HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 19 February 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr D S Daley, Mr R Davidson (Substitute for Cllr Mrs M Peters), Mr K A Ferrin, MBE, Mrs E Green, Mr C P Smith, Mr R Tolputt, Mrs J Whittle, Mr A Willicombe, Cllr Ms A Blackmore, Cllr M Lyons, Mr R Kendall and Dr M R Eddy (Substitute for Mr M J Fittock)

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager) and Ms D Fitch (Assistant Democratic Services Manager (Policy Overview))

UNRESTRICTED ITEMS

5. Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust

(Item 5)

Ms Luffingham, Deputy Chief Executive, Ms Duffey, Head of Midwifery, Dr Unter, Clinical Lead for, Dr Bolsover, Clinical Lead for Women and Children's Services (Maidstone and Tunbridge Wells NHS Trust), Ms Thomas, Director of Service Redesign (NHS West Kent). Mr Reynolds, Head of Business Development, (South East Coast Ambulance NHS Trust), Mr Fowle, Dr Hart and Mr Pentecost (Maidstone Action for Services in Hospital – MASH), Councillor Garland, Leader and Councillor Fran Wilson (Maidstone Borough Council) were present for this item.

(1) Further to Minute 22/2009 the Chairman invited representatives from the Maidstone and Tunbridge Wells NHS Trust to explain the impact of the plans which were now being implemented for Women's and Children's Services.

(2) Ms Luffingham thanked the Task and Finish Group for carrying out their review. Although this had covered the same points and questions as the previous Joint Select Committee of the Health Overview and Scrutiny Committee (formally know as the NHS Overview and Scrutiny Committee) in December 2004, different members of staff had been involved for the first time and the same outcome had been reached. She supported the view that the changes needed to go ahead for patient care. The Task and Finish Group had visited the new Pembury Hospital and viewed where the new Women's and Children's Department would be located within the hospital. Despite public concern regarding future services at Maidstone Hospital no viable alternative solution(s) to the retention of full maternity services at both Maidstone and Pembury Hospitals had been put forward.

(3) Ms Luffingham stated that she understood the public anxieties around these proposals and the Trust would like to work towards giving the public the same level of re-assurance that they had given the Task and Finish Group. She explained that any

delay in developing the services would be a delay in improving patient care. She wanted a quality and safe service for the 0.5m population.

(4) Dr Bolsover gave some background to the reconfiguration. He explained that Consultants in Maidstone and Tunbridge Wells trust began to express concern about the future of services for women and children about 10 years ago. There was also an awareness of the impact that the introduction of the European Working Time Directive would have on the number of junior doctors required to operate the service. In the past paediatrics at both sites were supported by 3 registrars who worked an on a rota, the Working Time Directive reduced their hours to 42 a week which meant that in order to provide the service, with cover for absence, 8 registrars were required. Ahead of the introduction of the Directive the Trust expanded the number of Registrars from 3 to 8. However, they did not need to increase the number of Consultants so training opportunities did not exist. Over the last year they had attempted to maintain rotas on both sites. However, the best solution was to combine services on one site, this would give enough clinical experience to attract the calibre of staff that the public needed. The situation had got worse with national changes meaning that the number of doctors coming to the UK from overseas had been greatly reduced. It was no longer a question of can we recruit the best doctors but can we find any to recruit. As from the beginning of March 2010 the Trust would have 6 vacant posts out of sixteen (3 at Maidstone and 3.5 at Pembury). These posts were currently being filled by locums who were not familiar with the local environment, working practices etc.

(5) Dr Bolsover confirmed that what was proposed and agreed in 2004/05 was that in-patient services for paediatrics would be concentrated at Pembury Hospital. In order for paediatrics to support obstetrics, it was necessary to move obstetrics to the Pembury Hospital, to support deliveries. He emphasised that all other related services would continue to be provided on both sites including outpatient obstetrics and paediatric care. In order to minimise the impact on the local population, access to paediatricians from 10.00am to 10.00pm had been introduced at both hospitals, which could deal with urgent GP referrals and which would provide better care than using Accident and Emergency services. The reconfiguration of services would provide many advantages for obstetrics, for example there would be a consultant providing physical supervision on the delivery suite for a large amount of time. Currently a consultant was only available on for 40 hours a week on each site and on call at other times.

