula was a problem. Dr Pennells' replied that it did pose a problem, but the ambulances were capable of travelling through busy traffic.

The Committee was informed by a Councillor that the Health Overview and Scrutiny Committee at Hampshire County Council had recently undertaken a piece of scrutiny concerning health in the County. It was suggested that they may be able to provide useful information for the Borough Council's scrutiny.

It was agreed that it would be useful to gain a better understanding of Hampshire PCT's and SCAS's policy for the peninsula.

The Committee agreed that a Working Group would be set up immediately for the scrutiny of Gosport medical emergency and accident services. Councillors Forder, Scard and Jessop volunteered to sit on the Working Group. The Committee agreed that the Working Group would aim to end the scrutiny in March 2012 (see appendix 2). The Democratic Services Officer would arrange the first Working Group meeting in July 2011.

Budget-making Amendment Procedures and Part 4 Constitutional Review

The Committee discussed the scope of this piece of scrutiny. The Committee considered how opposition groups could propose amendments to the budget before the full council meeting.

The Working Group would arrange a meeting in which all Councillors could attend and give their comments regarding the budget making process.

The Committee agreed that a Working Group would be set up in September 2011 for the scrutiny of budget-making amendment procedures and part 4 constitutional review. Councillors Kimber, Forder and Mrs Searle (tbc) volunteered to sit on the Working Group. The Committee agreed that the Working Group would aim to end the scrutiny in January 2012 (see appendix 2). The Democratic Services Officer would arrange a date for the first Working Group meeting in early September 2011. The Democratic Services Officer, in consultation with the Borough Solicitor and the Working Group, to arrange a date for the meeting of all Councillors to discuss this piece of scrutiny for late September 2011.

#### Funding of Voluntary Organisations

The Committee discussed the scope of this piece of scrutiny. The Committee agreed that the purpose of the scrutiny was not to reduce the amount of funding given to voluntary organisations, but to assess whether the funding should be re-apportioned between them. The value of voluntary organisations in the Borough was acknowledged by the committee.

The Committee agreed that a Working Group would be set up immediately for the scrutiny of funding of voluntary organisations. Councillor Hylands, Councillor Jessop and Councillor Jacobs volunteered to sit on the Working Group. The Committee agreed that the Working Group would aim to end the scrutiny in December 2011 (see appendix 2).

RESOLVED: That the Committee undertake all the proposed areas of scrutiny for this municipal year as indentified above.

#### 11. REPORTS TO BE RECEIVED

#### a) <u>DIAL A RIDE</u>

Councillor Hylands informed the Committee that at the 24<sup>th</sup> June 2011 Dial a Ride Working Group meeting; the Financial Services Manager had presented a report from Dial a Ride which gave encouraging figures for the last quarter. However, it was discovered at a subsequent monitoring meeting with Hampshire County Council (HCC) on 29<sup>th</sup> June 2011, that the figures provided by Dial a Ride were incorrect and in fact they had not made any improvements.

Members of the Working Group had expressed their disappointment and frustration at the lack of progress from Dial a Ride and especially being fed false information.

The Committee discussed the terms and conditions of the contract for Dial a Ride, focusing particularly on the conditions to terminate the contract. The Borough Solicitor confirmed that the Council would need to give six months notice to terminate the contract and this would need to be approved at Community Board by the 30<sup>th</sup> September 2011.

The Committee agreed that the Working Group would continue to meet and receive monitoring reports. The Working Group would focus on the consequences of terminating the contract for Dial a Ride.

The Working Group suggested that this may be a potential area of scrutiny for HCC.

The Dial a Ride Working Group had proposed that an extraordinary meeting of the Overview and Scrutiny Committee be organised whereby Councillors could interview the responsible officers at Dial a Ride and HCC. It was suggested that this could be co-ordinated with the extraordinary meeting to be arranged for the Polling Places scrutiny.

#### 12. AOB

There was no further business to discuss.

The meeting ended at 7.35 p.m.

**CHAIRMAN** 

# NOTES OF THE MEETING OF THE GOSPORT MEDICAL EMERGENCY AND ACCIDENT SERVICES WORKING GROUP HELD AT 6.00PM ON 18 JULY 2011

Membership: Councillors Dickson, Forder (P) and Scard (P)

Officers: Lisa Young

**Dr Pennells** 

#### 1 Background

- 1.1 This was the first meeting of the Gosport Medical Emergency and Accident Services Working Group.
- 1.2 The purpose of the meeting was to develop an action plan for the progress of the Group and the Scrutiny it will undertake.
- 1.3 The Group invited Dr Bob Pennells to offer guidance and advice.

#### 2 Discussion at the meeting

- 2.1 The Group discussed the three key areas that it would investigate.
- 2.2 The three identified areas were the Ambulance Service, the Minor Injuries Unit and the Accident and Emergency facilities at QA.
- 2.3 Dr Pennells advised the Group of the history of Primary Care Trusts in Hampshire and their current structure.
- 2.4 Dr Pennells also advised of the financial structure and overlap between Portsmouth and Hampshire Primary Care Trusts.
- 2.5 The Group discussed the potential overlaps between the three areas identified; this could also include the out of hours service for Gosport residents.
- 2.6 Dr Pennells advised the Group of contacts in the three identified areas that would be useful to progress the work of the Group.

#### 3 <u>Discussion on moving forward</u>

- 3.1 The Group discussed ways to move forward, it was felt that discussions with the key contacts from each identified area would be useful; in addition, it would be beneficial for the Working Group to make site visits.
- 3.2 It was agreed that the first area to be scrutinised would be the Minor Injuries Unit. The Group discussed the services available at the Unit and whether the name of the facility best reflected these.
- 3.3 The Group felt that contact needed to be made with the Unit in the hope that a visit and discussion could take place.
- 3.4 The Group felt it would be useful to explain the background of the work of the Overview and Scrutiny Committee, that previous Groups had studied education and provision for older people.
- 3.5 The Group identified a number of key questions that would form part of their Scrutiny, including the current usage of the Unit, the required usage of the Unit for it to remain in operation and to obtain further details on the exact treatment that could be provided by the Unit.
- 3.6 The Group had also established a contact at the Ambulance Service that was keen to discuss the Service with the Group. The Group discussed existing provision on the Gosport Peninsula and the decisions made by paramedics on where a patient is treated.

#### 4 Conclusion

4.1 That the Minor Injuries Unit and the Ambulance Service be initially contacted with a view to a visit and further discussions taking place.

#### 5 Actions

- Establish a contact at the MIU
- Arrange a visit to MIU
- Contact Neil Cook of the Ambulance Service
- Arrange a visit to the Ambulance Service

### NOTES OF THE MEETING OF THE GOSPORT MEDICAL EMERGENCY AND ACCIDENT SERVICES SCRUTINY WORKING GROUP

# HELD ON 08 SEPTEMBER 2011 AT 1PM IN THE HEALTH PROMOTIONS ROOM, GOSPORT WAR MEMORIAL HOSPITAL

**Members of Working Group (all in attendance):** Councillors Forder (RF), Scard (AS) and Dickson (RD)

Officers: Carly Grainger (CG) (notes)

#### Also in attendance:

Councillor Edgar (PE) – Observer as Health Spokesman for GBC Dr Bob Pennells (BP) – Adviser

#### **War Memorial Hospital, Minor Injuries Unit:**

Anne Welling (AW) - Consultant Nurse in Emergency Care

Isabel Gaylard (IG) - Acting Lead Nurse

Simon Mullett (SM) – Clinical Director for the Emergency Department

Peter Mellor (PM) - Company Secretary Portsmouth Hospital Trust

Lewis Wilkinson (LW) - Admin Manager Emergency Medicine

#### Meeting between Working Group and War Memorial Hospital Staff

- AW circulated a PowerPoint presentation to members of the Working Group (WG) (attached to these minutes as appendix 1).
- AW advised the WG that the War Memorial Hospital Minor Injuries Unit (WMH MIU) was open 365 days a year, from 8am to last admission at 9pm. The MIU had no triage nurses but had 2 staff practitioner nurses on duty at all times. There were 2 shifts, morning and evening. Currently one staff practitioner from the morning shift continued working during the busy afternoon period (3.30pm 6pm).
- AW explained the different levels of nurses from Health Care Support Workers, Staff Nurses, to Nurse Practitioners and Matrons. AW explained the qualifications each level had and the vast experience held by the staff at the MIU.
- RF noted that the nurses were extremely well qualified and questioned whether the general public were aware of this? The term 'Nurse' did not seem to reflect how skilled the Nurses actually were. AW explained that there was little clarity in the healthcare profession itself as to what a Nurse Practitioner actually was.
- **5** PE outlined the recent history of the medical accident and emergency services in Gosport.
- 6 The Working Group questioned whether people actually knew

what 'minor injuries' meant. It was thought that there was confusion over what the MIU could deal with.

- SM explained that the term 'minor injuries' was the best term to describe what the unit dealt with. Other terms such as 'walk in centre' or 'accident treatment centre' did not clearly reflect the service provided. The problem the unit faced was that there was no definition of what a 'minor injury' was. For example the MIU would deal with a simple bone break but more complicated breaks would need to go to QA Hospital. AW assured the WG that the MIU would always assess all cases, even if they need to be referred to QA Hospital. With some cases, until the patient is assessed health care professionals did not know whether the patient could be dealt with at the MIU.
- AW explained that the MIU had the ability to take X-Rays and that consultants at QA Hospital could, if required, examine these via their computers.
- 9 RF presented a Coastline newsletter edition from August 2009 where an advert for the WMH MIU had been placed. It stated that a wide range of minor injuries were dealt with, but it did not outline what these actually were. The WG thought that this was the main problem concerning the MIU. SM replied that it was easier to say what the MIU did not cover, such as major emergencies like heart attacks, than what it actually did. AW commented that all nurses were emergency trained and therefore could deal with a major emergency, should it be brought to the MIU. However she did stress that in some cases they would ring for an ambulance to take the patient to QA Hospital.
- The WG discussed the option of having another article in the Coastline newsletter, which would outline services that the MIU offered and the expertise of the Nursing staff. They also suggested a focus on a member of staff and thought that AW would be a good candidate. RF would speak to Brenda Brooker (BB), the Press and PR Officer at GBC, and discuss the options available in the Coastline newsletter. If a handout was produced, BP noted that it could be distributed at different health care centres throughout the Borough, to increase awareness. In general terms, it was agreed that the Gosport public were not yet entirely clear what injuries and other ailments could be treated at the MIU and which could not. There was a need more work on this issue.
- AS asked how many patients went to QA Hospital from Gosport, who could have been dealt with at WMH MIU? AW commented that it would be extremely difficult to gather that kind of information and that there were many reasons why patients may have gone to QA Hospital, such as not being at home when they

had an accident. However she had completed an informal study of 2 days where approximately 40 patients with a Gosport postcode had gone to QA Hospital.

- AS asked whether ambulances took patients straight to QA Hospital. AW explained that local crew ambulances often rang the MIU to see whether the patient could be treated there. However they were unsure where other crews took patients.
- SM asked how many patients went to the MIU but were then subsequently referred to QA Hospital? LW approximately 20 a week. They received some treatment from the MIU but were then referred to QA Hospital. Approximately 2 patients a week are referred straight to QA Hospital.
- SM noted that there was a potential population who could have gone to WMH MIU. IG reported that education material regarding the different health care services in Gosport was given to patients who attended QA Hospital. AW also advised of the success of the 'Choose Well' campaign. BP suggested that this needed to be reiterated.
- The WG considered the statistics in the PowerPoint handout. The WG considered the first table which outlined the monthly attendances at the MIU. They noted the dip in attendance in July 2009 when the MIU moved from Haslar to its current building. However they also observed the gradual increase in monthly patient numbers since August 2009 from 254 in 2009/10 to 352 in 2011/12.
- The yearly attendance figures also reflected the increase in patient numbers. From 13,316 in 2009/10, to 16,134 in 2010/11. In 2011-12 (up to July 2011) the MIU had recorded 6, 932 patients. IG noted that the MIU expected to see approximately 20,000 patients in 2011-12. This increase in patients suggested that the public understood what services the MIU offered.
- The WG considered page 6 of the handout, which showed how long the waiting and treatment times were for the MIU. 65% of people were seen and treated in under 1 hour. With only 5% waiting more than 2 hours.
- RF asked if there was a particular number of patients the MIU needed to see a year in order to remain open? PM stated that there was no such number and that local units such as this one would always be supported. AW advised the WG that the MIU was about to take on a further Healthcare Support Worker due to the increase in patients, especially as units such as the one at the WMH took the strain off ED departments.

The WG reiterated their support for the MIU and wished to promote its service through the scrutiny they were currently undertaking.

#### Tour of Minor Injuries Unit

**20** AW gave the WG a tour of the MIU.

#### Meetings of the WG

- 21 Two meetings to be set up by the end of October:
  - 1. Meeting with the ambulance service in Gosport
  - 2. Meeting with PE and BB

**ACTION: CG** 

The WG agreed to conclude the scrutiny by Christmas 2011.

