



# Buckinghamshire County Council

## Minutes Overview & Scrutiny Committee for Health

---

### AGENDA ITEM:

**MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE FOR HEALTH HELD ON FRIDAY 26 JULY 2002, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00AM AND CONCLUDING AT 12.25PM**

### MEMBERS PRESENT

#### Buckinghamshire County Council

Mr M C Appleyard (Chairman)

Mrs P Bacon, Mr M Colston, Mr C Jones, Julia Wassell, Mrs P Wilkinson and Mr H Wilson

#### District Councils

Mrs G Smith	Aylesbury Vale District Council
Mrs M Hamilton	Chiltern District Council
Mrs L Clarke	Wycombe District Council

#### Others in attendance

Mrs J Woolveridge	South Bucks District Council
Mrs E Young	Vale of Aylesbury Community Health Council
Mrs J Hunt	Vale of Aylesbury Community Health Council

### APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs Kverndal and Mrs A Harrison.

### DECLARATIONS OF INTEREST

There were none reported

The minutes of the meeting of the Overview and Scrutiny Committee for Health held on Friday 14 June 2002, copies of which had been previously circulated, were confirmed.

## **2 MERGER OF THE SOUTH BUCKS STOKE MANDEVILLE HOSPITAL TRUSTS**

The Chairman welcomed and introduced Mr Roy Darby, Chief Executive, South Bucks Hospital Trust and Fiona Wise, Chief Executive, Stoke Mandeville Hospital Trust to the Committee.

The committee received a presentation on the results from the recent consultation on the merger of the two hospital trusts. The presentation looked at why merge; the drivers – managerial, service delivery, duplication, budgets viability, clinical and governance, noting that the combined total budget of the two trusts was approximately £75-80m, small compared to Wexham and Oxford. The benefits to patients was highlighted including the safe guard of services, increase in size of clinical teams to ensure 24 hour cover and the ability to attract high calibre staff. Staff would also benefit with more career opportunities, an assured future which would positively effect recruitment and retention issues.

### **Consultation**

#### *Public*

During the consultation period the public recognised the benefits of one management organisation but were anxious about the future delivery and pattern of services. It was important that patients had the choice and access to services not just locally. Transport difficulties were highlighted and would need to be addressed.

#### *Staff*

Staff acknowledged and supported the merger although were concerned about future visibility and accessibility of the new trust. They thought that communication was key.

#### *Partner Organisations*

Partner organisations were generally in favour of the benefits one acute trust would have and wanted to participate in the review pattern, developing stronger clinical links.

### **Timescales**

A response to the Thames Valley Strategic Health Authority's recommendation on the merger was expected in August 2002. If approval was given a Chair designate would be appointed in October 2002 with responsibility of putting a Board together prior to formal implementation of the new arrangements in April 2003. The Shadow Board would be responsible for establishing a partner finance initiative, delivering governance

and responding to Community Health Improvements (CHI), developing clinical networks, delivering the NHS plan targets by 2005 and to provide leadership for acute service development in Buckinghamshire.

During discussion a member expressed concern that the amalgamation may result in services being 'diluted' and areas in the far north and south of New Buckinghamshire would suffer, resulting in remoteness of service delivery. In reply the Chief Executives noted the comments as a legitimate concern as staff had also raised this point. They continued that at Stoke Mandeville, services were currently stretched and at risk, with many consultants working single handed. A move away from general Doctors to Specialists meant that peer support to develop services was essential for good practice and offering, what is currently a 'single' level of care with pressures, to a level of care offering the same level out of hours and, avoid at risk services moving to larger hospitals, ie Oxford. They continued to explain that the emphasis was not to move services away but to bring specialist services out of teaching hospitals and into local trusts. The merger would also offer the chance to increase services and attract funding.

#### *Private Practise*

It was reported that Doctors were yet to vote on proposals for implementing new contracts with Consultants to regulate their work including private practise, regulate hours and their commitment to the NHS.

