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| <p>following changes/ developments was presented to the meeting:</p> <ul style="list-style-type: none"> • GP Led Health Centre • Urgent Care Commissioning Framework • Chapeltown and Harehills LIFT Joint Service Centres • Kirkstall Joint Service Centre • Additional dental services for Leeds <p>A number of matters were raised and discussed in detail. The following points were raised:</p> <p><u>GP Led Health Centre</u></p> <ul style="list-style-type: none"> • The Shakespeare Medical Practice and Walk-in Centre opened in March 2009. • At the end of October 2009 (8 months (approx.)) there were 823 registered patients (against a first year target of 1000) and had been 5452 walk-in consultations. • Through monitoring trends of attendance, patient registration was being actively encouraged. • Members queried whether there was any data around the avoidance of A&E attendance/ admissions as a result of the new centre being opened, and were advised that such work was starting to be done as part of the arrangements for monitoring the effectiveness of the emerging urgent care framework. • Members were reassured of the processes to ensure proper control for prescribing controlled drugs through walk-in centres. <p><u>Urgent Care Commissioning Framework</u></p> <ul style="list-style-type: none"> • The framework is a combination of NHS Direct providing telephony and triage services across the West Yorkshire region, with Local Care Direct providing the Leeds urgent treatment service. • The services went live on 1 April 2009 and, following some initial teething problems, were functioning well and meeting performance targets. • There had not been an increase in A&E attendance as a result of the new framework – although there were still some issues around some elements of the student population accessing A&E inappropriately. • There were some on-going connectivity/ technological issues around the use of mobile electronic recording devices in some areas – in particular, around the area of Otley. • Members were advised that an advertising campaign was being planned for the New Year in order to widely publicise the telephone access number that will enable patients to be given self-care advice or sign-posted to the most appropriate part of the health service for treatment. | |
| <p><u>Chapeltown and Harehills LIFT Joint Service Centres</u></p> <ul style="list-style-type: none"> • A brief reminder of the background to the projects was presented. • It was reported that the buildings were expected to be completed by July 2010 (Chapeltown) and April 2010 (Harehills), approximately. | |

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| <p><u>Kirkstall Joint Service Centre</u></p> <ul style="list-style-type: none"> • Advised that NHS Leeds' view of the service needs of the project had changed and that the NHS Leeds Board had therefore agreed not to proceed with the proposal. Changes included: <ul style="list-style-type: none"> ○ Plans for new housing had not materialised; ○ Improvements to GP service e-mails (i.e. extended services and extended hours); ○ A review of the need or desire for GPs in Kirkstall to move into the new development. One practice in particular has pulled out of the scheme after consulting with its patients; and, ○ A recent review of primary and community care services in the Kirkstall area, which highlighted no gaps in the provision of primary medical care services for local people. Feedback from patients and through existing assessments showed good access to local GP practices and that they deliver high-quality services. • The matter was being considered in some detail by the City and Regeneration Scrutiny Board. • Members expressed surprise at some of the comments which had not previously been factored into the plans and disappointment in relation to the considerable financial outlay by the Council <p><u>Additional dental services for Leeds</u></p> <ul style="list-style-type: none"> • An update on the increased provision was providing. This included increasing patient capacity by 20,000 permanent places across the following six localities: <ul style="list-style-type: none"> ○ Holt Park – opened on 10 November 2009 with an additional 4,000 patient places. ○ Horsforth – Thakker clinic due to open on 1 February 2010 offering an additional 2,000 patient places. ○ Garforth – Genix opened on 9 November 2009 with an additional 4,000 patient places ○ Wetherby – Keith Morris opened on 1 December 2009 with an additional 2,000 places. ○ Fearnville – Perfect Smile Clinic opened on 9 November 2009 with an additional 4,000 patient places ○ Wortley – Palmer & Patel's clinic due to open on 1 March 2010 offering an additional 4,000 patient places. • The permanent provision was supplemented by the following additional temporary (12 months) provision: <ul style="list-style-type: none"> ○ Clarendon Dental Spa based in North West Central Leeds providing care for 4000 patients; ○ Horsforth Smile Clinic in North West Leeds providing care for 2000 patients; and ○ Ross Dental Surgery in Guiseley (North West) providing care for 2000 patients. • Assurance was given that the correct number of dentists were in place in the correct locations, although actual patient numbers were not yet up to the desired levels. • Some issues still remain around the student population accessing services | |