The meeting ended at: 3.30pm

OUEN ALEXANDRA

QAH Hospital

# MIU attendances - 2009-2011

Anne Welling - Consultant Nurse in Emergency care Isabel Gaylard – Acting lead nurse ED & MAU

3rd Sept 2011

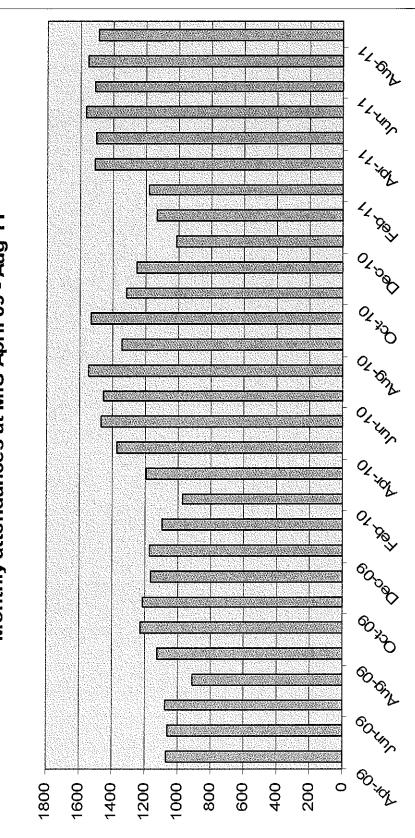
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Page 2

QAH Hospital

Portsmouth Flospitals NHS Trust



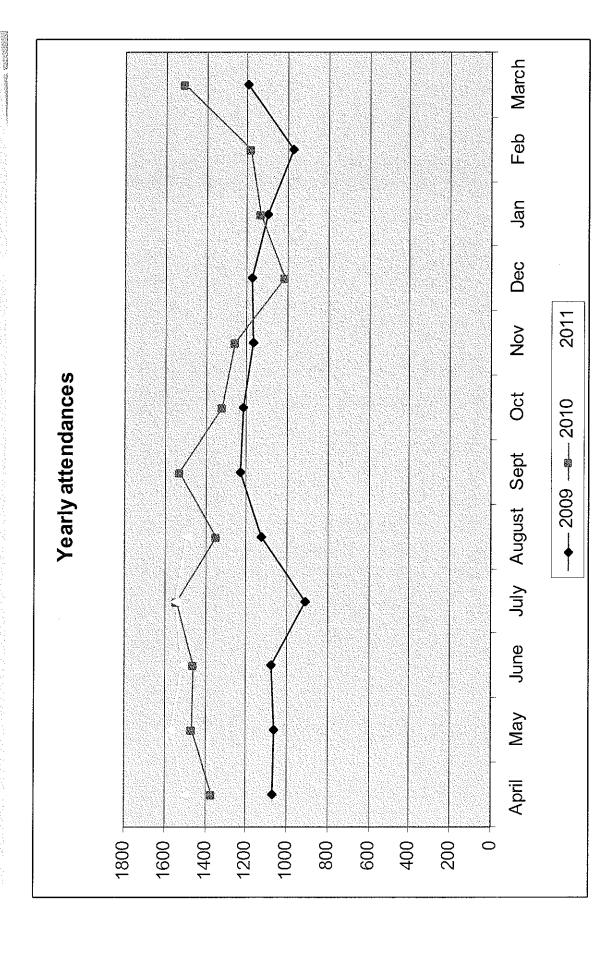


09/10: 254

Weekly average:

10/11: 308

11/12: 352



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08/09/2011

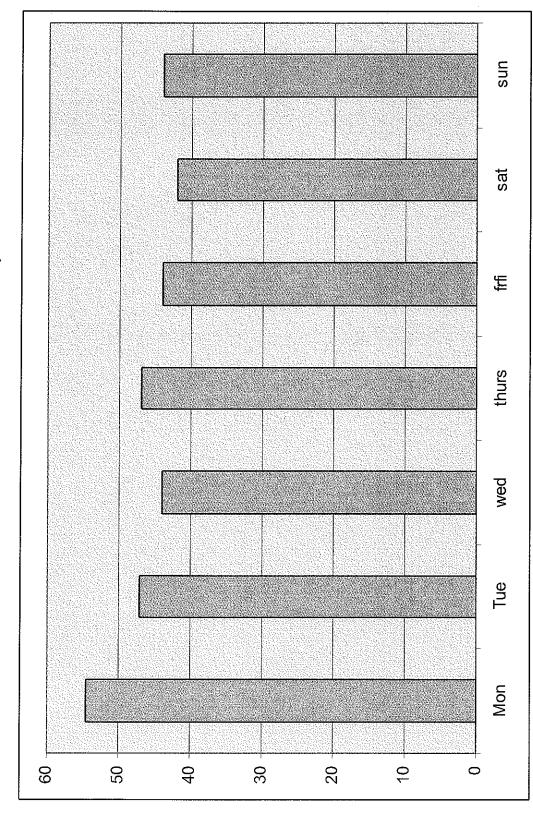
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Porrsmouth Hospitals NHS Trust

08/09/2011

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# Average by day over 71 week period

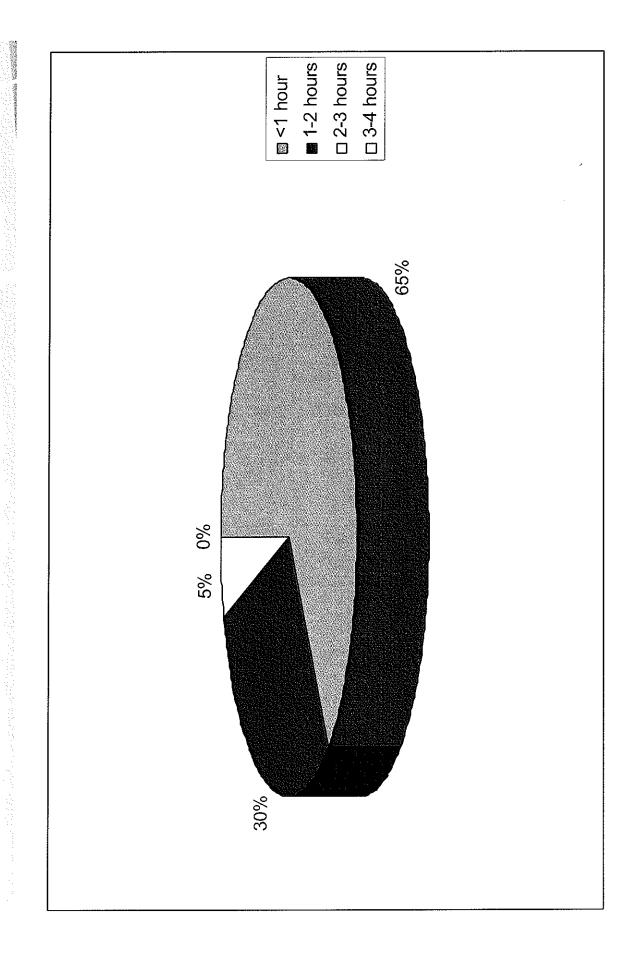


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08/09/2011

QAH Hospital

Podsmouth Hospitals NHS Trust

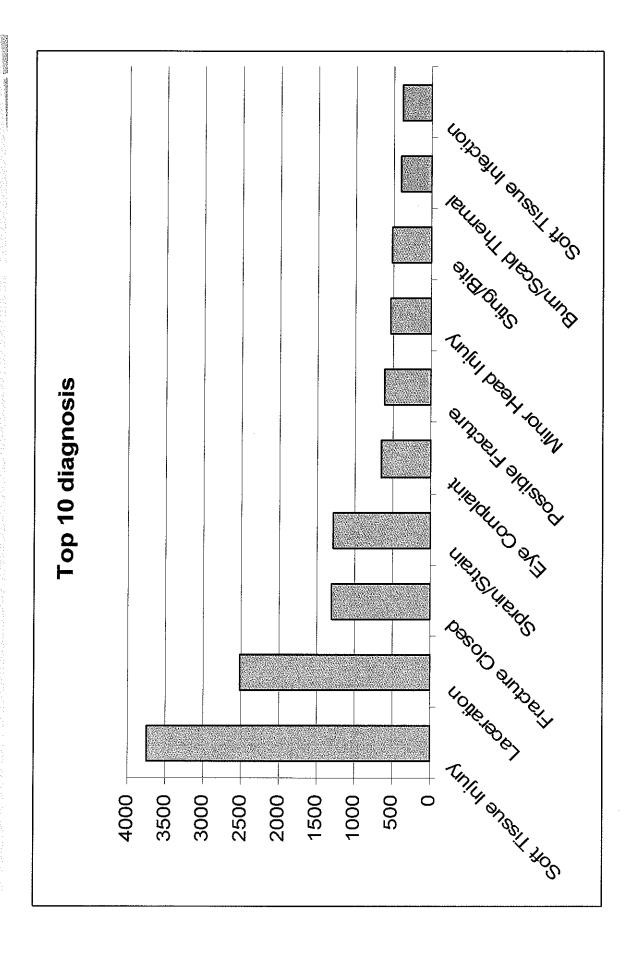


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08/09/2011

QAH Hospital

Portsmouth Hospitals NHS Trust



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08/09/2011

# NOTES OF THE MEETING OF THE GOSPORT MEDICAL EMERGENCY AND ACCIDENT SERVICES SCRUTINY WORKING GROUP HELD ON 27 SEPTEMBER 2011 AT 10AM

**Members of Working Group (all in attendance):** Councillors Forder (RF), Scard (AS) and Dickson (RD)

Officers: Carly Grainger (CG) (notes)

#### Also in attendance:

Neil Cook (NC) – Head of Operations, East Hampshire, South Central Ambulance Service NHS Trust Dr Bob Pennells (BP) – Adviser

#### Pre Meeting of the Working Group

The WG questioned who the first aiders were at GBC and where they would send patients with minor injuries.

**ACTION: CG** 

- The WG discussed promotional ideas for the Minor Injuries Unit (MIU) such as small information cards and posters to be displayed at schools, buses, GP surgeries and provided for first aiders throughout the Borough.
- The WG discussed questions to ask Cllr Edgar and Brenda Brooker at the next meeting of the Medical Scrutiny WG due to be held on 1<sup>st</sup> November 2011.

#### Meeting with Neil Cook

- 4 RF welcomed NC to the Medical Scrutiny WG.
- NC presented a PowerPoint presentation which outlined the service provided by South Central Ambulance Service NHS Trust (attached to these minutes as appendix 1).
- NC explained that the South Central Ambulance Service was formed 5 years ago when Hampshire and Buckinghamshire services merged. The service had become more mobile and spread out and as a result it had improved its speedy responses.
- NC outlined the number of staff employed by the ambulance service in the South Central region. NC advised the WG of the difference between paramedics, technicians and emergency care assistants:

Paramedic
Technician
Emergency Care Assistant

Less experience and qualifications

**8** Each ambulance would be staffed by a paramedic and technician

and each ambulance would be fully equipped to deal with most emergency situations.

- **9** Emergency Care Assistants were used differently throughout the country, but all could provide medical support to minor injuries.
- The WG asked how most paramedics entered the profession. NC informed the WG that most paramedics began as emergency care assistants, although there was a new paramedic degree being offered by Portsmouth and Oxford Brookes Universities.
- There were two ambulance stations in the local area: Privett Road and on the Stow Estate. There were numerous stand-by points throughout the local area for both ambulances and fast response cars. During the day there were 4 fully equipped ambulances operating in the peninsular. This reduced to 2 during the night. There were 2 fast response cars operating on the peninsular at any time. Ambulance staff worked 10 hour shifts, which were staggered through out the day.
- NC assured the WG that ambulances remained on the peninsular for the majority of their shift. The ambulance service continually moves its resources to areas that needed extra support and this included the peninsular.
- NC informed the WG that there were 2 key areas of performance: operational and clinical. NC outlined the operational targets as detailed in appendix 1.
- Last year South Central Ambulance Service were the top performing ambulance service in the country. This had been achieved through systematic reorganisation throughout the service. From a new control system, to new processes and improved performance indicators.
- The WG asked whether fast response motorbikes would be useful in Gosport. NC answered that they were better used for rural locations and that the fast response cars and ambulances were better suited for the peninsular.
- NC explained that there was strict criteria for the use of the air ambulance and in most situations fast response cars would get to the patient before the air ambulance. But obviously the air ambulance would be used if it was appropriate.
- The WG questioned how long it took to get to QA Hospital from the bottom of the peninsular. On average it took an ambulance 20 25 minutes to get to QA hospital when using its blues and twos. This increased to 30 40 minutes when travelling at the speed of the traffic around it. The time it took to get to QA Hospital was

longer during rush hours compared to other times of the day.

- The South Central Ambulance Service encouraged alternative healthcare pathways, therefore reducing the number of people who went to hospital when they could be treated elsewhere, such as minor injury units. This coincided with the recent 'Choose Well' campaign. There was a constant need to educate people to the different medical options available to them.
- RF highlighted the confusion some members of the public had as to what constituted a minor injury. A minor injury to a medical professional was not necessarily minor to the person suffering from it. RF agreed that further education for the public was needed.
- The WG discussed the advantages of the Portsmouth Minor Injuries Unit Information Card (attached to these minutes as appendix 2) as it clearly stated what injuries the unit did and didn't treat. The WG supported the creation of an Information card for the MIU in Gosport.
- The WG asked whether ambulances took patients directly to QA Hospital without considering the MIU. NC advised that the clinician would determine where the patient went based on the injuries the patient had. As most patients of a MIU were walk in patients, it was inevitable that those that required an ambulance would probably require a hospital for further treatment. However MIU's were considered if they were the most appropriate centre for medical treatment.
- The WG discussed the legacy of Haslar in Gosport and the fact that people were not aware of the facilities at the MIU.

