

BIRMINGHAM CITY COUNCIL AND SANDWELL MBC

**JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM
CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL)
25 JANUARY 2018**

**MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL) HELD ON THURSDAY 25
JANUARY 2018 AT 1400 HOURS IN COMMITTEE ROOM 2, COUNCIL
HOUSE, VICTORIA SQUARE, BIRMINGHAM**

PRESENT: - Councillor John Cotton (Chairperson); Councillors Zahoor Ahmed, Deirdre Alden, Susan Downing, Elaine Giles and Bob Lloyd.

IN ATTENDANCE:-

Dr Manir Aslam, Clinical Lead for Urgent Care, Sandwell and West Birmingham Clinical Commissioning Group (CCG)
John Clothier, Healthwatch Sandwell
Dr Daniel Ford, Consultant Clinical Oncologist and Clinical Service Lead, University Hospital Birmingham NHS Foundation Trust
Scott Hancock, Head of Pathway Redesign and Oncology Project Lead, University Hospital Birmingham NHS Foundation Trust
Stephnie Hancock, Scrutiny Officer, Sandwell Metropolitan Borough Council
William Hodgetts, Healthwatch Sandwell
Rose Kiely, Overview and Scrutiny Manager, BCC
Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust
Jessamy Kinghorn, Head of Communications and Engagement, Specialised Commissioning, NHS England (Midlands and East of England)
Catherine O'Connell, Regional Director, Specialised Commissioning, NHS England (Midlands and East of England)
Geraldine Linehan – Clinical Director, Specialised Commissioning, NHS England (Midlands and East of England)
Gail Sadler, Policy and Research Officer, BCC
David Smith, Committee Services Team Leader, BCC
J Spencer, Healthwatch Birmingham
Cherry West, Chief Operating Officer, University Hospital Birmingham NHS Foundation Trust
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG

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NOTICE OF RECORDING/WEBCAST

01/18 The Chairman advised, and the meeting noted, that this meeting would be webcast for live and subsequent broadcast via the City Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

02/18 Apologies were submitted on behalf of Councillors Sue Anderson, Jayne Francis, Kath Hartley and Farut Shaeen for their inability to attend the meeting.

DECLARATIONS OF INTERESTS

03/18 No interests were declared.

MINUTES OF PREVIOUS MEETING

04/18 The Minutes of the meeting held on 30 November 2017 were confirmed, subject to the name of a Member present on the first page being amended to read, "J Cotton" and it being noted that reference had been made to Gynaecological Oncology services during previous discussions with this Committee.

ONCOLOGY SERVICES AT SANDWELL AND WEST BIRMINGHAM HOSPITAL

Catherine O'Connell, Geraldine Linehan and Jessamy Kinghorn gave a presentation on behalf of NHS England updating Members regarding the Sandwell and West Birmingham Oncology and Specialised Gynaecology cancer surgery services.

A presentation was given then by Dr Daniel Ford, Scott Hancock and Cherry West on behalf of the University Hospital Birmingham NHS Foundation Trust outlining that Trust's position.

During the discussion that ensued, the following were among the issues raised and comments made in response to questions:-

- a) The Joint Health Scrutiny Committee was informed that the services at Sandwell and West Birmingham Hospitals NHS Trust were safe at present, the wellbeing of staff was being maintained and a difficult situation was being managed well.
- b) There were material operational issues and a few care compliancy matters, but services had been provided in line with national arrangements. From April 2018, the Acute Oncology service would be significantly reduced and Gynaecological Oncology had lost much of its funding, but the Trust would try to sustain the service beyond 31 March 2018. A monitoring regime would be introduced for patients.

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- c) Concern was expressed that 6.5 years had passed without a resolution being achieved and that all of the NHS bodies should be able to provide the Joint Health Committee with evidence of the impact on patients. It was proposed to hold a consultation exercise now, but there had been continuous consultation in Sandwell and all responses had shown that patients wanted services close to home.
- d) It was felt that it was outrageous that the situation had been ongoing for a long time and that it was proposed to create further delay in resolving it. Time was felt to be of the essence and quicker action was required.
- e) Members were advised that, while there had been differences of opinion for some time, there appeared to be agreement that services should be located at Sandwell and West Birmingham Hospitals NHS Trust, if space was available and, if not, that space should be made available.
- f) It was noted that concern had been expressed by NHS England when the University Hospital Birmingham NHS Foundation Trust had given notice and the situation had been reviewed when replacement proposals had been drawn up with the Royal Wolverhampton NHS Trust. The University Hospital Birmingham NHS Foundation Trust had given its input to the replacement proposals and collaboration was needed between the various Trusts. The capability of the services had not been questioned.
- g) The Joint Health Committee was informed that most of the cancer services would remain at the City Hospital and Sandwell Hospital sites and would not move to the new Midland Metropolitan Hospital site. Services had been transferred to the Queen Elizabeth Hospital as a temporary arrangement only and each of those services, with the exception of Specialist Gynaecological Oncology, would return to the Sandwell and West Birmingham Hospitals NHS Trust as soon as possible. However, it was important to obtain the views of patients.
- h) Toby Lewis advised that Sandwell and West Birmingham NHS Trust was unlikely to provide its own services as it did not employ Oncologists and was likely to arrange services in collaboration with a large tertiary provider.
- i) Members noted that the Trust would need a network of cancer services arranged with a tertiary service, with the University Hospital Birmingham NHS Foundation Trust and Royal Wolverhampton NHS Trust the nearest tertiary services. However, there was the possibility of other providers being sub-contracted.
- j) Concern was expressed that patients did not care where Oncologists were employed and wanted local services, which seemed to be a normal arrangement. It seemed to be an organisational issue that needed to be resolved and the current situation could not continue.
- k) The Healthwatch Sandwell representatives expressed concern that patients were unaware of the system and were complaining at the situation. Toby Lewis undertook to investigate the complaints and ensure that Clinical Nurse Specialists were able to answer patients' questions.
- l) The recent clinical engagement with Consultant Oncologists was welcomed, but it was emphasised that progress needed to be made quickly to resolve the situation.