(6) Dr Bolsover stated that a small number of women did not need or want a medicalised birth, the Midwife led birthing unit would enable them to be offered an alternative to a home birth. He made it clear that the midwife led birthing unit was not a replacement for the consultant led unit at Maidstone, the replacement for this was at Pembury Hospital. Dr Bolsover acknowledged that concentrating services in Pembury Hospital would cause significant inconvenience to women in Maidstone who would have to travel a greater distance. The point of going to hospital to have a baby was to have relevant staff there to assist if necessary and this would still be the case at Pembury Hospital.

(7) Dr Bolsover explained that if the changes were not made in 2011, the Trust would have 2 mediocre units which would not be able to attract high calibre staff or training staff. It was his belief that if this happened, both units would wither away over 3 or 4 years which would not be in the best interests of the populations of

Maidstone or Tunbridge Wells. Over the past three years nobody who had opposed the changes had been able to produce a plan showing how services could be sustained in another way. He urged the Committee to support its previous decision.

(8) Ms Duffey expressed her support for everything that Dr Bolsover had said and stated that this service reconfiguration was about quality care. She accepted the concerns that women in Maidstone had about having to travel further but it was about the Trust being able to provide a quality service. The birthing unit would provide an improved choice for women but would not provide a high risk obstetrics service in Maidstone. Currently the midwife service provided a one to one experience, this maternity service provided by the Trust was the only one in the NHS South East Coast area, if a woman had to be moved to another site during labour the midwife went with her.

(9) Ms Duffey express concern about the effect that any delay in moving the obstetrics service to the new hospital would have on staff morale and the impact on recruitment. It would also delay engagement with the public, it was important that women in Maidstone and Tunbridge Wells were clear about the changes and what was on offer. She emphasised that all ante-natal and post-natal services would continue to be provided at both sites. Ms Duffery expressed her view that she was confident that women would be prepared to travel for a quality service.

(10) Dr Unter stated that it was important to understand the link between paediatric and maternity services. Any problems that occurred with a child after it was born were dealt with by middle grade paediatricians. There was a national shortage of these staff. The only way to sustain the service was to bring it together on one site. If this change was not made, he believed having obstetrics unit on two sites was not sustainable. He expressed the view that the current plans would provide a better standard of services for children.

(11) The Chairman then invited Members of the Committee to ask any questions of clarification. These included the following:-

(12) In response to a question from Mrs Stockell about whether the plans were too far developed to be changed, Ms Duffey explained that the decision taken in 2005 involved a huge change to the service and therefore the Trust would have been in dereliction of its duty if it had not been planning for the necessary changes to the workforce and to operational practices.

(13) Mr Cooke referred to the recent inclement weather and asked about the problem of getting to Pembury Hospital from Maidstone. Dr Bolsover acknowledged that the travelling time was an issue. He regularly made the journey between the two sites and most of the time it took him 25 minutes. When the decision was taken to concentrate services on the Pembury and not the Maidstone site, one of the factors taken into account was that everyone would still be half an hour from a consultant led unit. This would not be the case if this unit was sited at Maidstone. Mr Reynolds stated that the ambulance service did their upmost to get patients from one place to another. He pointed out that the number of ambulance transfers from home to the place of birth were minimal as the majority of patients were not transported by ambulance.

(14) Mrs Green asked about whether similar birthing units in other parts of the country, for example Oxford, worked well. Dr Bolsover explained that there were birthing units all over the country including one in Crowborough which had a similar travel time to Pembury as the Maidstone birthing unit. He stated that the trust had always recognised that people living to the north or east of Maidstone could book their births at Medway or Ashford Hospitals as travelling would be easier - it was a matter of patient choice.

(15) Mr Tolputt referred to the shortage of consultant paediatricians and ask if the issue related to the uncertainly around the Maidstone service. Dr Bolsover confirmed that the shortage was in middle grade staff, his personal view as that part of the issue was that these Doctors preferred to base themselves in London so that they could be closer to home. A larger unit would be more attractive to staff as it would provide them with more experience.

(16) Councillor Lynes asked that if there was a delay in occupying the site once it had transferred to the Trust would that mean that the Trust would be funding both the Kent and Sussex and Pembury. Ms Thomas explained that when the business case for the new hospital had been approved, at that point a date for the new building to be handed over to the Trust had been agreed, the Trust would start paying rent on the new hospital it and the sale of the Kent and Sussex site would fund equipment for the new hospital. Should there be a delay in implementing the planed reconfiguration the PFI partners would still hand over the new hospital on the agreed date and the rental would need to be paid by the NHS. Any delay would mean funding the current site and the new site.