The meeting ended at: 12pm





# **History / Background of Division**











#### South Central Ambulance Service NHS Trust

- Hampshire Buckinghamshire,
- Oxfordshire and Berkshire

#### **Hampshire Division**

- 15 ambulance stations across Hampshire Plus network of social / serviced standby points
- 510 WTE
   214 Paramedic (inc Emergency Care Practitioners)
   208 Technicians
  - 93 Emergency Care Assistants
- 590 registered community / co responders circa 60 schemes
- 250 registers static AED sites











# Fareham and Gosport Peninsula

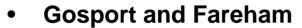






Two Ambulance Stations







Each provides 4 Fully equipped ambulances at the height of the day and 2 night vehicles







Dynamic deployment – mobile service



















- Motivated team of highly trained Paramedics,
   Technicians and Emergency Care Assistants
- Qualified and registered to the Health
   Professional council trained through the
   University route we work closely with both
   Portsmouth and Oxford/Brookes
- All other grades are trained through our internal education team to national standards











### **Ambulance Service Performance**









#### 2 key areas of performance

### Operational Targets

Red –Immediately life threatening

Amber- serious but not life threatening

Green – neither serious or life threatening



Stroke

**Cardiac Arrest** 

Acute Myocardial infarction

**Diabetes** 

**Asthma** 











# **Interpretation of Data**









- Red Calls immediately life threatening
- Require 8 minute response first resource on scene (75%), 19 minute first patient carrying vehicle on scene (95%)
- Amber Calls require an ambulance resource within 20 mins (95%)
- Green calls these vary and have 4 categories ranging from call back to attendance in 60 mins











# Fareham and Gosport area YTD











Performance Category	Incidents	Compliant	Perf.
Red8	2,769	2,212	79.88%
Red19	2,768	2,711	97.94%
Amber20	4,054	3,786	93.39%
Green60	2,331	1,964	84.26%
Urgent	1,178	1,070	90.83%
Routine	32	-	_
Overall	10,364		











# Fareham and Gosport Area w/c 19th Sept











Performance Category	Incidents	Compliant	Perf.
Red8	105	87	82.86%
Red19	105	102	97.14%
Amber20	151	136	90.07%
Green60	74	65	87.84%
Urgent	46	37	80.43%
Routine	1	_	-
Overall	377		











# **Gosport Area YTD**









Performance Category	Incidents	Compliant	Perf.
Red8	1,310	1,080	82.44%
Red19	1,310	1,275	97.33%
Amber20	1,828	1,681	91.96%
Green60	954	793	83.12%
Urgent	607	546	89.95%
Routine	16	-	-
Overall	4,715		











# Gosport Area w/c 19th Sept











Performance Category	Incidents	Compliant	Perf.
Red8	48	43	89.58%
Red19	48	46	95.83%
Amber20	69	61	88.41%
Green60	28	26	92.86%
Urgent	27	21	77.78%
Routine	1	-	-
Overall	173		











# **Challenges for Health Care**

**GP triage/AACPS** 











Utilisation of other Health Care Services











Council support and promotion.













# Thank you











# NOTES OF THE MEETING OF THE GOSPORT MEDICAL EMERGENCY AND ACCIDENT SERVICES SCRUTINY WORKING GROUP HELD ON 1 NOVEMBER 2011 AT 10AM

**Members of Working Group (all in attendance):** Councillors Forder (RF), Scard (AS) and Dickson (RD)

Officers: Carly Walters (CW) (notes)

#### Also in attendance:

Dr Bob Pennells (BP) - Adviser

Councillor Edgar (PE) – Health Spokesperson for Gosport Borough Council Councillor Allen (RA) - Deputy Health Spokesperson for Gosport Borough Council

Brenda Brooker (BB) - Press Officer

- RF introduced those in attendance to the Working Group (WG). He explained that PE was attending the meeting as a witness due to his position as Health Spokesperson for Gosport Borough Council (GBC). RA was attending as Deputy Health Spokesperson for GBC. BB was attended the meeting as she was the Press Officer for GBC and had been heavily involved with the Haslar same Haslar campaign.
- The WG had met three times primarily to examine the status of Gosport Medical Emergency and Accident Services. The purpose of this third meeting was to agree a common purpose and formulate the WG's recommendations, in affiliation with PE, RA and BB.
- The WG had held two evidence based meetings: one at the War Memorial Hospital (WMH) Minor Injuries Unit (MIU) and the second with Neil Cook (NC), Head of Operations, East Hampshire, South Central.
- PE informed the WG of the current situation with regard to vascular surgery on the south coast. Both Portsmouth and Southampton Hospitals had the facilities for vascular surgery, however how trauma cases were being dealt with was under review. It had been suggested that all vascular surgery would be held at Southampton General Hospital. PE was concerned that such an important facility would be lost from Portsmouth. It could result in Gosport residents needing to travel a long way for treatment. He was afraid of the consequences of loosing such an important facility on QA Hospital. PE suggested that the Overview and Scrutiny Committee (O&S) could examine the consultation document regarding vascular surgery on the south coast.
- The WG agreed that this would be a good topic for scrutiny. It was agreed that it would not be included in the current Gosport Medical Scrutiny's report. The current Medical Scrutiny Working Group would finish their current piece of work, which would be taken to the December O&S meeting. The WG would raise the vascular surgery issue at the next O&S meeting and suggest to the Committee that a new Medical

Scrutiny Working Group be set up to examine the forthcoming consultation. The current members expressed their interest to continue on the WG, and welcomed any other O&S member to join them. PE agreed that this was a sensible way forward and agreed to be an advisor to the new Medical Scrutiny WG.

- PE, RA and BB were invited to attend the next O&S meeting which was due to be held on 14<sup>th</sup> November 2011.
- **7** PE would inform CW of further details concerning the consultation on vascular surgery, who in turn would disperse the information to the rest of the WG.
- **8** The WG discussed RF's conclusions which were circulated with the agenda.
  - i. Current provision has been arrived at in the context of considerable local anxiety concerning the closure of Haslar Hospital. To some extent the MIU was born out of disappointment – a difficult birth;
    - Gosport was promised a 24 hour unit; the current MIU was not open 24 hours.
    - o There was little publicity of the opening of the MIU.
  - ii. Despite this, and while recognising that the MIU is much less than a full Accident and Emergency Department, the Working Group were impressed with the resources available and the professionalism of its staff. We greatly value the Unit;
    - The WG did not want to see a reduction in services provided at the MIU, but would have liked to see an increase.
    - o The WG was surprised by the high standard of facilities at the MIU.
  - iii. We were encouraged by evidence that suggested that the number of patients being treated at the Unit is steadily increasing;
    - The WG was glad to report that more people were using the service and hoped to see this continue.
  - iv. We were reassured that there is no suggestion that there is to be any diminution in the service offered. The MIU offers service that is valued by the local community, is highly cost effective and successful at helping to manage pressure on the Accident and Emergency Department at QA;
  - v. The Working Group was greatly impressed by the evidence supplied about the performance of the local ambulance service. We were encouraged not only by the performance data but by what seems to be a constant search for ways and means of enhancing performance; and
    - The WG discussed the recent media story which reported

that the South Central Ambulance Service used private ambulances.

- RF would email NC to ask for his comments on this news story.
- vi. Throughout our enquiry a constant reservation concerned the public's level of understanding of which accidents and injuries should be treated at the Unit in Gosport and which should be treated at QA. We think that there is still a lack of clarity surrounding this issue and are unconvinced that existing and past attempts at explaining this have been adequate.
  - o The WG noted that there was evidence to suggest a number of Gosport residents were being treated at QA Hospital who could have been treated at the MIU. It was difficult to get precise data from the MIU as to the extent of this problem.
  - The WG and witnesses agreed there was a lack of clarity as to what the MIU actually treated. It was agreed that further promotion and education for the public was required by the MIU.
  - o There was inconsistency as to what the MIU treated in what was published by the MIU.
- The WG discussed the name of the MIU. They still felt that this was the incorrect name as it did not clearly represent what the Unit dealt with. However they noted that the health professionals whom they met during their tour of the WMH were adamant that MIU was the correct name for the unit.
- The WG agreed the following recommendations to be included in the final report to O&S:
  - i. Improved publicity of the MIU through:
    - More adverts in Coastline. It was suggested that a cut out advert could be included in a number of Coastline editions;
    - o GBC's website;
    - The production and distribution of small business cards outlining what the MIU can't, but more importantly <u>can</u> treat (similar to the card for St Mary's NHS Treatment Centre circulated with the agenda);
    - A profile of Anne Welling in Coastline; and
    - o Press Releases.
  - ii. Ensure the MIU is aware that the service provided was highly valued and the WG would like to see an increase in facilities/ services.
- 11 RF would speak to the Chief Executive regarding adding items to the Coastline magazine.
- 12 CW would inform the Borough Solicitor of the new request for scrutiny.

- PE suggested that an item be added to the next Full Council meetings agenda called 'Vascular Surgery Consultation', which would allow either himself or RF to inform all Councillors of the consultation, that the O&S were examining it and that they would respond on behalf of the Council.
- 14 It was agreed that RF would draft the scrutiny report and email to members of the WG and PE for comments, before taking it to the December O&S meeting for approval.

The meeting ended at: 11.15am

# NHS

# Choose well.

Chest pain.
Blacking out.
Blood loss.

Emergency Department Queen Alexandra Hospital Cosham, Portsmouth

Cuts. Sprains. Minor fractures. Minor Injuries Unit, Gosport War Memorial Hospital, Bury Road, Gosport

St Mary's NHS Treatment Centre, Milton Road, Portsmouth

Minor Injuries Unit, Petersfield Hospital, Swan Street. Petersfield

Feeling ill.
Stomach pain & vomiting.
Ear pain.

GP Surgery For Out-of-Hours emergencies call 023 9237 7921

Minor Infections. Headache. Travel Advice.

**Pharmacist** 

For more information about pharmacies in your area, please contact NHS Direct

Unwell? Unsure? Need help? NHS Direct - 0845 4647

Calls cost maximum of 5p/minute from a BT landline. Mobiles/other networks may vary.

www.nhsdirect.nhsuk Freeview 108 Sky digital page 2

Hangover. Indigestion. Sore throat.

Self-care

For minor ailments, grazes, bruises – choose Self-care.

Keep a well stocked first-aid kit.

# Minor injury or illness?

Choose well to get the right NHS Service

For more information on these services visit www.nhs.uk

NHS Portsmouth, NHS Hampshire and Portsmouth Hospitals NHS Trust

# Minor Injury Unit

To replace the Haslar Accident Treatment Centre, Gosport War Memorial Hospital now operates a nurse-led Minor Injury Unit, which has the capacity to treat up to 20,000 minor injury patients a year.

Staffed by specialist Emergency Nurse Practitioners, the unit will operate a walk-in service from 8am till 9pm, 7 days a week and treat a wide range of minor injuries. However the unit is not there to treat GP related minor illnesses and is NOT equipped with emergency or intensive care facilities.

In an emergency or if you are seriously ill, you should call 999 for an ambulance or go to the Emergency Department at Queen Alexandra Hospital.

If you are unsure whether the MIU will be able to treat your condition, please contact the department and speak to a Nurse practitioner for advice on **Tel: (023) 9279 4753** or **(023) 9279 4754**.

If you've a minor illness contact your GP surgery during practice hours or out of hours on **Out of Hours GP Service Tel: (023) 9237 7921**.

NHS Direct also provides medical advice 24 hours a day on **Tel: 0845 4647** or visit **www.nhsdirect.nhs.uk**.

#### Gosport War Memorial Hospital Minor Injuries Unit (MIU)

A drop-in service open from 8am to 9pm 7 days a week.

Professional NHS nurses treating a wide range of minor injuries, sprains and minor burns.

**Not an Emergency Department** – for emergencies or serious illness go to the Emergency Department at Queen Alexandra Hospital, Cosham.

If you are unsure whether the MIU can treat you, contact the department on **(023) 9279 4753** or **023 9279 4754**.

NHS Direct also provides medical advice

24 hours a day Tel: 0845 46 47.

- Open every day
- No appointment necessary
- Nurse led service treating minor Illnesses and injuries



# Minor Injuries Unit / Walk-in Centre

St Mary's NHS Treatment Centre



# St Mary's NHS Treatment Centre

PO3 6DW Portsmouth, Hampshire Milton Road, Milton

including bank holidays last patient accepted at 9.30pm Open every day Monday to Sunday 8am - 10pm

www.stmarystreatmentcentre.nhs.uk

without having to make an appointment. We can treat or help with: for a range of minor illnesses and minor injuries including health information, advice and treatment Our Walk-in facility offers a range of services, minor illnesses ear & throat infections

• cuts & grazes
• strains & sprains
• bites & strings
• bites & strings
• burns
• suspected
broken limbs
• minor head injuries
• children and
• minor head injuries
• children and
• infants infections / rashes minor eye conditions.coughs & coldsother minor common illness emergency contraception

# We are unable to help with:

to a person's health or life serious medical e.g. stroke / heart attack emergencies posing an immediate threat e serious head injury — loss of consciousness eaccidental or deliberate overdose of drugs severe allergic emergency care following an severe blood loss pregnancy related conditions operation

emergency department at your attend your local accident and nearest hospital or dial 999 In these instances, you should

reaction

Board/Committee:	Overview and Scrutiny Committee
Date of Meeting:	Thursday 15 <sup>th</sup> March 2012
Title:	Initial Report of the Overview and Scrutiny
	Committee's Vascular Surgery Working Group
Author:	Vascular Surgery Scrutiny Working Group
Status:	Endorsement By Full Council

#### <u>Members</u>

Councillors Forder (Chairman), Scard (Vice Chairman), Dickson, Kimber, Mrs Searle and Dr. Bob Pennells (Medical Advisor)

#### Officer Carly Walters

#### 1. Reasons for the Scrutiny

- 1.1 The decision to undertake the scrutiny was made at the meeting of the Overview and Scrutiny Committee on 14 November, 2011 support by a resolution of the full Council on 23 November, 2011.
  - "This Council supports the investigation by the Borough Council's Overview and Scrutiny Committee into the consultation on the proposed changes to the delivery of Vascular Services in the South Hants area."
- 1.2 The reasons were that proposals made by the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (PCTs) Cluster (SHIP) to remove or diminish vascular surgery services at Queen Alexandra Hospital, Cosham (QA) appeared to present a threat to the Hospital by undermining important specialisms in areas of treatment such as renal, cancer, diabetes and stroke as well as vascular surgery itself. As such there was a danger of the Hospital being downgraded and falling short of the "world class, super-hospital" the Borough residents were promised in the wake of the closure of the Royal Hospital, Haslar.
  - 1.3 The scrutiny was considered urgent because SHIP had announced plans to undertake a formal, public consultation early in 2012.

#### 2. The Working Group

2.1 As a previous working group established to scrutinise Gosport Medical Emergency and Accident Services had recently concluded its work, the Group was reconstituted for the purpose of this scrutiny and its membership supplemented by the additions of Councillors Kimber and Mrs Searle.

#### 3. Progress of the Scrutiny

3.1 There were four formal meetings of the Working Group as well as many informal meetings, email and telephone contacts. Substantial background research was also undertaken by Carly Walters. In addition Councillor Forder attended a meeting of the Portsmouth Health Overview and Scrutiny Panel (HOSP) on 9 January 2012 and Councillor Scard attended a further meeting of the Panel on 2 February 2012.