Discussing various issues a member asked how the merger would affect ancillary services. In reply it was noted that at Stoke Mandeville high standards were being enforced and monitored closely. Mr Darby reported that the PFI didn't just include the new build at Wycombe Hospital, it also included ancillary services, he further reported that these services were currently contracted out and it was not possible to change the way they were provided, he further reported that in the past any savings generally came from non-clinical areas, however, it was recognised that these services needed to be enhanced to raise standards. In relation to comments on the recently published league tables which showed different positions between Stoke Mandeville and Wycombe it was reported that of the nine key targets measured, Stoke Mandeville achieved five, under achieving on Junior Doctors hours and waiting in A & E, under achievement in 18 month waiting list was slightly squred by the method of gathering information. Stoke Mandeville had the best standards in Buckinghamshire. The Chief Executives welcomed the comments from Members, acknowledging that in some areas closer working with the County Council and the Primary Care Trusts were beneficial, for example it was noted that transport was an important area where the Council could take a lead, with partners, in scrutinising. In regard to a comment on the setting up of patients forums it was acknowledged that hospitals had to learn to involve the public more, it was further noted that patients forums were beginning to evolve through the Public and Patient Involvement strategy and although at an early stage it was expected that the 'new Trust' would have a Patient Forum representative appointed to the Board.

A member commented on the reduction on management across the two sites and how the next layer of management would be strengthened. In reply Mr

Darby reported that two executive teams would meet regularly to produce and develop project plans for corporate governance and bring together policies. It was noted that currently following Department of Health guidelines, management staff were being seconded or appointed as 'Acting' for the interim period. He emphasised that the key issue was for the present Chairman and Chief Executive to work together to sustain operation management on the three sites at Amersham, Stoke Mandeville and Wycombe. The role of the Board was to work both internally and externally and in partnership with the PCTs and County Council.

Further discussion centred on patient choice. Following a comment regarding people who live in both the far North and South of Buckinghamshire it was noted that the Thames Valley Strategic Health Authority recognised that a strategy for the 'whole' county needed to be developed. The emphasis would be on patients right to services, for example Milton Keynes tended to have specialist links with Northampton than Oxford and similarly in the South specialist links were with Wexham. It was further reported that with the targets being set an increase in capacity was required at all hospitals. With regard to the TVHA developing a whole area strategy and the feasibility of delaying capacity planning the Chief Executives reported that the TVHA may concentrate on capacity planning and where investment went, but the proposals did not prevent clinical links with Oxford and Milton Keynes being developed as it gave operational value.

Jenny Hunt of the Aylesbury Vale CHC expressed the concerns the CHC felt about the management merger and lack of a strategic framework. She reported that the CHC were concerned that service changes would occur and felt that more time should have been given to consider the issues.

In response to comments regarding the consultation, it was noted that the TVHA considered the responses to the consultation at a meeting on 31 July, it was emphasised that what ever the view of the TVHA the final decision was taken by the Minister for Health who would consider all the evidence and make a decision based on this.

In summary the Chairman emphasised that if the merger took place the Overview and Scrutiny Committee would watch closely for changes in and how services were delivered and through developing good working relationships understand future plans. In response Mrs Wise acknowledged that good relationships were key as there were a lot of drivers and influences, ie the Kennedy report, and staff would need to be committed to the understanding of patient consultation.

The Chairman thanked Mrs Wise and Mr Darby for attending the meeting.

Discussing the merger members were generally supportive, recognising that if it did not go ahead there was a real risk of the service becoming second rate. Members voted 9 to 0 with 1 abstention in favour of the merger.

### **3 THE FUTURE WORK PROGRAMME**

Members discussed a number of topics that the committee may wish to explore further, primarily the inequality of service provision. Following discussion in which a number of issues were raised a work programme would be submitted to a future meeting.

#### **4 DATES OF FUTURE MEETINGS**

Friday 25 October 2002, Council Chamber, Chiltern District Council Offices,  
Amersham

Friday 29 November 2002, Council Chamber, Wycombe District Council

**CHAIRMAN**