(17) Councillor Blackmore asked whether the Trust had been lobbying government regarding the shortage of doctors choosing to specialise in paediatrics. Dr Bolsover stated that the trust had not directly lobbied government but the Royal Colleges of Obstetricians & Gynaecologists and Paediatrics & Child Health had lobbied hard about this issue. As a result the government had put more funding into the service and had increased the number of training opportunities. However, increasing the number of suitable training posts did not alter the number of people suitable to take up these posts. He confirmed that the areas of Paediatrics, Obstetrics, and Gynaecology were the least popular areas for graduates.

(18) Mr Ferrin referred to discussions between KCC and Health Service colleagues regarding the road between Maidstone and Tunbridge Wells which pre-dated the service reconfiguration.

(19) Mr Daley agreed that discussions on the road between Tunbridge Wells and Maidstone had been taking place since 1998 at the time when there were discussions about the two trusts merging. He referred to information given to the Task and Finish Group, including information from MASH which suggested that staff shortages might no longer be an issue as the Secretary of State for Health had stated that there was no shortage of midwives and doctors. Dr Bolsover stated that there was a national problem, in West London three hospitals were looking to do the same as Maidstone and Tunbridge Wells also a unit in Solihull had been closed due to the lack of staff.

(20) Mrs Whittle stated that Department of Health had indicated that the number of registrars had increased by 40%. She also asked for data on the number of beds in Maidstone and Pembury in 2000, 2005 and currently.

(21) Ms Luffingham stated that since 2004 there had been a reduction in the number of maternity beds due to a reduction in the length of stay and she undertook to supply the numbers requested. Ms Duffey explained that the number of delivery beds had not changed since 2004.

(22) Dr Bolsover accepted that the number of registrars had increased by 40% but the European Working Time Directive meant that they needed double the number of registrars. Consultants did not provide hands on immediate care to women in labour, consultants were only on site for 40 hours a week and the majority of the time the senior Doctor was the registrar. Maidstone and Tunbridge Wells did not have enough Doctors in post. He explained that because of the planned changes the Department of Health had given the trust permission not to implement the working time directive.

(23) In response to a question from Mr Willicombe about whether this reconfiguration was about saving money, Ms Luffingham stated that the trust believed that this was about quality of care and that this plan was the only way forward to provide a quality service for patients. Dr Bolsover confirmed that this was about quality not about saving money. When the process started it was about making improvements so that it would be possible to recruit good quality doctors, it was not about being able to sustain the service.

(24) Mr Smith asked how many births were carried out in Maidstone and if the majority were transferred to Pembury would the Trust have sufficient staff in place. Ms Duffey stated that the number of deliveries in 2009 in Pembury was 2645 and in Maidstone was 2425, there would therefore potentially be up to 5000 births in the new hospital and it was anticipated that there would be adequate staff due to the amalgamation. The birthing unit at Maidstone would accommodate between 300 and 500 women a year.

(25) In response to a question from Mrs Stockell, Dr Bolsover stated that locums cost £60 per hour, other areas ran their services using locums but he was concerned about the quality of those staff.

(26) Following a brief adjournment the Chairman invited Councillor Lyons, the Chairman of the Task and Finish Group to present the conclusions and recommendations of the group.

(27) Councillor Lyons stated that the Task and Finish Group had concluded that although they supported the conclusions of the 2004 Joint Select Committee report they recommended that the Committee refer this matter to the Secretary of State for Health in light of local public concern.

(28) Members were invited to ask questions of the Members of the Task and Finish Group.

(29) Mr Ferrin asked where the Group had got their information from about there not being any funding of the Colts Hill improvement until post 2014 as it was his

understanding that there was no prospect of there being any funding for Colts Hill in the foreseeable future. Mr Daley stated that the Group had received evidence from KCC's Head of Planning & Transport Strategy, who had suggested that as this was in the remit of the Regional Transport Board he had no idea when funding would be available. The Group had used the best information available to it.

(30) The Chairman then invited the two representatives from Maidstone Borough Council to address the Committee.

(31) Councillor Garland, Leader of Maidstone Borough Council, stated that he believed that the consultation in 2004 had been flawed and carried out under a discredited Chief Executive. One of the key points that should be taken into account was that Maidstone was a growth area with 11,000 new houses, including 5,000 to 8,000 being built near Maidstone Hospital. Therefore the current population of 150,000 would increase, this compared to a population on 90,000 in Tunbridge Wells. He expressed the view that the trust had taken a flawed decision as they had overlooked the increase in population in Maidstone. He also referred to the Parkwood area of Maidstone which was an area of high teenage pregnancy. He stated that Maidstone Borough Council had been consistent in their opposition to this plan.