Regrettably members of the Working Group were not permitted to sit in the audience at the Expert Panel meeting held on 15 January 2012 designed to evaluate the various Hospital Trust proposals.

- 3.2 The four formal meetings were as follows:
  - a) **5 December, 2011.** The Working Group undertook a provisional scoping exercise, considered the questions to ask at its next meeting and received an update on developments from Councillor Edgar (Gosport Borough Council's Health Spokesman) (appendix 1).
  - b) **15 December, 2011.** The Working Group interviewed representatives of SHIP (Director of Communications and a member from the Cardio Vascular Network) and the Medical Director of Portsmouth NHS Hospital Trust (PHT) (appendix 2).
  - c) **11 January, 2012.** The Working Group interviewed two local general practitioners (Dr Koyih Tann and Dr David Chilvers) who are Chairman and Vice Chairman respectively of the Clinical Commissioning Group being established to serve Gosport (appendix 3).
  - d) **20 February, 2012.** The Working Group re-interviewed the Medical Director of PHT (appendix 4).
- 3.3 During the course of the Scrutiny the Chairman wrote letters to Western Sussex Hospitals NHS Trust; SHIP and the Chief Executive of the Strategic Health Authority for the South of England. Responses to are included as appendices 5-8.

#### 4. Main Findings

- 4.1 The Working Group quickly learned about the significance of vascular surgery and the rapid changes taking place in medical science which require on-going reviews to ensure that the best interest of patients are protected.
- 4.2 Throughout the Scrutiny, members of the Working Group were perplexed by inconsistencies in the evidence received from SHIP and PHT. These revolved around a variety of issues including the long-term viability of the Vascular Surgery Department at QA; the size and geographical spread of the catchment which should and could be served by the Hospital; and the quality of treatment offered at QA both now and in the future.
- 4.3 The Working Group was greatly troubled by suggestions that the Southampton and Portsmouth Hospitals Trusts had failed to work together effectively and co-operate over plans to restructure vascular surgery services. The Chairman wrote a letter of inquiry to the Chief Executive of the Strategic Health Authority for the South of England. Responses are included as appendices 7 and 8.
- 4.4 The Working Group had some reservations about the degree of openness that operated during the period leading up to the publication of the planned consultation document. In particular the failure to allow members of the Working Group to sit in the audience while the Expert Panel of 15 January 2012 undertook its work drew objections from the Chairman. SHIP's Director of Communications response is attached as Appendix 9.
- 4.5 The Working Group was heartened by the degree of public and media interest

provoked by the Scrutiny. By way of example, News articles are attached as appendices 10 and 11.

#### 5. The Current Situation

5.1 On 2 February 2012 the Chief Executive of SHIP wrote explaining the failure to secure agreement between PHT and Southampton Hospitals Trust on a reconfiguration of vascular surgery services and the consequent abandonment of the consultation. This letter is attached as appendix 12. As a result the Working Group decided to propose suspending its scrutiny and publish this interim report.

#### 6. Conclusions

- 6.1 We welcome the decision to abandon the planned consultation and are encouraged by PHT's response which is to endeavour to develop and enhance its own 'stand alone' service.
- 6.2 We recognise the need to keep vascular surgery services under review but trust that any future review will recognise the vital importance of retaining a major service at QA whether 'stand alone' or 'collaborative'. We believe that this is essential to the future of the Hospital in its widest sense.
- 6.3 We welcome the recognition by the Chief Executive of SHIP in her letter of 2 February 2012 that vascular surgery at QA is essential to the Hospitals future. However we are concerned that the extent and scale of this service was not defined.
- 6.4 We hope that any future review will prove to be totally transparent at all stages and will fully involve elected members from councils with an interest in the future of QA.

#### 7. Recommendation

7.1 That the full Council take note of this report and endorse its conclusions.

#### **Appendices**

#### Appendix 1

Notes of the meeting of the Vascular Services Scrutiny Working Group held on 5 December 2011.

#### Appendix 2

Notes of the meeting of the Vascular Services Scrutiny Working Group held on 15 December 2011.

#### Appendix 3

Notes of the meeting of the Vascular Services Scrutiny Working Group held on 11 January 2012.

#### Appendix 4

Notes of the meeting of the Vascular Services Scrutiny Working Group held on 20 February 2012.

#### Appendix 5

Letter from the Chief Executive of Western Sussex Hospitals NHS Trust in response to the Chairman of the Working Group's letter enquiring about the Trust's future intentions and reasons for them.

#### Appendix 6

Letter from the Chief Executive of SHIP in response to the Chairman of the Working Group's letter enquiring about "blue light" travel times to QA and the University Hospital, Southampton.

#### Appendix 7

Letter from the Chief Executive of the South of England Strategic Health Authority responding to the Chairman of the Working Group's letter enquiring about relationships between Portsmouth and Southampton Hospitals Trusts and their Chief Executives.

#### Appendix 8

Letter from the Chairman of PHT in response to the Chairman of the Working Group's letter to the Chief Executive of the South of England Strategic Health Authority enquiring about relationships between Portsmouth and Southampton Hospitals Trusts and their Chief Executives.

#### Appendix 9

Email from the Associate Director, Communications at SHIP responding to the Chairman of the Working Group's protestations about the Working Group's exclusion from the audience at the Expert Panel convened on 15 January.

#### Appendix 10

The News article dated 29 December 2011.

#### Appendix 11

The News article dated 17 January 2012.

#### Appendix 12

Letter from the Chief Executive of SHIP explaining the failure to secure agreement between PHT and Southampton Hospitals Trusts on a reconfiguration of vascular surgery services and the consequent abandonment of the consultation.

#### **Overview and Scrutiny Committee**

#### Vascular Surgery Scrutiny Working Group – 5th December 2011

Working Group: Councillors Forder, Kimber, Scard and Mrs Searle plus Bob

Pennells (medical advisor)

Also in attendance: Councillor Edgar and Carly Walters (notes)

Apologies: Councillor Dickson

#### Purpose of meeting

To receive an update from Councillor Edgar and produce a strategy for the 15<sup>th</sup> December 2011 working group meeting.

#### Councillor Edgar Latest Developments

Councillor Edgar informed the Working Group that the County Health Overview and Scrutiny Committee held a meeting in late November 2011, where vascular scrutiny was discussed. Councillors Burgess and Wright expressed forcibly the concerns of Gosport.

On the 6<sup>th</sup> December 2011 Portsmouth Hospital NHS Trust (PHT) were meeting Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust (SHIP) to discuss the consultation process.

Councillor Edgar discussed the engagement process. He stated that he did not remember a consultation period being discussed and believed that the consultation period was organised in response to The News' 'Keep It At QA' campaign.

Councillor Edgar expressed his fear that if Southampton General Hospital was to become the major trauma centre, there was a possibility that it would in the future become the major vascular surgery centre. This would leave QA Hospital with few major procedures. It would no longer be the super hospital it was built to be and more importantly was promised to be.

Councillor Edgar was concerned that Portsmouth City Council had decided to give the final decision to the County's Health Overview and Scrutiny Committee. He was also concerned that other authorities such as Havant had not raised concerns over the proposals.

Bob Pennells noted that throughout the engagement document SHIP stated that there was strong national clinical consensus that patients requiring vascular surgery received better care when treated by specialists who dealt with a high volume of patients. This was even the case when patients travelled up to 60 minutes for treatment (page 30 of the engagement doc). Bob Pennells questioned whether there were any medical reports which stated that 60 minutes was too long a period of time for patients who required vascular surgery to travel, in fact the quicker and shorter the amount of time was indeed better.

Councillor Scard questioned what would happen should an accident happen during a routine operation at QA Hospital, which meant that a vascular surgeon was required, but they were all in Southampton? Bob Pennells noted that it was always prudent to have a number of different specialists at each hospital to deal with incidents like this.

Councillor Edgar informed the Working Group that through sitting on the Council of Governors of QA Hospital and undertaking Captains rounds, he had spoken to a number of medical staff at QA Hospital. They had informed him that they did not want vascular surgery to move to Southampton General Hospital and worried about the consequences for the hospital and its ability to effectively treat patients.

The consultation period would begin in early January 2012 and would last for 12 weeks.

Councillor Edgar was asked what he thought the result of the consultation period would be. Did he think that SHIP could be persuaded not to move vascular surgery to Southampton? Councillor Edgar believed that SHIP would be willing to compromise should the resistance to the proposals continue.

Councillor Edgar agreed to update the Working Group on any further developments.

<u>Decide on approach for the meeting on 15<sup>th</sup> December 2011</u> Councillor Forder informed the Working Group that the details for the 15<sup>th</sup> December 2011 meeting were as follows:

- 3.30pm: Working Group meet and prepare for meeting
- 4 pm: Interview representatives from SHIP
  - Sarah Elliott (Director of Nursing)
  - Sara Tiller (Director of Communications)
- 5 pm: Interview representatives from the PHT
  - Simon Holmes (Medical Director)
  - Dominic Hardisty (Director of Strategy)

Councillor Forder advised the Working Group that he had arranged for the Borough Solicitor, Linda Edwards, to meet the representatives from SHIP and PHT before they attend the meeting.

The Working Group agreed that it was important that they were prepared for the meeting on 15<sup>th</sup> December 2011. It was also important that the Working Group knew the answers to the questions asked and have supplementary questions prepared.

After the Working Group had met representatives from SHIP and PHT on 15<sup>th</sup> December 2011, the Group would discuss the outcomes of the earlier meetings and decide what the Working Group would do next.

Members of the Working Group were encouraged to invite Councillors from their own political parties to attend the meeting on 15<sup>th</sup> December 2011 and watch as part of the audience. Carly Walters would send out an email inviting all Councillors. Carly Walters would also invite Anne Welling from Gosport War Memorial Hospital Minor Injuries Unit to attend as part of the audience.

Councillor Mrs Searle informed the group that she was unable to attend the meeting on 15<sup>th</sup> December 2011. Councillor Wright was suggested as an appropriate substitute.

Councillor Forder informed the Working Group that he would write to the SHIP and PHT representatives informing them of the structure of the meeting (attached to these minutes as appendix 1)

It was agreed that Councillor Forder would produce an Aide Memoire for the Working Group meeting on Thursday 15 December (attached to these minutes as appendix 2).

Carly Walters would ensure that pads of paper and water were available on the day. She would also provide copies of the following for each Working Group member:

- 'Our NHS, Our Future' (2007) Department of Health (sent via email before the meeting);
- 'Towards a Healthy Future' (2008) South Central Strategy Health Authority (sent via email before the meeting);
- Aide Memoire by Councillor Forder (for the meeting);
- Email from Peter Mellor sent on 15<sup>th</sup> November 2011 background info on Vascular Surgery (for the meeting);
- Clarification on Mortality Rates at Queen Alexandra Hospital by Graham Sutton, Associate Medical Director, and vascular surgeon at Portsmouth Hospitals Trust (for the meeting); and
- Letter from Graham Sutton to Councillor Peter Eddis dated 1<sup>st</sup> November 2011 (for the meeting).

#### Questions for the meeting on 15<sup>th</sup> December 2011

The Working Group discussed questions to ask the representatives from SHIP and PHT. The following questions were agreed:

- 1. Why are the proposals being made what is driving the situation?
- 2. Where does the residential catchment viability figure for a vascular surgery service of 800,000 come from?
- 3. Why has the option of making QA the regional centre for vascular surgery not been suggested?
- 4. Have the views of the medical professionals been sought? What did they have to say?

- 5. What is the opinion of the medical professionals on the proposals, particularly Portsmouth's vascular surgeons?
- 6. What would be the implications for other medical procedures of a loss of vascular surgery from QA? Could any be lost?
- 7. What would be the financial implications of a loss of vascular surgery from QA?
- 8. Given the proposals, how can we be sure that the services offered by QA will not be degraded?
- 9. If in the future patients have to be transported from Gosport to Southampton for vascular surgery (or from Gosport via QA to Southampton) what would be the implications for survival rates?
- 10. Please explain the consultation procedures who is being asked? How long will the process last? How do we fit in? How will we learn of the results?

Meeting ended at: 7.30pm

# NOTES OF THE MEETING OF THE VASCULAR SURGERY SCRUTINY WORKING GROUP

#### HELD ON 15 DECEMBER 2011 AT 4PM IN COMMITTEE ROOM 2

**Members of Working Group (all in attendance):** Councillors Forder (RF), Scard (AS), Kimber (DK) and Mrs Searle (DS)

Officers: Carly Walters (CW) (notes)

#### Also in attendance:

Dr Bob Pennells (BP) - Adviser

#### Southampton, Hampshire, IOW and Portsmouth Primary Care Trust (SHIP)

Director of Communications at SHIP

A Member from the Cardio Vascular Network

#### **Portsmouth NHS Hospital Trust (HOSP)**

Medical Director for HOSP

#### Meeting between Working Group and SHIP

- The Chairman welcomed ST and BM to the meeting. ST and BM presented a PowerPoint presentation to the Working Group (WG) (attached to these minutes as appendix 1).
- ST advised the WG that the SHIP Primary Care Trust (PCT)
  Cluster was officially formed on 6 June 2011 to oversee the
  transition period from PCTs to Clinical Commissioning Groups
  (CCGs) in the commissioning of local health services. The Cluster
  comprised of four PCTs: Southampton, Hampshire, Isle of Wight
  and Portsmouth. SHIP undertook all the clinical commissioning for
  the four areas and ensured this was delivered efficiently and
  sustainably.
- 3 ST explained that there were three main types of disorders that required vascular surgery. These were:
  - People with Abdominal Aortic Aneurysms (AAA) (normally emergency operations);
  - People with strokes or transient ischaemic attacks (TIAs or mini strokes) (normally planned operations); and
  - People with poor blood supply to the feet and legs (normally planned operations).

Vascular surgeons also supported a number of other services including cardiology, cardiac surgery, dermatology, nephrology, neurology, plastic surgery and neurology.

Outcomes (survival and complication rates) for many types of surgery were lower in this countrythan elsewhere in Europe. In Europe the mortality rate was 3.5% compared to 7.9% in the UK.

