

**Health Overview and Scrutiny Committee**  
**20 August 2008, County Hall, Worcester – 10.00am****Minutes****Present:**

Worcestershire County Council:  
Mr M J Hart (Chairman), Mrs M L Drinkwater, Mr R C  
Peachey and Mr G C Yarranton.

Malvern Hills District Council: Mr P Tuthill  
Redditch Borough Council: Mrs K Banks  
Worcester City Council: Mr R Berry  
Wychavon District Council: Mr P J Haycock

Also in attendance:  
Mrs J Fairbrother-Millis, County Councillor  
Mr N Knowles, County Councillor

Officer Support:  
John Jordan – Democratic Services Manager

**Available papers:**

- A. The Agenda papers and appendices referred to therein (previously circulated);
- B. A letter dated 12 August 2008 from Mr N Knowles concerning the proposed expansion of Radiotherapy Services (circulated at the meeting);
- C. The minutes of the meeting held on 23 June 2008 (previously circulated).

A copy of documents A and B will be attached to the signed Minutes.

**Chairman's  
Announcements**

The Chairman welcomed guests and the members of the public to the meeting.

**305. (Agenda item 1)  
Apologies**

Apologies were received from Mrs M Bunker and Mrs F M Oborski.

**306. (Agenda item 2)  
Declarations of  
Interest and of  
any Party Whip**

None.

**307. (Agenda item 3)**

None.

## Public Participation

### 308. (Agenda item 4) Confirmation of Minutes

The Minutes of the meetings held on 23 June 2008 were confirmed as a correct record and signed by the Chairman.

### 309. (Agenda item 5) Developing a Strategy for Health – Emerging Issues

The Chairman welcomed Paul Bates, Chief Executive, Worcestershire Primary Care Trust (PCT).

Members were reminded that Worcestershire PCT had published a discussion paper 'Developing a Strategy for Health – Emerging Issues'. Within this Strategy the PCT had tried to capture the issues it believed were of growing importance to the people of Worcestershire.

The PCT had also developed an operational plan for 2008-2011 which set out the PCT's healthcare plans for the people of Worcestershire and outlined commissioning intentions for 2008/09.

The PCT Chief Executive set out the background behind the Strategy and Operational Plan. He informed the Health Overview and Scrutiny Committee (HOSC) that the PCT had already set out, in separate documents, its plans for achieving the targets set by the Department for Health together with those which were part of the Local Area Agreement. These were not duplicated within the documents currently before the HOSC as their key purpose was to engage key partners in a debate about the big local issues which should be included in the PCT's Strategic Plan which would be published for consultation later in the year.

A closing date of 31 August 2008 had been set for the receipt of comments. However the PCT Chief Executive confirmed that the documents were intended to be flexible so comments received after this date would be welcome

In summary, Part 1 of the Strategy set out the PCT's roles, responsibilities and vision. Part 2 attempted to pick out the major issues which would require consideration in the future. By their very nature, some issues raised in the Strategy had taken on a higher profile since its publication.

In setting the scene, the Chief Executive also drew the HOSC's attention to the changes in the economic climate now faced by the PCT. In recent years, the PCT had been able to invest fairly heavily in its premises. This would not be possible in the future and this was reflected in the Strategy.

During the ensuing discussion the following points were

made:

- There was a need to ensure clarity around the demographic challenge faced by the PCT. The Operational Plan anticipated a population increase of around 38,000 by 2026 yet the Regional Spatial Strategy seemed to be looking more towards an increase in the region of 80,000.
- An assurance was given that future demands likely to be brought about by changing age profiles of the population had been built into the PCT's assumptions for the future.
- In response to a question about the level of commitment for a new hospital in Evesham, the Chief Executive was unable to give an assurance about the development of a new hospital for Evesham. He did however confirm to the HOSC the need to plan for the future health needs of Evesham and surrounding areas. He added that Evesham was not typical of a community hospital in terms of the number of beds and it would be difficult to envisage a future scenario where there was no hospital in Evesham. In terms of any future analysis of the health needs of Evesham and the surrounding area, the League of Friends and Wychavon District Council would be involved in the development of options for the future.
- The PCT has invested significantly in a Communications Team with the aim of transforming the way in which the public in particular would be kept informed of and involved in future initiatives. As part of this, a Communications Plan would be presented to the PCT Board meeting next month. The HOSC was particularly pleased with the emphasis the PCT was placing on communications and customer care initiatives. Conscious of the number of changes to the way in which National Health Services were delivered the HOSC hoped that attention would also be given to signposting the public wishing to access NHS Services to appropriate providers. Such an initiative would equally be of use to staff.
- Joint care for the elderly was recognised as an increasing challenge and the HOSC was pleased to hear of the initiatives the PCT was proposing to put in place to continue to deal with such challenges.
- There was some concern about the new Out of Hours Service. This was not a criticism directed at the staff themselves but it was felt that there were elements of customer care which could be improved. In response the HOSC was informed that Take Care Now had been commissioned to provide the service following an

