

## **SCRUTINY BOARD (HEALTH )**

**TUESDAY, 22ND JULY, 2008**

**PRESENT:** Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman,  
J Illingworth, A Lamb, J Langdale and  
J Monaghan

### **7 Declarations of Interest**

Councillor Langdale declared a personal interest in Agenda Items 11, Clinical Services Reconfiguration and 12, PCT Performance Report due to her employment with Leeds Primary Care Trust. (Minute Nos. 11 and 12 refer).

### **8 Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Atkinson, Iqbal, Kirkland, McKenna and Rhodes-Clayton.

### **9 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the meeting held on 17 June 2008, be confirmed as a correct record subject to the inclusion of Councillor Iqbal under Members present.

### **10 Review of the National Blood Strategy**

The Head of Scrutiny and Member Development submitted a report which provide Members with a range of information in relation to the proposed changes to the National Blood Service (NBS) and the implications for Leeds City Council. Appended to the report were submissions from NHS Blood and Transplant (NHSBT), Unite and Leeds Primary Care Trust.

Further to the publication of the agenda, a further submission from Leeds Teaching Hospitals NHS Trust had been received, and was distributed at the meeting.

The Chair welcomed the following to the meeting:

- Clive Ronaldson, Director of Patient Services, NHSBT
- Dr Sheila Maclennan, Clinical Director – Products, NHSBT
- Michelle Ashford, Head of Strategy – Processing and Testing – NHSBT
- James Buckley, Head of Strategic Communications, NHSBT

Clive Ronaldson gave a brief presentation on proposed changes at a national level and made specific reference to the Leeds Blood Centre. Main issues highlighted included the following:

- Changes to be made at the Leeds Blood Centre
  - Blood testing to be moved by the end of 2009/10
  - Blood processing to be moved by the middle of 2010/11
  - After 2010, roughly 50 % of processing and testing to be done at Sheffield, the remainder at Manchester and Newcastle.
- Facilities to remain in Leeds
  - Blood Issue Department – to supply local hospitals with blood including the provision of special and short shelf life products
  - The Red Cell Immunohaematology Services
  - Stem cell processing and storage

Members expressed various concerns over the proposals, including the following:

- That scientific and medical knowledge base and experience was being lost from Leeds and this would have an economic impact on the City.
- That this review had been a matter of concern since July 2007 and was only just being formally presented to the Board.
- That the hospitals in Leeds are a significant customer requiring high volumes of blood and blood related products. As such, in line with the proposed changes there would be a significant environmental impact arising from transporting blood to Leeds from Sheffield, Manchester or Newcastle.

In response to concerns, NHSBT made the following points:

- NHSBT was required to provide a cost effective service nationally
- Currently there was too much excess capacity (nationally) in some of the services provided
- Maintaining all the current sites in terms of capital expenditure was high. These costs were then passed to hospitals in the price of products.
- The proposed changes were presented in the context of falling demand for blood products.
- Other costs had also risen due to a fall in donations and rising treatment costs.
- There was a need to align NHSBTs operations with its Estates Strategy.
- Senior management at NHSBT understood this was a painful process for a number of staff and it was reported that a redeployment programme had commenced and everything possible would be done to avoid compulsory redundancies.
- Transport costs would remain approximately the same under the new proposals.

- It was recognised that there had been some past communication issues. NHSBT were continuing to try hard to address these issues.

The Chair introduced Dr Ian Cameron, Director Public Health and Dr Fiona Day, Specialist Registrar in Public Health to the meeting.

Dr Cameron made the following points:

### **Consultation**

- Expressed concern regarding the consultation process and stated that the initial consultation on a revised strategy and communication of the review outcomes had been unsatisfactory.
- Reported that Leeds PCT had initially been informed of the review by Leeds City Council in July 2007 (after the publication of initial proposals).
- While Leeds PCT had had some involvement since July 2007, the process had been difficult and there were a number of lessons to be learned.

### **Proposals (patient impact)**

- In considering the proposals, it was reported that the patients of Leeds were the first priority.
- There had been concern about the initial proposals to close the Leeds Blood Centre as a whole (i.e. including the distribution element).
- It was recognised that the initial proposals had been amended, and the current plan included retaining Leeds as a Blood bank and distribution centre.
- There was confidence that the revised proposals would not have a significant impact on health care provision – with patients not feeling or seeing any difference.

### **Proposals (wider implications)**

- There was concern on some of the wider implications of the proposals,
- The loss of skills, knowledge and expertise associated with the provision of blood testing and processing services, was likely to have a negative economic impact on Leeds.
- It was restated that the patients of Leeds were the first priority.

### **Other issues**

- There was a need for partners to work together in order to maintain a focus on and drive-up blood donation.

The concerns expressed by Dr Cameron were echoed by a number of Members from the Board.

The Chair introduced representatives from the trade-union, Unite to the meeting. These were Rob Wilson, Leeds Processing Team Manager and Dr Anatole Lubenko, Head of Stem Cell.

Rob Wilson addressed the meeting and reported that Leeds was one of the top performing blood centres nationally and the best centre in the North of England. Examples of areas where Leeds excelled were given, alongside details of the potential difficulties should these services be located elsewhere. The following issues were also highlighted:

- Flooding issues associated with the Blood Centre in Sheffield.
- Transport issues associated with the new proposals – including multiple journey issues.
- In noting the NHSBT comments regarding capacity, it was reported that quality and patient care had not formed part of the evaluation criteria.
- The loss of local knowledge regarding named patients and specialist products.
- Queries regarding the long-term sustainability of the proposals.