- ST explained that larger hospitals which dealt with more patients obtained better outcomes, lower morality rates. To run a 24 hour, 7 days a week service, 6 full time vascular surgeons were required. ST advised the WG that Southampton currently had 6 vascular surgeons, while Portsmouth only had 4. Chichester vascular surgeons had opted to move to West Sussex hospitals instead of Portsmouth. SHIP wished to develop high volume arterial centres capable of outcomes comparable with the rest of Europe. These larger hospitals would have sufficient space in critical care and vascular wards so that operations were not cancelled due to lack of capacity.
- ST advised the WG that a high volume centre required a population of 800,000. Portsmouth and Gosport only had a population of 600,000. The 800,000 figure was deduced from research undertaken by the Vascular Society. This figure ensured that there would be enough patients to sustain and develop expertise; provide higher quality care; and that services were financially viable and sustainable for the long term.
- RF questioned why the threshold was 800,000, when other areas such as Inverness needed to provide these services but would never be able to achieve the 800,000. RF noted the letter from Graham Sutton dated 1<sup>st</sup> November 2011 (attached to these minutes as appendix 2), which did not support the 800,000 figure.
- 8 ST outlined what processes SHIP had gone through to reach this stage in the consultation, including an independent expert panel and an engagement period.
- Following the outcome of the engagement process the implications on other services at QA Hospital was raised. SHIP then explored the option of surgeons at Queen Alexandra Hospital working with surgeons at St Richards Hospital, Chichester to provide a service to people living in the Portsmouth, South East Hampshire and Chichester areas. Following this an independent expert panel in October 2011 deemed the new arrangement clinically viable, but claimed it was not in the long term interest of the public. They deemed that the option of a single vascular service offered from the two hospital sites would provide the best chance for long term sustainable vascular services for local people.
- In October 2011 the National Clinical Assessment Team agreed that there should be one vascular centre at Southampton for the Southampton, Hampshire, IOW and Portsmouth areas.
- In November 2011 the Portsmouth Hospitals NHS Trust said that

it believed it could make the necessary changes to meet the standards laid down within the Service Specification in its own right, rather than in a association with University Hospitals Southampton NHS Foundation Trust or with St Richards Hospital, Chichester. Portsmouth Hospitals NHS Trust then formulated a detailed case for how they could meet the service specification as a stand alone centre.

- DS asked whether a travel assessment had been undertaken. The WG worried about the travel time between Gosport and Southampton. BM replied that there was a strong national clinical consensus that patients requiring vascular surgery received better care when they were treated by specialists who dealt with a high volume of patients. This was even the case if patients had to travel up to 60 minutes.
- DK asked whether the proposal took into consideration future building developments in Havant and Fareham and transient military populations. BM advised the WG that the proposals only took into consideration current fixed populations.
- BP asked whether the expert panel had known of the local geography and health problems. BM replied that as the panel was independent they did not know local issues, but made their decisions on a clinical basis.
- ST advised the WG that there were currently two options being considered by SHIP. These were:
  - A network model: and
  - Three stand alone centres: Southampton, Portsmouth, Frimley Park.

But no decision had been made yet.

#### **16** Network Model

- Clinicians from Southampton and Portsmouth would work together as a network to deliver a co-ordinated vascular service across a number of hospital sites.
- The Network would deliver diagnostic procedures, out patient appointments and day case procedures at Queen Alexandra Hospital.
- All patients would receive their follow up appointments at their local hospital.
- Patients requiring emergency and elective complex arterial surgery would be treated at Southampton General Hospital by a rota of vascular surgeons from Portsmouth and Southampton. Patients from the Portsmouth and SE Hampshire area would travel back to QA for their postoperative stay.

#### 17 Stand Alone Model

- Three separate centres would be created across Southampton, Hampshire, Isle of Wight and Portsmouth.
- QA Hospital would fulfil all day case procedures and complex arterial surgery either as an emergency or planned operation.
- Outpatient appointments at Gosport War Memoria Hospital.
- AS advised that he was happy that no decision had been made and that the future consultation period had a chance to shape the outcome of vascular surgery.
- DK asked what factors would determine the outcome of vascular surgery. Would it be clinical or financial? Would the financial implications out weigh the clinical? BM replied that any decision should be based on what provides the best service, this decision should involve what is financially viable, but it should not be the only factor.
- ST noted that the consultation period would begin in January 2012 and would last for 12 weeks. Further financial information would be available in the consultation documents.
- BP informed the SHIP representatives that Gosport had been promised a Super Hospital. He wondered whether QA Hospital would be down graded if the Network model was adopted as other services would be moved to Southampton Hospital. This would have financial implications too. ST replied that they were aware that this could be a problem and were researching the implications.
- The WG thanked ST and BM for attending the meeting.

#### Meeting between Working Group and HOSP

- The WG welcomed SH to the meeting. SH presented a PowerPoint presentation (attached to these minutes as appendix 3).
- SH advised the WG that vascular surgery had changed and surgery needed to keep up with these changes. A set of criteria had been set up by the National Vascular Society in 2011. SH advised that Portsmouth Hospital Trust had met each of the criteria and had the required dedicated wards specified. In addition to that both David Mitchell (Chair of Vascular Society Audit & Quality) and Prof Cliff Shearman (ex President of Vascular Surgical Society) had noted that there were "No issues over outcome from Vascular surgery in Portsmouth".

- SH advised the WG that large volume units were not a new idea, but were used in other clinical areas, such as cancer. SH noted that it did provide good practice in some cases, however vascular surgery in Portsmouth was not one of them.
- SH discussed the 'Volume outcome relationships Unit' graph. Data was provided from a national database. He explained that Portsmouth was better than the average line of volume of operations against success rate. There were only 25 dots (hospitals) in front of Portsmouth. He concluded that he believed that larger volume units would be useful for hospitals that had a low rate of success, but not for successful and busy hospitals such as Portsmouth.
- AS asked what was Portsmouth's view of the 800,000 threshold for vascular surgery? SH stated that he did not believe the number to be the minimum for a high quality, efficient and sustainable unit, QA Hospital was achieving this with a 600,000 threshold. Portsmouth had the capacity to incorporate a further 200,000 from West Sussex.
- BP reported that SHIP had informed the WG that vascular surgeons from St Richards, Chichester, were moving to Brighton Hospital and therefore Portsmouth would never be able to reach 800,000.
- SH noted that Interventional Radiology was the way forward for operations, which could be used for a number of treatments such as Cancer, Obstetrics, Renal, Urology and Gastroenterology. Portsmouth had a world class interventional radiology suite.
- RF asked whether QA could be down graded due to the loss of vascular surgery. SH confirmed that there would be significant implications, both financial and clinicaly.
- RF asked whether the stand alone option for Portsmouth was viable. SH confirmed that the stand alone version was both clinically and financially viable. Portsmouth hospital could acquire work from West Sussex.
- 32 The WG discussed whether Brighton Hospital should be contacted.
- ST explained how there could be a significant change in level of service for Portsmouth patients if vascular surgery was lost. There would be no benefit for Portsmouth Vascular patients as they would have further to travel; there would be a threat to the quality of care of dependant non-vascular patients such as Renal, Cancer, Diabetes, Stroke; and there would be a major impact on

Interventional Radiology, making it difficult to sustain an emergency rota.

- The WG discussed the role The News had played in the past and how it could continue its role in educating the public in the future. The WG discussed what had been reported in West Sussex.
- The WG discussed the role of GP's and the future of CCGs. It was agreed that the WG would ask Gosport GP's to attend a meeting of the WG to discuss the proposals for vascular surgery.
- The WG agreed that they wished to complete their scrutiny before the end of the 12 week consultation period in the hope that it would influence the decision making process.

#### Post Meeting discussion of the Working Group

- It was agreed that the next WG meeting on 11<sup>th</sup> January 2012 would be used to interview two Gosport GP's. BP would contact Dr David Chilvers and Dr Koyih Tang and invite them to the WG meeting.
- The WG considered sending out a press release about the work the WG had undertaken.
- The WG discussed the possibility of a public meeting whereby members of the WG would interview representatives from SHIP and Portsmouth Hospital. There would also be an opportunity for a public question and answer session.

Meeting concluded: 7.10pm

# NOTES OF THE MEETING OF THE VASCULAR SURGERY SCRUTINY WORKING GROUP

#### HELD ON 11 JANUARY 2012 AT 6PM IN THE COUNCIL CHAMBER

**Members of Working Group (all in attendance):** Councillors Forder (RF), Scard (AS), Kimber (DK), Dickson (RD) and Mrs Cully (JC)

**Substitution:** Councillor Mrs Cully substituted for Councillor Mrs Searle at this meeting.

Officers: Carly Walters (CW) (notes)

#### Also in attendance:

Dr Bob Pennells (BP) – Adviser

#### **Gosport GPs**

Dr David Chilvers Dr Koyih Tan

#### 6pm: Meeting of the Working Group

Chairman's Briefing

- CW circulated a copy of the agenda, article in The News regarding Vascular Surgery 29 12 11, email from Sara Tiller 11 01 12 and some general research (attached to these minutes as appendix 1).
- RF advised the Working Group (WG) that he had sent a letter to Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster (SHIP) requesting further information regarding travel times from Gosport to QA Hospital. Another letter was also sent to St Richard's Hospital in Chichester, requesting their opinion on the vascular surgery consultation. RF informed the WG that no responses had been received.
- RF informed the WG that an expert panel was held on Thursday, 5<sup>th</sup> January 2012. It was chaired by Sara Tiller from SHIP and attended by patient and public representatives. RF informed the WG that Gosport was not represented formally. RF asked to attend but was denied an invitation. DK noted that the email did state that a member of the Portsmouth LINk who attended, was a Gosport resident and did raise a number of issues pertinent to those living in Gosport. RF believed the expert panel to be important as it was assessing the viability of the different options and it was disappointing that SHIP did not consider inviting any Local Authorities to attend. RF reported however that the stand alone model was thought to be a viable option at the meeting.
- 4 RF informed the WG that he had met Caroline Dineage MP, who

wished to be kept up to date on any developments.

#### Appointment of Vice Chair of the Working Group

It was agreed that AS would be the Vice Chair of the Vascular Surgery Scrutiny WG and would be the point of contact while RF was away.

#### Review of Progress to date

- The WG discussed the South Eastern Hampshire Clinical Commissioning Group Update on the Review of Vascular Surgery (5<sup>th</sup> January 2012) included in the agenda pack. The WG noted that on page 3 of the report it stated that 'It is clearly mandatory to establish services that are robust and sustainable and not merely in the short term of the next few years. This really implies that a truly networked solution must be found.' The WG thought that this was at odds with the principle of having a consultation, as the Clinicial Commissioning Group (CCG) seemed to have already decided on their preferred solution. In addition to this the report was misleading as it referred to two options: network and stand alone models. But by the end of the report it stated that a network solution must be found.
- **7** BP worried that GP's and the CCG were being steered by SHIP before the consultation period had even begun.
- DK advised the WG of an article in The News on Monday 9<sup>th</sup> January 2012: 'Meet the Hidden Lifesavers at QA Hospital' (attached to these minutes as appendix 2). It was agreed that CW would make a copy of the article and circulate to WG members.

**ACTION: CW** 

9 RF advised the WG that the consultation document from SHIP was to be published on Monday 16<sup>th</sup> January 2012. It was agreed that a copy of the consultation document would be circulated by CW to all members of the WG.

**ACTION: CW** 

#### 6.30pm: Meeting between Working Group and GPs

- RF welcomed Dr Koyih Tan and Dr David Chilvers to the meeting. Dr's Tan and Chilvers thanked the WG for the opportunity to address the WG about the vascular surgery consultation.
- Dr Tan was a part time GP in Stubbington and was Chair of the Fareham and Gosport CCG.
- Dr Tan explained that CCGs were groups of GPs that would, from April 2013, be responsible for designing local health services in England instead of Primary Care Trusts (PCTs). They would do this by commissioning or buying health and care services.

CCGs would work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, groups would have, in addition to GPs, at least one registered nurse and a doctor who is a secondary care specialist, plus a lay person. All GP practices would have to belong to a CCG. Dr Tan advised that other providers of health care, whose services were currently commissioned by PCTs would have to compete to work with GP commissioners in the future. The CCGs would be overseen by the newly formed independent NHS Commissioning Board which would make sure that CCGs had the capacity and capability to commission services successfully and to meet their financial responsibilities. The NHS Commissioning Board would be fully operational from April 2012. In addition there would be 4 strategic Health Authorities throughout England: South, Midlands, North and London. At a local level, Health and Wellbeing Boards would be set up to ensure that CCGs met the needs of local people. These boards would be in place from April 2012.

- Dr Tan explained that there were 21 GP practices in Fareham and Gosport. 10 in Fareham with approximately 118,000 patients and 11 practices in Gosport with approximately 88,000 patients.
- Other local CCG's were Portsmouth City and East Hants (Waterlooville and Havant).
- The WG asked whether CCG's would run hospitals. Dr Tan advised that hospitals would run themselves as they should have been striving for Foundation Trust status. If a hospital did not achieve Foundation Trust status then it would be taken and run by another Foundation Trust. Dr Tan used the example of Royal Hampshire County Hospital and its NHS Trust, where Winchester and Eastleigh Healthcare NHS Trust had been integrated with Basingstoke and North Hampshire NHS Foundation Trust to form Hampshire Hospitals NHS Foundation Trust.
- Dr Tan explained that the Portsmouth Trust was probably too large to be acquired and it therefore had to achieve Foundation Trust status.
- Dr Chilvers explained that SHIP were to issue a press release which stated that SHIP were to publically support the network model, as it was the only way to ensure a sustainable future.
- Dr Chilvers informed the WG that the CCG had held a meeting which included people from Southampton Hospital, Portsmouth Hospital, the Vascular Network and Wexham Park Hospital in Slough. The meeting concluded that the stand alone model was not viable and advocated a network model.