(32) Councillor Wilson, who was Vice Chairman of MASH as well as being a Member of Maidstone Borough Council and the Councillor who made the Councillor Call for Action to Maidstone Borough Council, stated that she represented the most deprived ward in the South East of England, a large number of people in that area did not have their own transport and there was a high level of teenage pregnancy. She stated that this matter should be referred to the Secretary of State for Health as local residents did not feel that they had been properly consulted. She referred to the previous Chief Executive of the Trust who had damaged public confidence in the Trust, and therefore a definitive decision was required from the Secretary of State.

(33) The Chairman then invited two representatives from MASH to address the Committee.

(34) Dr Hart, Member of MASH and Honorary Secretary of the Maidstone branch of the British Medical Association, stated that all Maidstone obstetricians and paediatricians with the exception of one, were opposed to the plan. Maidstone consultants and midwives felt unable to be present at this meeting out of loyalty to their employer. The main reason given by the Trust for the closure of the Maidstone obstetrics unit related to staffing. However, he understood from his Members that the three mid-grade post vacancies in Maidstone would be filled by mid March and that there were a number of good calibre candidates for the Consultant vacancies. Maidstone GPs believed that a large number of women would choose to go to Medway or Ashford for their births rather than Pembury, which would mean that Pembury would have fewer complex cases and there would be a loss of income to the Trust. The Maidstone branch of the BMA urged the Committee to refer this mater to the Secretary of State.

(35) Mr Pentecost, who was the first obstetrician appointed to Maidstone Hospital and now retired, stated that he believed it was cruel to expect women in labour to travel the 14 miles to Pembury Hospital. Although the birthing unit was available to women who were low risk, one in ten of low risk pregnancies had complications. He

was not opposed to midwife only care. He pointed out that Pembury would not be a centre of excellence but would be the same grade as the previous hospital. There was evidence that the paediatric service was fully staffed and he questioned why if this was the case obstetrics should be moved.

(36) The Committee were invited to ask questions of the invitees.

(37) In response to a question from Mr Cooke, Mr Pentecost stated that there was an increase in premature labour in teenage mothers, who were prevalent in Parkwood area of Maidstone. Also due to transport issues it would be difficult for them to access the unit at Pembury and for partners and others to visit or accompany them.

(38) Mr Daley asked Dr Hart whether the local BMA had opposed the birthing unit in East Kent when it was established and if so, in spite of the good outcomes from it, were they still keeping up that opposition. Dr Hart explained that there were different branches of the BMA across Kent. The East Kent and Tunbridge Wells branches had been inactive for a number of years. The Maidstone branch had been active for the past 10 -15 years.

(39) Mr Ferrin referred to Dr Harts belief that most patients from Maidstone would choose to go to other hospitals rather than Pembury and asked if he knew how many were likely to take this option. Dr Hart referred to patient choice, which did not necessarily coincide with a GP’s advice. Women must be advised of transfer time to Pembury and the time ran from when the midwife made the call to transfer.

(40) In relation to the statement by Dr Hart that he understood that the 3 mid grade posts at Maidstone would be filled shortly. Dr Bolsover stated that neither he nor Dr Unter were aware of this. Information that came to the Trust from MASH and the BMA was difficult to assess as it was from anonymous sources.

(41) In response to a question Mr Fowle (MASH) was allowed to explain that MASH had been formed in 2008. Prior to that, opposition to the reconfiguration was strong but fragmented in Maidstone. MASH had incorporated the local BMA.

(42) As there were no sitting Members of Parliament present the Chairman asked Mr Wickenden to read out the statement received from Rt. Hon. Mr Hugh Robinson MP and the Rt. Hon. Ann Widdecombe MP. Both statements requested the Committee to refer this matter to the Secretary of State for Health.

(43) The Chairman referred the Committee to the views of the Conservative and Liberal Democrat prospective Parliamentary Candidates which had been circulated to Members of the Committee.

(44) The Chairman then gave Local County Councillors who were present but not Members of the Committee the opportunity to speak.

(45) Mr Chell made a number of points in support of referring the reconfiguration to the Secretary of State. These included poor management of the Pembury project leading to more services needing to be located there to justify the new hospital. He expressed the view that services should be located in the area of most need i.e.

nearer areas of deprivation. He added that the working time directive should be ignored and the Trust should do what was best for the people of Maidstone.