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| <p><u>Improved Mental Health Services for Older People</u></p> <ul style="list-style-type: none"> • Proposals had initially been shared with the HPWG in October 2008: Further discussions had taken place in March 2009, where it was agreed that the proposals represented a significant (level 3) service change/development. • Currently plans are being developed for more formal engagement on the proposals. • Discussions around the financial framework were continuing and likely to be a key issue for the NHS Leeds Board in early 2010. | | |
| <p>AGREED</p> <p>(a) That the information presented be noted.</p> <p>(b) That the following matters were now substantively complete and should be removed from further update reports:</p> <ul style="list-style-type: none"> • GP Led Health Centre • Urgent Care Commissioning Framework • Kirkstall Joint Service Centre • Additional dental services for Leeds | <p>SMC/ JW</p> | |
| 5 | Transforming Community Services | |
| | <p>A report was presented outlining the nationally driven programme around Transforming Community Services. It was highlighted that this required all commissioners to describe how they intend to develop services provided in the community over the next 5 years. The following points were raised and discussed:</p> <ul style="list-style-type: none"> • <i>The NHS Leeds Community Services Commissioning Strategy 2009-2013</i> [‘the strategy’] describes why changes are necessary and how changes will be achieved for Leeds. • The strategy has been developed with direct input through NHS Leeds’ Commissioning Executive, which includes practice based commissioners, local authority commissioners, clinicians and core commissioning expertise. • NHS Leeds Board approved the strategy in November 2009. • The strategy sets a framework for service change and identifies the following priority areas for development: <ul style="list-style-type: none"> ○ Healthy Living Services ○ Long Term Conditions Management ○ Care for Older People ○ Supporting Children and Families ○ Improving Sexual Health • The ultimate aim of the strategy was to provide services based on the needs of local areas. • Current arrangements were unsustainable and there would be a need to think differently about how services are provided in the future: Specific reference was made to long-term conditions and the role of specialist nurses. | |

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| <ul style="list-style-type: none"> • To help deliver the strategy, processes have started to further understand local needs, engage with partners, the public, patients, and clinicians to help review the current capacity and capability of existing providers. • It was recognised that the strategy offered an opportunity to deliver benefits to patients (by adopting a more ‘patient centred’ approach), however such opportunities would require different approaches to new technologies and workforce models when considering the redesign of services. • Consideration would also need to be given around integrating services (currently provided through different agencies) around the individual and how to utilise any efficiencies. • Under the umbrella of Transforming Community Services, any proposed service changes would include comprehensive and appropriate consultation with key stakeholders. <p>AGREED</p> <p>(a) That the information presented be noted.</p> <p>(b) That, under the umbrella of <i>Transforming Community Services</i>, a number of proposed service changes or reconfigurations were likely to be brought forward: These would need to be identified as early as possible to ensure the timely engagement and involvement of all key stakeholders, including the Scrutiny Board (Health).</p> | NG/ JW |
| <p>6 Breast Screening Service</p> | |
| <p>Members were advised that:</p> <ul style="list-style-type: none"> • The breast screening service is jointly commissioned from Leeds Teaching Hospitals NHS Trust by NHS Leeds and NHS Wakefield District. • In Leeds, the service is currently delivered via two mammography machines at St James’s Hospital and four mobile units, which deliver the routine breast screening programme. • As part of the Cancer Reform Strategy, important changes to breast screening services across the UK are required by 2012. The first of these changes would see the introduction of digital mammography equipment to replace existing analogue machines – which would help to: <ul style="list-style-type: none"> ○ increase the screening age range so women aged 47 to 73 are eligible for breast screening (current age range is 50 to 70); and ○ provide routine breast screening for women outside of the screening age range who have a family history of breast cancer. • To help achieve the requirements of the Cancer Reform Strategy, there would be an extension to the existing breast screening service currently provided in Leeds. • NHS Leeds and NHS Wakefield District were planning to run separate consultations on the local development of breast screening services – due to the proposals being different for the two different areas. • To introduce the outlined improvements, the changes are being planned for Leeds, including: | |