- Dr Tan informed the WG that he had attended the first meeting of the expert panel and explained that Portsmouth Hospital needed to recruit at least 2 more Consultants and at least 1 more Interventional Radiologist to be able to staff the desired rota. Portsmouth Hospital would also need to attract at least 25% of the work from West Sussex. Dr Tan thought this was unlikely and therefore agreed with Dr Chilvers that the stand alone model was not viable.
- Dr Chilvers explained that the stand alone model was not viable as larger units (which could be achieved through the network model) fostered better expertise. While vascular surgery was improving in Britain, it was still poor when compared to Europe and the NHS wished to improve this.
- Dr Chilvers also informed the WG that Clinicians at Portsmouth Hospital did not support the stand alone model, as they did not believe they could manage the desired rota.
- The WG and GP's discussed whether Clinicians from St Richards Hospital would want to work in Portsmouth. CCG's understood that Clinicians at St Richards Hospital wanted to work at Brighton and not Portsmouth. The WG disagreed stating that they had been informed that 2 out of the 3 Clinicians at St Richards were happy to work at Portsmouth. The WG acknowledged that this was an example of how the different organisations involved in the vascular surgery consultation were not communicating effectively. This was especially so between Portsmouth and Southampton Hospitals and their respective Chief Executives.
- The WG was informed that Southampton Hospital already served a population of approximately 800,000. If the network model was to go ahead, then they would be serving almost 2 million patients. The WG questioned whether Southampton could manage this and whether health care would be better for all patients, or would Southampton be overstretched?
- Dr Tan sympathised with the Portsmouth Hospital cause. He noted that there was a concern that Portsmouth Hospital could be downgraded from a super hospital. He advised the WG that the CCG wanted to ensure that Portsmouth Hospital was used to its capacity especially regarding the state of art equipment in QA hospital.
- Dr Chilvers advised the WG that if the issue of vascular surgery could not be resolved through the consultation period, then the decision would be taken by a specialist commissioning body in 2013 and CCGs and hospitals would have no influence over what

happened. Dr Chilvers stressed the importance of a decision being made now which was suitable for both Southampton and Portsmouth Hospitals.

- A Member questioned whether QA hospital would be downgraded if a network model was adopted as it would lose its ability to perform interventional radiology procedures. There was also the fear that if one aspect of healthcare was sent to Southampton, other areas would go to, such as renal, cancer and stroke care. Dr Tan explained that the network model was the preferred option, but this was on the basis that Portsmouth hospital kept its interventional radiology and performed in hours surgery. He noted that Interventional Radiology was the surgery of the future and that it was important that this capability remained at Portsmouth. All emergency cases would be sent to Southampton. There was no intention for other services to be transferred to Southampton.
- Dr Chilvers informed the WG that the consultation document was due to be published on Monday, 16<sup>th</sup> January 2012. However the content of the document was constantly changing and would not be confirmed until Monday. As the two main hospitals, Southampton and Portsmouth could not agree on a model, the CCG had taken the lead and outlined what service they would like to see.
- Dr Chilvers believed that the stand alone model was not viable and that the WG should focus on improving the network model to ensure that Gosport residents got a fair deal, rather than promoting the stand alone model. He stated that the network model was the only sustainable model for vascular surgery for the future. There was a delicate balance between the 'best' and 'local' options. The CCG was trying to find middle ground on this issue. Dr Tan added that the time to argue for a stand alone model had passed and that a solution needed to be found for the network model to work and for it to be fair for all patients.
- The WG asked if there was a person in central management who the WG could contact to express their concern regarding the consultation. Dr Chilvers suggested that the WG contact Sir Ian Carruthers, Chief Executive of the South Central Strategic Health Authority. The WG agreed that RF would write a letter to Sir Ian Carruthers expressing their concerns.

**ACTION: RF** 

RF advised that he was concerned that the CCG preferred one model over another before the beginning of the consultation. He was concerned that that would influence the consultation, thus making it unfair. He was also concerned with the South Eastern Hampshire Clinical Commissioning Group Update on the Review

of Vascular Surgery (5<sup>th</sup> January 2012) which again could be prejudicial against the consultation. He questioned whether the CCG should listen more to what the people would like. RF concluded that he believed the people of Gosport and Portsmouth were afraid that they would lose their super hospital if the network model was to be adopted and decisions would be made against the best interests of the public.

- BP informed the GP's that the WG had been told that if QA hospital was to transfer vascular surgery to Southampton, that it would lose at least £1million a year in revenue. This would have a detrimental effect on the hospital and especially on the paying of the PFI.
- The WG and GP's agreed that there needed to be more transparency and communication in the future for the issue of vascular surgery to be resolved.
- A member asked what the responses were to the proposals from GP practices in Fareham and Gosport. Dr Chilvers reported that 8 out of 11 practices in Gosport had responded, all supporting the stand alone model. While there had not been a formal consultation in Fareham, Dr Tan informed the WG that Fareham GP's were wary of a take over from Southampton.
- A Member asked how much knowledge was shared between the two hospitals. Dr Chilvers advised the WG that very little knowledge was shared between the two hospitals, but the CCG was working on improving this.
- The GP's agreed that if there were any further updates they would pass them on to the WG.
- The WG thanked Dr's Tan and Chilvers for attending the meeting and informed them that any further information should be sent to CW or RF (or AS over the next couple of weeks in his capacity as Vice Chair).

# Post Meeting discussion of the Working Group

- The WG agreed that they wished to conclude the vascular surgery scrutiny at the 15<sup>th</sup> March 2012 meeting of the Overview and Scrutiny Committee. The report would then be taken to Full Council on 28<sup>th</sup> March 2012.
- It was agreed that RF would write a letter to Sir Ian Carruthers informing him of the problems the WG had found during its scrutiny.

**ACTION: RF** 

Appendix 3
The WG requested that the next meeting be held on Monday 20<sup>th</sup> 39 February 2012 at 6pm. RF would invite SHIP and PHT to attend.

**ACTION: RF** 

Meeting concluded: 7.50pm

# NOTES OF THE MEETING OF THE VASCULAR SURGERY SCRUTINY WORKING GROUP

#### HELD ON 20 FEBRUARY 2012 AT 6PM IN COMMITTEE ROOM 1

**Members of Working Group:** Councillors Forder (RF) (P), Scard (AS) (P), Kimber (DK) (P), Dickson (RD) (P) and Mrs Searle.

Officers: Carly Walters (CW) (notes)

#### Also in attendance:

Dr Bob Pennells (BP) - Adviser

# **Portsmouth Hospital NHS Trust**

Simon Holmes (SH) – Medical Director

# 6pm: Meeting of the Working Group (WG)

- 1 RF thanked the WG for attending the meeting and explained that the meeting was an opportunity for reflection on the vascular surgery scrutiny.
- 2 The WG discussed questions they would ask Simon Holmes.
- AS advised that he had attended a meeting of Portsmouth Health Overview and Scrutiny Panel (HOSP) the day before the end of the consultation in which Councillor Eddis (Chairman of HOSP) explained that death certificates and the wording on them were different on main land Europe to the UK. It was therefore unfair to compare the death rates of the UK to Europe.
- BP reporter his dismay of having an expert panel which consisted of people from all over the country. They did not know what was best for the local populations.
- RF advised the WG that the changes in providing vascular surgery had not ceased with the termination of the consultation run by SHIP. While the WG was concluding this section of its work, it may need to revisit the topic.
- DK informed the WG of his fear that the Clinical Commissioning Groups (CCGs) who were to take over from SHIP may make changes to vascular surgery without holding a consultation, therefore preventing local residents from participating.
- BP informed the WG of his support of CCG compared to Primary Care Trusts (PCTs). GPs knew the needs of the local people and would ensure that services reflected these needs. PCTs were full of managers, not health professionals.

BP advised the WG of the disadvantages of having private health care providers. They would only choose to operate on straight forward cases and therefore leave more complex cases to the NHS, which would cost more.

# 6.30pm: Meeting between Working Group and Simon Holmes

- The WG welcomed SH to the meeting and asked what QA's plans were for the future. SH thanked the WG for the opportunity to attend the meeting. He explained that it was his understanding that the consultation by SHIP was terminated as Southampton NHS Trust and Portsmouth NHS Trust (PHT) could not find a compromise to the Network Model. While PHT made a number of compromises, Southampton NHS Trust would not compromise and continued to insist that all surgery be performed in Southampton. He confirmed that current arrangements would continue for the time being.
- SH explained that the current arrangement with St Richard's Hospital, Chichester, would continue. This would provide the hospital with a 1 in 6 night rota. However, this arrangement was soon to end with Chichester surgery moving to Brighton. The PHT therefore needed to find 2 further surgeons to retain the appropriate level of surgeons. He explained that 2 full time surgeons were not needed. Therefore PHT would recruit one full time member of staff and approach a surgeon from St Richard's Hospital who was interested in part time work.
- RF asked whether the PHT had the extra money to fund additional surgeons? SH replied that extra investment was needed for extra work. He was sure that extra work would be found to cover the cost of additional surgeons.
- RF advised that due to medical changes larger units were needed, which in turn covered larger areas. SH agreed that this was the case and that the PHT would cover a large enough area should it attract work from Chichester. He informed the WG that the PHT was the 23<sup>rd</sup> largest vascular surgery centre in the UK and met the criteria of the Vascular Society.
- SH advised the WG that the PHT had a good relationship with the Portsmouth CCGs. They met on a weekly basis and agreed clinical issues.
- SH confirmed that the WG had made a difference to the outcome and thanked Members for their involvement. SH asked for some breathing space, for PHT to reassess where they were, plan for the future and recruit the best people for the job. SH advised that attracting people to work at PHT was not difficult as the area and the hospital itself had many advantages.

- DK reiterated his fear that the CCGs would move services from QA without consultation. SH did not believe that that would happen. SH advised the WG that he was happy to work with CCGs as the current arrangement with PCTs had not worked.
- The WG thanked SH for attending the meeting. SH thanked the WG for the opportunity to attend and promised to provide an update report to GBC in due course.

# <u>7pm: Simon Holmes left the meeting. Meeting of the WG</u> continued.

It was agreed that no further meetings of the WG were required and that an interim report of the WG would be presented at the next Overview and Scrutiny Committee meeting.

Meeting concluded: 7.20pm

# Western Sussex Hospitals Wis

**NHS Trust** 

Ms. Carly Walters Gosport Borough Council Town Hall **High Street** Gosport **PO12 1ERB** 

**Worthing Hospital** Lyndhurst Road Worthing West Sussex **BN11 2DH** www.westernsussexhospitals.nhs.uk

Marianne.griffiths@wsht.nhs.uk Direct Dial: 01903 285266 Direct Fax: 01903 285114

Our ref: 701MEGltrBoGVas230112PB

23<sup>rd</sup> January, 2012.

Dear Ms. Walters.

**Proposals to Restructure Vascular Surgery Services** Re:

I refer to Cllr Forder's letter of 3rd January 2012.

bliname Sagett

I can confirm that Western Sussex Hospitals NHS Trust (the NHS Trust that provides hospital services to all of coastal West Sussex from Chichester to Shoreham and runs St Richard's, Southlands and Worthing Hospitals) has participated fully in the external review of vascular services in Sussex and accepts its findings. These findings recommend a hub and spoke model of service with major arterial surgery being undertaken at the Royal Sussex County Hospital and with out-patient and more minor surgery undertaken in the linked District Hospitals including Worthing and St Richard's Hospitals.

Given the integrated nature of our Trust, we need to focus on a single provider for any tertiary services wherever possible. Additionally, NHS Sussex has supported the model based on Brighton and expressed this support in its commissioning intentions.

Yours sincerely,

**Marianne Griffiths** 

Chief Executive

Switchboard: 01903 205111 General Fax: 01903 285045



# Southampton, Hampshire Isle of Wight & Portsmouth

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12 January 2012

# For the attention of Carly Walters

Councillor R W Forder
Chairman
Gosport Borough Council Overview and Scrutiny Committee
Town Hall
High Street
Gosport
Hampshire
PO12 1EB

Dear Councillor Forder

# ACCESS TIMES TO THE GOSPORT PENINSULA FOR VASCULAR SURGERY UNDER AMBULANCE BLUE LIGHT CONDITIONS

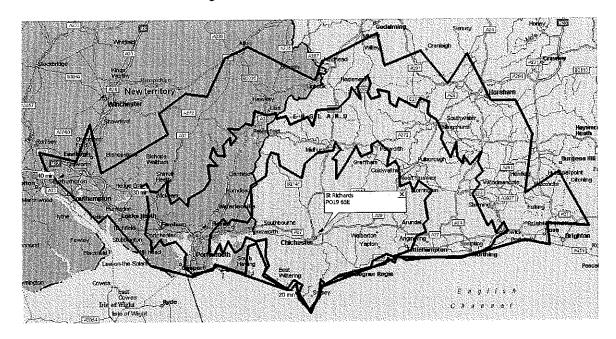
Thank you for your letter dated 3 January 2012 regarding your Overview and Scrutiny meeting on 15 December 2011, and specifically the enquiry about travel times for your local residents.

We have asked South Central Ambulance Service to provide us with maps showing travel times to the Queen Alexandra Hospital in Portsmouth, University Hospital Southampton NHS Foundation Trust and St Richard's Hospital in Chichester.

The maps below show the areas that are within 20 minutes (inner circle), 30 minutes (middle circle) and 40 minutes (outer circle) of each of these hospitals where major local vascular cases are currently taken in an emergency. The Southampton map has an additional circle which indicates all those areas within one hour of the hospital.

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# 3: Travel times under blue light conditions to St Richard's Hospital, Chichester



These maps are open to your interpretation, but we have assessed that they mean that the entire Gosport peninsula is within 40 minutes of the Queen Alexandra Hospital and almost all within 40 minutes of University Hospital Southampton NHS FT and St Richard's Hospital. The very tip of the Gosport peninsula is within 60 minutes of University Hospital Southampton NHS FT.

I hope that this answers your specific enquiry about travel times, but please do not hesitate to contact me if you have any further queries. I would also like to reiterate my offer to meet with you if that would be helpful.