**310. (Agenda item 6)  
Proposed  
Expansion of  
Radiotherapy  
Services**

extensive evaluation and tendering process. Whilst they had an excellent reputation the PCT needed to ensure that they were receiving the service they had commissioned.

- The PCT was trying to engender a culture of no surprises and this was one of the aims of the Strategy. The Strategy did however contain a number of initiatives some of which were likely to be substantial variations. In terms of future planning it would be helpful to develop a timetable for consideration with the HOSC. As part of these discussions it was important that the PCT did not lose sight of its general responsibility to involve the public on those issues which may affect them.

Having received answers to the questions raised by them, Members concluded that they were content with the nature and content of the PCT's Strategy. They were pleased with the way in which the PCT was seeking to share and seek views on those things which it felt was important in the future.

The Chairman thanked all guests for their attendance and participation in the discussion on the Primary Care Trust's strategy for health.

The Chairman welcomed Paul Bates, Chief Executive, Worcestershire Primary Care Trust (PCT), Clive Walsh, Director of Operations, Worcestershire Acute Hospitals NHS Trust (the Trust) and Nicola Strother-Smith (Network Director – Three Counties Cancer Network) .

Members were reminded that at the 23 June 2008 HOSC (minute number 303 refers) Members considered their response to the pre-consultation exercise on the proposed expansion of radiotherapy services by the 3 Counties Cancer Network (3CCN) which was to aid the Network in identifying a preferred option for an expanded service. Rather than debating the possible options at that stage, Members' views were sought on how the Network proposed to reach a preferred option, including the criteria to be used to evaluate each option. Following the identification of a preferred option, the Network would conduct a formal consultation during August – October inclusive on that option. It was anticipated that a decision would be made by the Commissioners in November to be ratified by the Network board in December 2008.

The Network had identified 3 possible options as follows:-

- Continue to expand at Cheltenham; or
- Develop a linked satellite unit at Hereford; or
- Develop a linked satellite unit at Worcester.

The Commissioning Group had met on 28 July 2008 and reviewed the feedback on the pre-consultation. These responses had resulted in an additional (4<sup>th</sup>) option being explored. This option was to develop linked units in Hereford and Worcester with a single linear accelerator in both as a phased development to increase to two linear accelerators over time.

Following the analysis of all 4 options, the Commissioning Group and external advisors agreed that the additional option of single linear accelerators in both Hereford and Worcester was the option that best met the assessment criteria. This preferred option was subsequently ratified by the 3CCN's Board.

The Chief Executive of the PCT informed the HOSC that it had taken many years to reach the current position. The Commissioning Group's view was that the preferred option, ratified by the 3CCN's Board offered a viable solution to both Hereford and Worcester.

Councillor Nigel Knowles addressed the HOSC. Cllr Knowles was concerned that Kidderminster and Wyre Forest residents would not benefit from the proposals. Should Hereford and Worcester be provided with new Radiotherapy Units (which he hoped they would), residents of Kidderminster would still have to travel 20 miles to Wolverhampton or 20 miles to Worcester for treatment. Given that the NHS nationally and locally had a current financial surplus he felt that now was the time to provide extra Radiotherapy Units in places such as the Kidderminster Hospital. With an ageing population there would, unfortunately, be an increased need for such Radiotherapy facilities.