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Further to the above comments, the Chair highlighted that the history of the situation was unedifying and that the public interest was in the position going forward. Members did not consider that it was acceptable for the temporary arrangements to become permanent. There was a little more clarity following the discussion, but Members continued to question what alternative plans had been considered. A rapid review process and a clear understanding of the way forward were needed quickly.

The Chair thanked the representatives for attending the meeting and requested that a progress report on Oncology Services at Sandwell and West Birmingham NHS Trust be made to the next meeting.

At this point in the proceedings, the Chair asked Toby Lewis to give a briefing to Members on the situation regarding Carillion the Midland Metropolitan Hospital development.

Toby Lewis advised that weekly stakeholder briefings would be held following the declared insolvency of Carillion in the previous 10 days. The Hospital Company had responsibility to respond and to address the situation. It was highly probable that the cost of developing the Midland Metropolitan Hospital would increase. However, the situation would take between weeks and months to resolve. The development site was safe, but no construction was taking place at present. There would be added costs from restarting work in relation to the time it took to resolve the situation and the next two weeks would be a crucial period. However, there was a clear view that the new hospital must be built. The October 2018 projected opening date had slipped to Spring/Summer 2019 and could slip again to 2020.

In response to Members' questions, he advised that:

- Emergency services were provided at present across 2 sites, with agency and temporary staff employed and pressures would build on services while the construction was delayed.
- A key date would be Christmas 2019, which related to housing being built on the City Hospital site.
- He undertook to give consideration to the circulation of public information on the situation from the Trust as quickly as possible.
- The situation was almost unprecedented, but the intention was to resolve the situation in the next 2 to 3 months.
- He was able to reassure the public that the new hospital would be built, but he needed to have more certainty about the completion date.

The Chair thanked Toby Lewis for giving the update.

05/18

RESOLVED:-

That NHS representatives be requested to give a progress report on Oncology Services at Sandwell and West Birmingham NHS Trust to the next meeting.

CHANGES TO APMS GP CONTRACTS

06/18 The following PowerPoint slides were received:-

(See document No. 1)

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group presented the agenda item and Dr Manir Aslam, Clinical Lead for Urgent Care, Sandwell and West Birmingham Clinical Commissioning Group (CCG) was also in attendance. A copy of the public consultation document was tabled for Members' information.

During the discussion that ensued, the following were amongst the issues raised and comments made further to questions:-

- a) The Accountable Officer advised that the consultations on the walk-in centres and GP practices were associated issues, but were succinct matters for consideration. There could be separate outcomes. However, there was no intention to reduce service levels and it was a question of reprovision of services.
- b) There was a range of options and positive choices that could be considered, including there being flexibility with the facilities.
- c) The Accountable Officer confirmed that attempts would be made to make the consultation encompass all patients. However, there would be a more general discussion of the issues, particularly with regard to the walk-in centre services.
- d) It was felt that patients' main concern was obtaining appointments and that the location of services was not paramount as long as they were local.

The Chair thanked the representatives for reporting to the meeting and advised that Members would wish to receive feedback on the consultation results.

URGENT CARE/WALK-IN CENTRE

07/18 The following PowerPoint slides were received:-

(See document No. 2)

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group presented the agenda item and Dr Manir Aslam, Clinical Lead for Urgent Care, Sandwell and West Birmingham Clinical Commissioning Group (CCG) was also in attendance.

During the discussion that ensued the following were amongst the issues raised and comments made further to questions:-

- a) With regard to Option 1, the Midland Metropolitan Hospital services would sit alongside that provision. There was a genuine choice regarding future services.

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- b) Dr Manir Aslam acknowledged that it could be difficult to obtain a GP appointment and that it could involve a wait of 2 to 3 days, but advised that the 111 service was an option if the patient needed to be seen urgently.
- c) The location of the walk-in centre would not be affected by the Accident and Emergency (A&E) Department at the Midland Metropolitan Hospital. However, the Accountable Officer acknowledged that the Sandwell Hospital A&E Department might need to stay open longer than envisaged because of construction delays.
- d) It was noted that the front-end GP service at Sandwell Hospital was separate to the walk-in centre services.
- e) Dr Aslam accepted that the access options needed to be publicised more and agreed that there were variations in the access between GP practices.

The Chair thanked the representatives for reporting to the meeting and advised that Members would wish to receive feedback on the consultation results.

DATE AND TIME OF NEXT MEETING

08/18

The Chair advised the meeting that a date and time would be set through the usual channels in due course.

The meeting ended at 1610 hours.