Yours sincerely

D.M. Fleming (Mrs)
Chief Executive

SHIP PCT Cluster

Our ref: IJC/AY.2374

9 February 2012



Councillor Forder
Chairman, Overview and Scrutiny Committee
Gosport Borough Council
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PO12 1EB

Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX
01823 361000
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Dear Councillor Forder

Thank you for your letter dated 13 January 2012 concerning the future arrangements for vascular surgery and the working relationships between the staff of University Hospitals Southampton NHS Foundation Trust and Portsmouth Hospital NHS Trust.

As you will by now be aware, the Primary Care Trust Cluster comprising Southampton City, Hampshire, the Isle of Wight and Portsmouth City has recently confirmed that for the time being vascular services will continue to be commissioned from both Southampton General hospital and the Queen Alexandra hospital. Whilst there is a clear expert consensus that a networked model involving both hospitals is likely to be the most sustainable option to deliver high quality care, the two trusts have yet to agree how these arrangements might work. Given that there are no immediate safety concerns regarding the current services, the Primary Care Trust Cluster comprising Southampton City, Hampshire, the Isle of Wight and Portsmouth City and local Clinical Commissioners will keep the situation under review over the next 12 to 24 months, pending further developments in national clinical standards and changes in local referral patterns.

The trusts routinely work together to meet the needs of patients, and are currently engaged in a number of other large joint projects including implementing the changes associated with Major Trauma services and in modernising Pathology services. These schemes mean that the trusts already share staff and are working to agree common protocols across a range of clinical services. It is likely that they will need to collaborate increasingly in the future in order to deliver the highest possible quality care for the local population.

I hope this clarifies the position for you.

Yours sincerely

Sir Ian Carruthers OBE

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Chief Executive

Copy: Professor David Rhind, Chair, Portsmouth Hospitals NHS Trust Ursula Ward, Chief Executive, Portsmouth Hospitals NHS Trust John Trewby, Chair, University Hospitals Southampton NHS FT

Mark Hackett, Chief Executive, University Hospitals Southampton NHS FT

Debbie Fleming, Chief Executive, SHIP PCT Cluster

Professor Jonathan Montgomery, University of Southampton

Chair: Dr Geoffrey Harris Chief Executive: Sir Ian Carruthers OBE



**NHS Trust** 

Trust Headquarters F Level, Queen Alexandra Hospital Southwick Hill Road Cosham Portsmouth, PO6 3LY Tel: 023 9228 6770

Professor David Rhind CBE Chairman

Councillor Forder
Chairman, Overview and Scrutiny Committee
Gosport Borough Council
Town Hall
High Street
Gosport
PO12 1FB

Our Ref: DR/sk/res/210

21 February 2012

Dear Councillor Forder

Re: Vascular Surgery Consultation

Sir Ian Carruthers kindly copied me your letter to him of 13 January 2012 in which you express concern at the alleged dysfunctional hostility between the Chief Executives of Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust which resulted in an inability to cooperate over plans to change vascular surgery activity in this area. I can assure you that this was not the case.

We already collaborate with our colleagues in Southampton on a significant number of clinical matters and are currently in discussions about collaboration on some operational matters. The guiding principle in establishing and running all these collaborations is 'what is best for patients'. There was simply a rather significant difference of opinion over how best to provide vascular surgery to our local populations.

My Board, based on an extensive consideration of the evidence and many discussions, took the view that the original proposal to move all vascular surgery to Southampton, with treatment centres there and in Brighton being nearly 80 miles apart, was simply not in the interests of good patient care in Portsmouth and South East Hampshire. The clinicians, from both hospitals, who are responsible for providing vascular surgery were unable to agree on a networked solution that could improve upon the high standard of care that is already being provided in both Portsmouth and Southampton.

I am grateful to you and your Committee for your interest in vascular and other health matters. We take community matters very seriously indeed, for example there are 24 meetings every year of our Board and other Portsmouth Hospitals NHS Trust entities which the public can attend (in almost half of these the meetings are convened solely for public debate and discussion).

I hope this clarifies the matter. Please contact me if it would be helpful to talk over this matter or any others concerning Portsmouth Hospitals NHS Trust.

Yours sincerely

Professor David Rhind

David Rhind

Chairman



You are here News > Campaigns > Passion for Portsmouth > News

# Fears for future of QA voiced by inquiry chairman



THREATENED Vascular services at the QA are under review

#### By Sam Bannister

#### Published on Thursday 29 December 2011 07:37

COUNCILLORS investigating proposed changes to vascular surgery in the area say they fear for the future of Queen Alexandra Hospital.

A review of vascular services was announced earlier this year by primary care trust cluster Ship. A number of options were put forward including one to move all vascular surgeons – experts in veins and arteries – to Southampton and another to share the service between QA in Cosham and Southampton.

Councillor Bob Forder is the chairman of a committee at Gosport Borough Council which has decided to hold its own inquiry into the plans.

His group met health bosses involved in the review and plans to meet the town's GPs next year. Cllr Forder said: 'When you look closely you realise it would mean less work being done at QA. Not only will this mean less money for the cash-strapped hospital but it will call into question the viability of a host of important services including renal, stroke, cancer and diabetes, as these depend on the availability of vascular surgeons.

'This is not what Gosport was promised when Haslar closed.

'We were told we would have a world-class superhospital. We think that concept will be degraded with important services being diverted to Southampton and patients having to travel further.'

A three-month consultation will be launched in the new year to help shape the way vascular surgery is delivered in the area.

But no decision has yet been made on what the final options will be.

Ship says it will work with Southampton and Portsmouth hospital trusts to allay any financial impact on OA

Sarah Elliott, the director of nursing for Ship, said: 'At this stage nothing has been decided, but two options are emerging and are likely to be the subject of public consultation in the new year.

'We will only consult people on options that do not undermine the clinical viability of other services at Queen Alexandra Hospital and have asked local and national clinical experts to confirm any options do not adversely impact other services.'

Tweet



You are here News > Campaigns > Passion for Portsmouth > News

## Council committee demands answers over vascular plan

#### By Sam Bannister

#### Published on Tuesday 17 January 2012 10:46

COUNCILLORS have rounded on the primary care trust cluster in charge of the future of vascular surgery at Queen Alexandra Hospital.

Gosport Borough Council's overview and scrutiny committee is investigating proposed changes to vascular services in the area.

At a town hall meeting last night, councillors talked about their progress so far and criticised primary care trust cluster Ship for its handling of the proposals.

An upcoming public consultation into vascular surgery is likely to explore two options.

One is for QA to become a vascular centre while the other 'networking' option would see surgeons being shared with Southampton.

The committee chairman, Cllr Bob Forder, said: 'The thing that concerns us is that we aren't just talking about the loss of one service from QA.

'We are worried about an effective degradation at the hospital because vascular surgery contributes to so many of the other specialisms like renal, stroke and cancer.'

Cllr Forder said he was barred by Ship from attending a meeting of experts to hear them discuss their plans.

Cllr Peter Edgar, the town's health spokesman, added: 'It was the most awful public relations exercise on behalf of Ship in that they weren't being open and transparent in their dealings.

'The NHS is not a democratic organisation in the way we are here.'

As reported in The News, the long-awaited consultation into the plans was delayed yesterday. A document detailing how the service could be run was due to be published but Ship said it needs more time to finalise it.

Cllr Forder said more questions needed answering about the proposed networking solution. He said: 'What about situations during emergency surgery when a vascular surgeon would be required?

'Somebody is brought into the accident and emergency department at QA at 2am and you need a vascular surgeon.

'The question was asked and there weren't any answers.'

Councillors have met with Ship, Portsmouth Hospitals NHS Trust and GPs in the town to discuss the plans.

The scrutiny committee will now recall representatives from Ship to another meeting in the coming months.

Tweet



# Southampton, Hampshire Isle of Wight & Portsmouth

Headquarters
Oakley Road
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SO16 4GX

Tel: 023 8072 5600

2 February 2012

Dear Colleague,

#### **VASCULAR SERVICES**

In my last update I promised to write to you as soon as I had received feedback from the Trusts with regards to their discussions about local vascular services.

Since the beginning of this process the PCT Cluster and local Clinical Commissioning Groups (CCGs) have listened to the concerns that have been raised about the original proposals to transfer all complex vascular activity to Southampton. In response, we modified the original proposal and asked the Trusts to work together to consider how a truly collaborative network for vascular services across the two hospital sites might work, ensuring that as much vascular activity as clinically safe is retained at Queen Alexandra Hospital.

The Trusts have been working hard to achieve this, and we have made every effort to facilitate these discussions. Unfortunately, I regret to have to report that the Trusts have been unable to reach an agreement.

The PCT Cluster and local CCGs recognise that both Trusts are working to develop services for their patients, amidst a range of challenges and different pressures. Therefore, whilst we are very disappointed with this outcome, we respect the differing positions of the two organisations.

As commissioners of vascular services, there are now limited options available to the PCT Cluster and local CCGs. We do not wish to consult local people on a model which the Trusts have said that they cannot implement. We could of course decommission vascular services from both Trusts and consult upon alternative models of care. However we believe this would be very disruptive for the organisations and the wider health system, and as such, would not in the best interests of the population at this time. The other alternative would be to push ahead with a consultation on the original 'network' model whereby all vascular complex activity is moved to Southampton General Hospital. However we have listened carefully to the views of local stakeholders and communities and are very clear that this option does not have the support of the Portsmouth and south east Hampshire community.

A positive outcome from the detailed debate and discussion with the Trusts, CCGs, HOSCs, other stakeholders and local communities over recent months is that we are now much clearer on certain aspects of the vascular service at Queen Alexandra. We acknowledge that Queen Alexandra Hospital is a large acute centre with a very large stroke service and we have also clarified the following key issues:

- 1. Outcomes at PHT for planned activity are better than the European average,
- 2. Vascular cover is required at QAH to support other specialities (including OOHs),
- 3. PHT does not serve the requisite 800,000 population but the number of operations performed does meet the vascular society guidelines.

This clarity has provided us with some reassurance that Portsmouth Hospitals NHS Trust is close to meeting the Vascular Society of Great Britain & Ireland (VSGBI) standards and the NHS South Central service specification and for this reason we have decided to continue to commission the current service at this time. As the service will remain unchanged we will not proceed with public consultation.

We remain committed to ensuring that the service at Queen Alexandra meets <u>all</u> the local and national standards not just the majority of them. This will allow us to be confident that people in this area are receiving the same quality of service as patients elsewhere in Hampshire and the Isle of Wight. We know that PHT currently does not have enough vascular surgeons to run the recommended 1 in 6 rota, nor does it currently serve a large enough population to comply completely with the VSGBI guidelines.

With this in mind, the SHIP PCT Cluster and local CCGs will be working with PHT to ensure that they have adequate consultant cover from April 2012, when the current arrangement with Chichester comes to an end.

We also know that there is a lot of change going on across the patch, and future GP referral patterns are unclear so we will continue to work with PHT to ensure that the activity levels at the Trust are maximised to ensure adequate volumes to meet the Vascular Society Guidelines. The situation will be kept under review as part of our on-going regular monitoring.

The existing network run by University Hospital Southampton NHS Foundation Trust already meets the service specification, so we're confident that people living in Southampton and south west Hampshire are already served by a vascular service meeting all current standards and we will continue to commission this service.

Finally I would like to stress that although we have not been able to secure an agreement between the Trusts at the current time, this review has been a very valuable listening exercise. We have received a great deal of useful and constructive feedback that has helped us to better understand the population that we are serving. All the views received to date have been carefully recorded and will be very valuable as we move forwards.

I hope that you will agree that we have made every effort to act on your views and ensure that our commissioning intentions for vascular services addressed the issues raised. We will ensure that all the feedback gathered will be taken into account in the future commissioning intentions of local CCGs and the new National Specialist Commissioning team.

The engagement exercise has allowed us to engage in real debate with yourselves and local communities about the sustainability of vascular services and we will continue to have discussions with local groups about this important matter as we move forwards.

I hope that this letter clarifies the position of the PCT Cluster and CCG commissioners. However, if you have any further specific queries, please do not hesitate to contact me.

Yours sincerely

D.M. Fleming (Mrs)
Chief Executive
SHIP PCT Cluster

DU Frening

#### Walters, Carly

From:

Sent: 11 January 2012 17:04 Walters, Carly To: Fw: Expert panel Subject: ---- Original Message -----From: "Tiller Sara (Omega House)" <Sara.Tiller@hampshire.nhs.uk> To: <r.w.forder@btinternet.com> Sent: Wednesday, January 11, 2012 2:36 PM Subject: Expert panel > Dear Councillor Forder, > Thank-you for your email to my colleague Emma McKinney outlining your > comments about the Clinical Expert Panel on vascular surgery. As I > explained when we met on Monday I was slightly confused as on Wednesday 4 > January I spoke with someone who identified themselves as Councillor > Forder to explain our position, but this clearly wasn't you. Apologies > that from your perspective you had no contact from us. > As I think Emma outlined in your conversation and I explaied on Monday the > clinical expert panel was convened with the same patient and public > representation as the previous panel held in October. This included: > \*A Governor from Portsmouth Hospitals Trust > \*A Governor from University Hospital Southampton NHS Foundation Trust > \*A representative from Southampton LINk > \*A representative from Portsmouth LINk > \*A representative from the SE Hampshire, Portsmouth and Fareham and > Gosport Clinical Commissioning Groups > \*A representative from the Southampton City Clinical Commissioning Groups > As a result invitations were not extended to members of local Overview and > Scrutiny Committees. I understand your concern about Gosport > representation, however one of the Portsmouth LINk members is a Gosport > resident and raised a number of issues during the discussion that were > pertinent to those living in the Gosport area. > The role of the clinical panel was to review the proposal from Portsmouth > Hospitals NHS Trust to act as a standalone vascular centre. In particular > clinicians focused on whether the proposal was clinically safe and > sustainable, whether there was credible cover arrangements for inpatients > and whether it included the ability to cover non vascular outpatient > commitments. The role of the patient and public representatives was to > observe the deliberations of the panel and ensure that local > decision-making takes account of the needs of both patients and the public > I would like to reassure you that the process of consultation will be open > and transparent and we look forward to continuing to engage with you and > colleagues in Gosport on this issue and as discussed on Monday we will be > happy to attend a future scrutiny meeting if that is required. > Kind Regards > Sara > Sara Tiller > Associate director - communications > NHS Hampshire > Mob: 07798 732193

r.w.forder [r.w.forder@btinternet.com]

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Board/Committee:	Overview and Scrutiny Committee
Date of Meeting:	Thursday 15 <sup>th</sup> March 2012
Title:	CHAIRMAN'S DRAFT ANNUAL REPORT OF
	THE OVERVIEW AND SCRUTINY COMMITTEE
	FOR THE MUNICIPAL YEAR 2011-2012
Author:	The Chairman of the Overview and Scrutiny
	Committee
Status:	To Approve

Six meetings of the full committee were called during the course of the council year, including an extraordinary meeting.