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| <ul style="list-style-type: none"> ○ Introduction of routine breast screening using existing digital equipment at Wharfedale General Hospital in Otley: This will make maximum use of the current service which is currently only for women with breast symptoms. ○ Reduction in the number of mobile units from four to two and increase the number of mammography machines at static sites: This will provide a total of four digital mammography machines on static sites and two digital mobile units providing the breast screening service. More women can be screened at static sites than on mobile units, which will help us to improve screening outcomes and extend the age range for routine screening. ● Once routine screening is introduced on the existing machine at Wharfedale, there will be three machines in total (on static sites) delivering the service for Leeds: NHS Leeds is proposing to seek the views of service users and members of the public on the location of an additional mammography machine. The options are to site the new machine: <ul style="list-style-type: none"> ○ At St James's Hospital along with two of the existing machines; or ○ At an inner west location in an NHS facility, to be determined. (NHS Leeds are currently appraising the suitability of health facilities in inner west Leeds, including health centres (should this be the outcome of the consultation)). ● As an interim measure, NHS Leeds is also in the process of discussing with LTHT the provision of an additional digital mammography machine at St James's Hospital on a short-term basis: This would represent the most value for money option for an interim solution, with minimum enabling works necessary, and is also the only static service in Leeds with room for expansion. ● An interim solution would help to ensure the earlier phasing in of the extended age range for breast screening – probably around April 2010: The outcome of the discussion with LTHT will be communicated with the Health Proposals Working Group. <p>Members raised issues around transport links to SJUH from other areas of the City, particularly in terms of the impact on patients travelling from the west of the City.</p> <p>AGREED</p> <p>(a) That the proposed changes to the breast screening service in Leeds represent a significant variation in services.</p> <p>(b) That the proposals warrant a level three involvement and engagement process that will include a range of engagement activities to involve current and future service users / carers, the public and the active engagement of the voluntary sector.</p> | <p>NG / JW</p> <p>NG/ JW</p> |
| 7 | Leeds Teaching Hospitals NHS Trust: Update on proposed service moves/ changes |
| | <p>Reference was made to a letter (dated 26 October 2009) sent to the Chair of the Scrutiny Board (Health) and circulated to other Scrutiny Board members. The main areas covered in the letter included:</p> <ul style="list-style-type: none"> ● Clinical Services Reconfiguration (CSR) ● Gastroenterology inpatients |

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| <ul style="list-style-type: none"> • Hepatology inpatients • General surgery inpatients • Blocks on the Seacroft hospital site • Dermatology and Rheumatology <p><u>Clinical Services Reconfiguration (CSR)</u></p> <ul style="list-style-type: none"> • Members were reminded of the most recent update provided on the proposed moves associated with CSR and the centralisation of Children's inpatient services at LGI. • Members were advised that, in terms of updates and information for the public, an 8-page insert was to be included with the Council's residents newsletter. <p><u>Gastroenterology inpatients</u></p> <ul style="list-style-type: none"> • Members were reminded of the proposal to centralise 15 beds currently at SJUH on the same site as the 30 beds currently at LGI. • This was first raised with Scrutiny Board in February 2007 as part of CSR, and the move is likely to take place within the first 4 months of 2010. <p><u>Hepatology inpatients</u></p> <ul style="list-style-type: none"> • The proposed move of ward 71 in Lincoln Wing SJUH to a vacant ward (83) in the new Bexley Wing on the SJUH site had now taken place. It was noted that the new ward had more beds than ward 71. <p><u>General surgery inpatients</u></p> <ul style="list-style-type: none"> • Members were advised of a general plan within the Trust's Surgical Directorate to enhance patient safety and the patient experience. This will involve some pathway redesign that will maintain activity and improve efficiency. The overall impact will result in reducing bed numbers across the directorate from 210 to 200. • With all the changes are likely to be in place by 4th January 2010, Members were reminded that the Trust's Surgical Directorate at SJUH comprised urology, general surgery, elective and acute, pancreatitis, upper GI pancreatic cancer, upper GI benign surgery, liver transplantation, liver cancer and thoracic surgery across 8 wards. <p><u>Blocks on the Seacroft hospital site</u></p> <ul style="list-style-type: none"> • Members were advised that to manage what is a very sprawling site more appropriately, the site has been divided into 3 zones. • Zone 3 was the area containing all the good quality buildings and it is proposed to move any staff and services still in zones 1 and 2 into zone 3 or if more appropriate, to another site. As each block closes it will be 'de-recognised', which will involve making each block safe and remove the need for continued facilities such as background heating, lighting etc. and thus reducing costs. • While it was not envisaged that any clinical services will need to move off the site, members were assured that should direct patient services need to move, appropriate engagement will take place. • It was suggested that more information be brought back to the Scrutiny Board once the project had been scoped further. | |