(46) Mr Chittenden expressed the view that the decision not to have a consultant led maternity services in Maidstone was wrong, due to factors such as the lack of adequate road access to Pembury from Maidstone and the strength of public feeling.

(47) Ms Thomas referred to the outcome of the consultation exercise in 2004 which had been reviewed by the Task and Finish Group who had supported it. This reinforced the decision which would guarantee optimum safety for women and children. She added that if it was decided not to go ahead with the plan then it would compromise safety.

(48) The Chairman stated that now the Committee had heard form all parties and had had the opportunity to ask questions it was time for a decision to be taken. He made a proposal from the Chair which was duly seconded by Mrs Stockell and is set out in the resolution below.

(49) The Committee then discussed this proposal.

(50) Before the vote was taken Ms Thomas reiterated the Trust's thanks to the Task and Finish Group for their hard working in looking at the 2004/5 consultation and for supporting it. The Trust recognised that there was more that they could do in relation to public engagement and there was still a need to communicate with the public going forward. She suggested that the local NHS and the Task and Finish Group form a co-design group, with formal terms of reference and look at the transition and the ongoing issue of medical staff.

(51) On being put to the vote the following resolution was passed unanimously

(52) RESOLVED that

(a) In noting the conclusions of the Task and Finish Group which the Health Overview and Scrutiny Committee support the weight of public concern is sufficient to refer the issue of the provision of Women's and Children's Services across the Maidstone and Tunbridge Wells NHS Trust to the Secretary of State for Health to review the decision taken by the West Kent Health Economy in 2005 – with particular emphasis on the services to be provided at the Maidstone Hospital; and

(b) The Overview Scrutiny and Localism Manager be authorised to prepare the letter of referral in consultation with the Chairman. Vice Chairman, Chairman of the Task and Finish Group, the Liberal Democrat and Labour Group spokesmen of the Committee.

6. Dentistry
(Item 3)

(1) The Committee considered whether they wished to have a full discussion on dentistry at a future meeting.

(2) Mr Ferrin stated that there needed to be a way for the papers submitted to the Committee to be more helpful in aiding Members to get to the issues. If it was decided to have a session on dentistry research needed to be carried out into what the key issues were, Committee Members should have the opportunity to consider what issues they would like covered at the meeting and then NHS colleagues should be invited to address these. He also reminded the Committee that a lot of Kent residents accessed their health services commissioned by Medway PCT and it was important that they were included in any discussions on relevant issues.

(3) Mr Daley also referred to the need for the Committee to have access to expertise so that they could understand what the key issues were. He stated that when he had been a Member of a PCT board dentistry had been the poor relation, some dental budgets held by PCT's were not fully used. He also gave the Overview, Scrutiny and Localism Manager a list of questions that he had been given by the Chairman of the Local Dental Committee, who had indicated that he would be willing to attend a meeting of the Committee subject to work commitments.

(4) Mr Kendall referred to the LINks comments on dentistry containing a list of complaints that the Kent LINk had received.

(5) The Chairman stated that it would be helpful to know exactly what the role of a dentist should be and also the question of how the service was financed should be explored.

(6) Mr Wickenden referred to the forward work programme which was normally circulated with the agenda for each meeting. Regarding the Task and Finish Group which had considered the reconfiguration of women's and children's services by Maidstone and Tunbridge Wells NHS Trust, this group had, over a two and a half week period interviewed a whole range of stakeholders and members had written the report. This had been a very powerful process for Members. He referred to the agenda setting process where health colleagues came together with the Chairman, Vice Chairman and Spokesman on the this Committee on a 6 weekly basis to focus the way that the Committee did business. Mr Wickenden undertook to e-mail to the work programme to Members of the Committee.

(7) Councillor Blackmore referred to the four District Council representatives co-opted onto the Committee and stated that only two attended on a regular basis and asked if there was anything that could be done to encourage District Councils to make full use of this opportunity. Mr Wickenden stated that this was a matter for District Councils and it relied on them to ensue that they operated a system, including the use of named substitutes, to ensure that there were always four District Council voting representative at each meeting.

(8) RESOLVED that at the next agenda setting meeting consideration be given to programming a session on Dentistry.

7. Further Information on Out of Hours Services
(Item 4)

(1) It was noted that no information had been received from West Kent and therefore the Committee felt that they needed to consider this issue further at a future meeting.

(2) RESOLVED that the information supplied by NHS Eastern and Coastal Kent be noted and at the next agenda setting meeting consideration be given to programming a session on Out of Hours services.

8. Date of next programmed meeting – Friday 26 March at 10:00
(Item 6)