The committee completed the following scrutinies:

#### 1. Dial-A-Ride

- 1.1 This scrutiny had been commenced in the previous municipal year and was undertaken by a Working Group. Due to the complexity of the issues the scrutiny was carried over to the current municipal year and there were two further meetings of the Working Group as well as several informal meetings between the Working Group chairman (Councillor Hylands) and officers of HCC, GBC and Community Action Fareham. The scrutiny included a meeting of the full Committee at which representatives of HCC and Community Action Fareham gave evidence.
- 1.2 The Working Group received substantial support from the Financial Services Manager.
- 1.3 The Working Group made a number of recommendations concerning ways in which the service could be more efficient and has been heartened that there is some evidence that these have been implemented to good effect.
- 1.4 The Committee will continue to take an interest in this issue and hopes to be closely involved in the tendering process due to place in the next 12 months.

#### 2. Review of Polling Places

- 2.1 The Committee worked with the Borough Solicitor on this scrutiny and oversaw a wide-ranging public consultation on draft proposals which began on 21 September 2011 and ended on 31 October 2011.
- 2.2 The scrutiny concluded with the recommendation of a report to the Council which was adopted at the meeting held on 23 November 2011.

#### 3. Part 4 Constitutional Review

3.1 This scrutiny was undertaken by a Working Group which met on four occasions and was chaired by Councillor Kimber. One element was a consultation with Members conducted electronically, although this yielded just two responses.

3.2 The scrutiny concluded with the recommendation of a report to the Council which included one amendment to the Constitution and a recommendation that Members should now be asked about the titles that should be employed in their mode of address (e.g. Ms, Miss, use of forenames etc.)

#### 4. Funding of Voluntary Organisations

- 4.1 The Working Group responsible for this scrutiny was chaired by Councillor Hylands. The topic was suggested for scrutiny at the 24<sup>th</sup> March 2011 meeting of the Overview & Scrutiny Committee. The Committee wished to examine whether the proportioning of money between the voluntary bodies was correct. The purpose of the scrutiny was not to reduce the amount of funding given to voluntary organisations, but assess whether the funding should be re-appointed. The Working Group met 4 times.
- 4.2 The scrutiny concluded with the a report to the Overview and Scrutiny Committee in November 2011, which advocated that funding remain the same for voluntary organisations and that more information to be given to Members regarding Voluntary Organisations in Gosport.

# 5. Gosport Medical Emergency and Accident Services

- 5.1 This scrutiny was undertaken by a Working Group chaired by Councillor Forder. Dr Bob Pennells acted as advisor. There were four formal meetings, including one held at the Minor Injuries Unit (MIU) of the War Memorial Hospital. Witnesses interviewed included five representatives of the MIU and the Head of Operations, South Central Ambulance Service. In additional there were a variety of informal meetings and the Working Group was supported by Carly Walters who undertook substantial research. The Working Group's report was adopted by the Committee at its meeting on 16 January 2012.
- 5.2 There were a variety of recommendations mainly concerned with improving public understanding of the services offered by the MIU which was considered an important asset to the Borough which could be more fully used.

#### 6. Vascular Surgery Services

- 6.1 As the previous scrutiny was reaching its conclusion the Committee was made aware of an expected and imminent public consultation over vascular surgery services. The proposals caused concern because they seemed to represent a threat to the future of Queen Alexandra Hospital (QA). It was therefore decided to scrutinise the consultation process, supported by a resolution of the Council. As expanded Working Group was reconstituted with Councillor Forder as its Chairman.
- 6.2 There were four formal meetings of the Working Group as well as many informal meetings, email, telephone and letter contacts. Witness representing the Southampton, Hampshire Isle of Wight and Portsmouth PCTs Cluster (SHIP), Portsmouth Hospitals Trust (PCT), local GPs and Councillor Edgar (GBC's Health Spokesman) were interviewed. Substantial and tireless background research was also undertaken by Carly Walters. In addition Councillors Forder and Scard attended meetings of the Portsmouth Health Overview and Scrutiny Panel (HOSP).

6.3 The scrutiny was effectively ended with the decision by SHIP to abandon the consultation and suspend its current plans for reconfiguring vascular surgery services. This was a decision welcomed by the Working Group who nevertheless recognised that the issue will need to be revisited.

## 7. General Points in Conclusion

- 7.1 This has again been a very busy year. The Chairman is indebted to the hard work of many other Committee Members and the support received from officers.
- 7.2 One development has been the vastly increased number of witnesses interviewed by the Committee. Members have grown in confidence as interviewers and earned a deserved reputation for asking probing questions.

#### **GOSPORT BOROUGH COUNCIL**

#### **OVERVIEW AND SCRUTINY COMMITTEE**

#### **16 JANUARY 2012**

# ITEM FOR DISCUSSION

TITLE: SCRUTINY OF PART 4 OF THE CONSTITUTION

AUTHOR: BOROUGH SOLICITOR

#### **MEMBERS**

Councillors Forder, Kimber and Mrs Searle

#### **OFFICERS**

Linda Edwards and Carly Walters

# 1. Reasons for the Scrutiny

- 1.1 Overview and Scrutiny Committee at its meeting on 4 July 2011 agreed to undertake a scrutiny of Part 4 of the Constitution and the process for making amendments to the budget, as these had not been included in the recent changes to the Constitution.
- 1.2 The Committee agreed to set up a working group comprising the above members.

# 2. Progress of the Scrutiny

- 2.1 The Working Group met on 4 occasions and minutes of those meetings are attached as appendix 1, 2 and 3. The Working Group considered that the scrutiny should be focused on Schedules 11 and 15 as they had not been the subject of recent reviews.
- 2.2 The Working Group were especially keen to ensure that all Members were consulted to seek their ideas for improvements to these schedules.
- 2.3 Consultation with all Members began on 23 September 2011 and closed on 24 October 2011.

- 2.4 Suggestions were received from 2 Members. Councillor Scard raised the issue as to how Members were addressed. Whilst this is not a matter for the Constitution, the Working Group recognised that this was an area where Members should be consulted.
- 2.5 Councillor Forder suggested that there should be a relaxation of the time limit for speeches. The Working Group agreed that there were occasions were a relaxation of the time for speeches should be relaxed.
- 2.6 Further details are found in appendix 4.

#### 3. Recommendations

- 3.1 That the Committee recommend to full Council an amendment to standing order 4.11.8 as set out in appendix 5; and
- 3.2 That Councillors be asked how they would like to be addressed.

Appendices:	Appendix 1: Minutes of the Working Group - 8 <sup>th</sup> September 2011  Appendix 2: Minutes of the Working Group - 27 <sup>th</sup> October 2011  Appendix 3: Minutes of the Working Group - 15 <sup>th</sup> November 2011  Appendix 4: Responses from Councillor Consultation
	Appendix 5: Amendment to standing order 4.11.8
Report author:	Linda Edwards (x5400)

# NOTES OF THE MEETING OF THE CONSTITUTION REVIEW – PART 4 WORKING GROUP HELD ON 08 SEPTEMBER 2011 at 10am

**Members of Working Group (all in attendance):** Councillors Forder (RF), Kimber (DK) and Mrs Searle (DS)

Officers: Linda Edwards (LE) Carly Grainger (CG) (notes)

- The Working Group agreed to take a report on this review to the Overview and Scrutiny Committee meeting due to be held on Tuesday, 7<sup>th</sup> February 2012. The report, if approved by the Committee, would then be taken to the Full Council meeting to be held on 28<sup>th</sup> March 2012.
- The Working Group agreed to consider Part 4 schedules 11 and 15 of the Constitution, as the other schedules had been reviewed in recent years.
- The Working Group observed that they wished to include all Councillors in the scrutiny and discussed how this was to be best accommodated.
- The Working Group agreed that an email would be sent to all Councillors asking them to send comments regarding part 4 (schedules 11 and 15) to the Working Group. The Working Group suggested that all emails received should be available to all Councillors. **ACTION: CG**
- LE agreed to send out a draft version of the above email to members of the Working Group on Thursday, 15<sup>th</sup> September 2011. The email would highlight what areas of the Constitution the Working Group were focusing on, that comments were to be based on what worked well and what did not work well in the Constitution and would note that all emails received were to be circulated to all Councillors. **ACTION: LE**
- The final agreed email would be sent to all Councillors, by LE on Friday, 23<sup>rd</sup> September 2011. Reminder emails would be sent throughout the 4 week consultation period. **ACTION: LE/CG**
- **7** The consultation period would begin on Friday, 23<sup>rd</sup> September 2011, run for one month and close on Monday, 24<sup>th</sup> October 2011.
- An article reminding Councillors of the consultation would be added to the MIB. **ACTION: LE/CG**
- The Working Group discussed the option of holding a Working Group meeting where an invitation to attend would be extended to all Members. It was agreed that this option would be further considered once comments from the consultation period had been received and analysed.

- At the next meeting, the Working Group would discuss the comments received from Councillors and decide how to take the scrutiny forward.
- 11 The next meeting of the Constitution Review Part 4 Working Group would be organised for Thursday, 27<sup>th</sup> October 2011 at 1.30pm 3pm in LE's Office.

The meeting ended at: 11am

# NOTES OF THE MEETING OF THE CONSTITUTION REVIEW – PART 4 WORKING GROUP HELD ON 27 OCTOBER 2011 at 1.30pm

**Members of Working Group:** Councillors Forder (RF) (P), Kimber (DK) (P) and Mrs Searle (DS)

Officers: Linda Edwards (LE) and Carly Grainger (CG) (notes)

- 1 The Working Group discussed the two responses that had been received during the consultation period.
- It was felt that an extraordinary Overview and Scrutiny Committee to discuss the review of Part 4 of the Constitution was not necessary; all Councillors had been given an opportunity to participate in the review through the consultation. The Working Group believed that as there had been so few comments received this, in their view, indicated few problems with the Constitution.
- The Working Group suggested one amendment to the constitution, that there should be discretion to permit speeches in excess of 5 minutes. LE would bring the draft wording to the next meeting of the Working Group for approval.
- 4 Following on from Councillor Scard's comment regarding how Councillors are referred to, it was agreed that Councillors would be asked how they would liked to be addressed. This would be added to the Member's Induction for new Councillors but would also include all Councillors.
- The next Working Group meeting was arranged for Tuesday 15<sup>th</sup> November 2011 at 1.30pm in LE's office.

The meeting ended at: 2.30pm

# NOTES OF THE MEETING OF THE CONSTITUTION REVIEW – PART 4 WORKING GROUP HELD ON 15 NOVEMBER 2011 at 1.30pm

**Members of Working Group:** Councillors Forder (RF) (P), Kimber (DK) (P) and Mrs Cully (JC)

Officers: Linda Edwards (LE) and Carly Grainger (CG) (notes)

- 1 The Working Group summarised what was discussed at previous meetings of the Working Group.
- The Working Group agreed to propose an amendment to standing orders to allow an extension of time for speeches during Full Council meetings of up to 7 minutes where 5 Members propose the extension before the item is discussed. The detailed wording would be included in the final report to Overview and Scrutiny Committee.

The meeting ended at: 2pm

## **Overview and Scrutiny Committee**

### <u>Constitution – Review of Part Four</u>

#### Email sent to all Councillors 23 September 2011

**Dear Councillors** 

Overview and Scrutiny have set up a working group to scrutinise Part 4-Rules of Procedure of the Council's Constitution. The Working Group will be preparing a report for consideration of the Committee in early 2012 with the final proposals being reported to Council at the end of March 2012.

Members of the Working Group are Councillor Kimber (Chairman), Councillor Forder and Councillor Mrs Searle.

The Working Group have met and consider that as a number of the schedules in Part 4 have recently been updated or are required to comply with statutory provisions that they will focus on Schedule 11- Standing Orders for the Conduct of Council Business and Schedule 15 Budget and Policy Framework Procedure Rules.

The Working Group would like to hear from all Councillors with ideas for improvements to these Schedules.

The Working Group is next meeting on 26 October so please send your comments and ideas to the above address by Monday 24 October 2011. All Councillors will automatically receive a copy of each response sent to the above email address.

Regards Linda Edwards

**Borough Solicitor** 

#### **Comments from Councillors**

#### 1) Councillor Forder

I would like to suggest a change to the prescription that speeches shall not exceed five or (three minutes for amendments) in length (4.11.7). While I am not in favour of a total relaxation which could possibly lead to unnecessarily protracted debate, I do think it would be sensible to relax this BY PRIOR ARRANGEMENT WITH THE MAYOR when the Mayor is satisfied that this is justified.

It strikes me that there is sometimes too little debate of important matters, I don't understand why we are making discussion more difficult.

# 2) Councillor Scard

I am not sure if the following comes within the terms of the constitution, but the following seems odd to me:

A male Councillor is addressed or minuted as "Brown" but a female Councillor is addressed as "Miss/Mrs White". Having worked for American companies most of my working life my personal preference is just "Alan Scard" or if you must in a formal setting then Cllr Alan Scard.

#### **APPENDIX 5**

### PROPOSED AMENDMENT TO STANDING ORDER 4.11.8

Insert new paragraph (c) as follows

(c) speeches where before speeches on an item have begun 5 members request that an extension of time pursuant to this standing order in which case the time limit for speeches shall be increased from 5 minutes to 7 minutes