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| <p><u>Dermatology and Rheumatology</u></p> <ul style="list-style-type: none"> • Members were reminded of the significant discussion on dermatology services at the Scrutiny Board in November 2009. At that meeting the Trust had given a firm commitment to engage with service users in developing future proposals. • Members were advised that a sub-specialism within rheumatology was due to be stopped. This was due to the imminent retirement of a consultant specialising in that field – with no replacement available. Members were advised that this involved very small patient numbers (600 in total), with 60% residing outside the Yorkshire and the Humber area. | |
| <p>AGREED</p> <p>(a) That the information presented be noted.</p> <p>(b) That further details of proposed changes to the Seacroft site be presented to the Scrutiny Board (Health) in due course.</p> | |
| <p>8 Eccleshill Independent Sector Treatment Centre</p> | |
| <p>Members were advised that NHS Bradford and Airedale, in partnership with NHS Leeds, was currently conducting a formal tender process for the continuation of a range of healthcare services at the Eccleshill Independent Sector Treatment Centre (ISTC).</p> <p>Due to the imminent end of the current contract, the formal tender process began in August 2009: The tendering process is being conducted in accordance with procurement law in order to ensure a fair and robust process and that the best range of services is provided for patients.</p> <p>Members sought reassurance around the centre, the services provided and the nature of the contract. In response, Members were advised that the centre provided a range of day-case and diagnostic services, which were contracted on a 'block contract' basis: However this was set to change to a 'cost per case' contract from April 2010.</p> <p>Reference was subsequently made to the recent YEP article on the Eccleshill Independent Sector Treatment Centre (ISTC), published on 1 December 2009 and a letter from the NHS Leeds' Acting Chief Executive to the Editor of the YEP in response. A copy of the letter was circulated, which highlighted:</p> <ul style="list-style-type: none"> • Patient safety remains a top priority for the NHS and all its care providers and the centre is fully licensed to provide the services commissioned from it. • Patients have shown high levels of satisfaction, with over 98% being satisfied with the treatment and care provided at the centre. • The published article made reference to a Healthcare Commission (now the Care Quality Commission) report: However, this was not the most up to date report on the quality of services provided at the centre and since that report, a number of reviews had taken place. • Recent reviews (including the most recent in November 2009 by the Care Quality Commission) demonstrate that the centre is well | |

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| <p>regulated and is a safe to provide treatment.</p> <ul style="list-style-type: none"> Following the death of Dr Hubley in 2007, a series of actions had been taken by the centre and commissioners to ensure patient safety: This included the suspension of keyhole surgery in 2007 – which is no longer commissioned from the centre. The coroner had confirmed he was satisfied with the remedial steps taken. <p>Notwithstanding the recent press coverage, it was outlined that, following several discussions between NHS Bradford and Airedale and the Department of Health (DH) Procurement Team, it had been agreed that, as the new contract would be a straightforward like-for-like re-provision of the services currently provided, this did not represent a proposed change to the level of service: However, in the spirit of openness, the proposed re-provision at the centre was being reported to the working group.</p> | |
| <p>AGREED That the information presented be noted.</p> | |
| <p>9 Windmill Health Centre (verbal report)</p> | |
| <p>Not discussed.</p> <p>AGREED That a written note / report is circulated to members of the Working Group.</p> | <p>JW / SMC</p> |
| <p>10 Summary Care Records (verbal report)</p> | |
| <p>Not discussed.</p> <p>AGREED That a written note / report is circulated to members of the Working Group.</p> | <p>JW / SMC</p> |
| <p>11 NHS Constitution (verbal report)</p> | |
| <p>Not discussed.</p> <p>AGREED That a written note / report is circulated to members of the Working Group.</p> | <p>JW / SMC</p> |
| <p>12 Horizon scanning</p> | |
| <p>Not discussed.</p> | |
| <p>13 Any other business</p> | |
| <p>No other business identified.</p> | |
| <p><u>Future meetings dates</u> It was agreed that potential future meeting dates would be identified</p> | <p>SMC</p> |
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