In addressing the meeting, Dr Lubenko raised the following points:

- Leeds Teaching Hospital Trust was one of the biggest providers of Health Care in the north and biggest users of blood products.
- The negative impact of the proposals on emergency calls for cross-matching blood products
- Costs of transport figures – it was felt that these would be affected by significant rises in fuel costs, which had not been taken into account.
- Environmental charges that would be levied on NHS Bodies would be picked up by service users.
- The site at Sheffield had physical constraints for expansion.

Mr Wilson and Dr Lubenko also reported on difficulties that had been received in accessing information and requests under the Freedom of Information Act had been made.

**RESOLVED** – That further information be requested on the Review of the National Blood Strategy and be presented to the Board at a future meeting.

## **11 Clinical Services Reconfiguration**

The report of the Head of Scrutiny and Member Development referred to the Health Proposals Working Group of the Scrutiny Board (Health and Adult Care) which had considered the impact of the centralisation of children's in-patient services at Leeds General Infirmary (LGI). The report sought to update the Board on the engagement and involvement process to date.

The Chair welcomed the following to the meeting:

- Jill Copeland – Executive Director of Strategic Development, Leeds PCT
- Sylvia Craven – Director Planning, Leeds Teaching Hospital Trust.

Jill Copeland and Sylvia Craven gave the Board an overview of the reconfiguration of Clinical Services. In brief summary, the following issues were highlighted:

- There was a proposed £25 million investment to bring Children's Services to one site and this had received strong support from the PCT, Clinicians and parents.
- Current facilities were not child friendly and improvements needed to be made for parents whose children were hospitalised.
- Proposals would see children's services located at LGI and some adults and elderly medicine transfer to St James' Hospital.
- Pathways to children's services would remain the same and hospital bed places for children would also remain approximately the same.
- An assessment unit would be created at LGI and complex out-patient cases would also be dealt with there. Less complex out-patient cases could be dealt with at other hospitals including St James' and Seacroft.
- Adult, acute and elderly out-patient services would remain the same though there would be some changes to address dignity and safety issues.
- Consultation groups and staff planning groups involved to ensure right service models are developed.
- Links with Education and Social Services – ensure schooling and social work is maintained.
- It was hoped to achieve reconfiguration outcomes between 2009 and February 2010. Approval was awaited from the PCT and Strategic Health Authority and work was hoped to commence in December 2008/January 2009.

In response to these representations and Members questions, the following issues were discussed.

- Benefits of having all services for children on one site,
- Provision of services and associated support for children's care at home
- Funding for the proposals – it was reported that a business case was to be presented to the Strategic Health Authority and an application would then be submitted to the Department for Health. Support had been expressed by the Minister for Health. Contingency plans had been prepared should borrowing requirements not be met.
- Older people's out-patient services would still be available at LGI.

#### **RESOLVED –**

- (i) That the report and information presented be noted.
- (ii) That a further report detailing the Business Case for the Clinical Services Reconfiguration be brought to the Board's meeting in November 2008.

## **12 PCT Performance Report**

The Head of Scrutiny and Member Development submitted a report which asked the Board to consider the Performance Report of the Leeds PCT. Appended to the report was detailed performance information from the PCT including a full list of their 2008/09 indicators.

The Chair welcomed Beverley Bryant, Director of Performance, Leeds PCT to the meeting. She informed the Board of priority areas to improve performance and where joint delivery of services was carried out. Reference was also made to other areas of performance monitoring and targets as found in the Annual Health Check and Local Area Agreements.

Specific issues discussed related to:

- Timescales around cancer diagnosis, referrals and subsequent treatment.
- Yorkshire Ambulance Service response times.
- Teenage pregnancy rates.

#### **RESOLVED –**

- (1) That the report be noted.
- (2) That the Board continues to receive bi-monthly performance reports.

#### **13 Scrutiny Inquiry: GP led Health Centres (Polyclinics) – draft terms of reference**

Further to the Board's agreement to undertake an inquiry to consider the proposals for and implications of developing GP led Health Centres (polyclinics) in Leeds, the Head of Scrutiny and Member Development submitted terms of reference for the inquiry. Initial thoughts of the Director of Adult Social Services and the PCT had been sought and had been reflected in the terms of reference.

**RESOLVED –** That the terms of reference for this inquiry be agreed.

#### **14 Scrutiny Inquiry: Teenage Pregnancy – draft terms of reference**

The report of the Head of Scrutiny and Member Development outlined proposed terms of reference for the scrutiny inquiry into teenage pregnancy. Attached to the report was a copy of a statement produced by the Scrutiny Board (Health and Adult Social Care).

Members discussed the proposed terms of reference and it was suggested that the inquiry be expanded to take account of sexual health issues for young people. It was also suggested that young people from the Youth Sexual Healthy Advisory Group (Y-SHAG) be involved in the inquiry.

**RESOLVED –** That the terms of reference be agreed and amended to take account of discussion at the meeting.

## **15 Work Programme**

The Head of Scrutiny and Member Development submitted a report which detailed the Board's Work programme. Also included in the report was the report of the Scrutiny Board (Health and Adult Social Care) following the inquiry into the Localisation of Health and Social Care Services and draft terms of reference for the Health Proposals Working Group.

Further issues suggested for the Work Programme included preventative medicine, obesity, exercise and cardio vascular health.

### **RESOLVED –**

- (1) That the Work Programme be noted and agreed.
- (2) That the Localisation of Health and Social Care Services scrutiny inquiry be noted.
- (3) That Councillor Lamb replace Councillor Chapman on the Health Proposals Working Group and the draft terms of reference for the group be agreed.

## **16 Date and time of next meeting**

Tuesday, 16 September 2008 at 10.00 a.m. (Pre-meeting at 09.30 a.m.).