Councillor Jill Fairbrother-Millis addressed the HOSC. She was supportive of the option to provide single linear accelerators in both Hereford and Worcester. Whilst patients would still need to travel to Centres of Excellence for specialist treatments she wondered whether Wyre Forest residents would be able to access the new facilities in Worcester as she considered that a journey to Worcester was easier than one to Wolverhampton. She also enquired about the timescale for the delivery of the new services.

During the ensuing discussion the following points were made:

- Members were advised that the PCT had sought legal advice on their duty to involve and consult patients and the public and consultation with HOSC. This presented them with a dilemma. The original proposals to locate 2 linacs in either Hereford or

Worcester had generated much local debate and had not achieved a consensus. The current proposal would benefit both Hereford and Worcester and any further consultation would only serve to resurrect the 2 in Hereford or 2 in Worcester (winner and loser scenario).

- It had taken a significant amount of time to get to this point and the PCT was keen to avoid further delays. Likewise, the HOSC was anxious to avoid the risk of further delays given the further uncertainty this would undoubtedly bring.
- For these reasons the PCT was reluctant to undertake further consultation. It was hoped that HOSC would support this 'common sense' approach. However, if HOSC required further consultation the PCT would obviously take any HOSC advice seriously.
- The preferred option represented a significant shift in opinion and this was of concern to the HOSC. They were concerned that on 23 June 2008 Members had been advised that, for a number of reasons (both clinically and operationally), 'nationally the provision of two or more linear accelerators was recommended for one site. This would ensure continuity of service if downtime was necessary and therefore significant capacity would be built into local services'.
- HOSC was informed that the advice presented to them on 23 June had also said that 'in accessing national advice, commissioners were aware that a single linear accelerator model with all appropriate clinical and corporate governance arrangements could be possible, but would not be promoted as ideal.'
- The HOSC was assured that significant further discussions had continued with leading national professionals in this field and the Commissioners were satisfied that the single linear accelerator option was now a viable option. Previous advice had not been concerned about the safety of single linacs, but more about the need to manage breaks in treatment due to downtime. As reliability continued to increase unforeseen downtime would reduce. Effective management of patient treatments would be a key consideration.
- The HOSC was concerned to ensure that there was no deterioration in service provision as a result of

this proposal. Regard also needed to be had to the targets which needed to be met both now and in the future.

- Whilst the preferred option may appear to be a compromise, the HOSC was assured that this option would not be considered if there were any risks involved. Furthermore capacity needed to be increased in the future if targets were to be met.
- Despite these assurances, the HOSC did still have some slight reservations. However, it did recognise that significant further discussion and research had enabled the Commissioning Group to now recommend its preferred option.
- Staff recruitment and retention had also been previously identified as an issue. Whilst it was recognised that staffing was an issue nationally, the creation of single satellite linac would provide additional career development opportunities.
- As a service provider, the Acute Trust was looking ultimately to provide an effective high quality service for the whole of the Worcestershire population in the long term. In recognition of this, discussions had commenced with the Arden Cancer Network to investigate the feasibility of them providing a second accelerator in Worcester to provide services for Worcestershire residents. Whilst no absolute assurances were in place there was a high level of confidence that this would come to fruition. It was hoped that 2 (possibly 3) linacs would be provided in the future.
- In terms of possible locations on the Worcester shire Royal Hospital site, the Acute Trust was currently investigating options. The most likely location was around the Post Graduate Centre where there was capacity to fit at least two linacs in that location. Another alternative would be the construction of a new wing at the hospital. This would have an impact on car parking so if this option were to be pursued, the building of a multi storey car park would need to be considered.
- A significant amount of work would need to be done to bring the proposal to fruition. At this point the Acute Trust required a firm decision as to future options to enable them, with some certainty, to invest and move forward with the detailed planning.
- In response to the earlier comments from Nigel Knowles the Acute Trust confirmed their

**311. (Agenda item 7)  
Health Overview  
and Scrutiny  
Committee  
Round-up**

commitment in the long term to providing high quality, accessible services for the whole of the Worcestershire population. In the long term they were planning for two linacs and future plans would include provision for the north of the county.

- In terms of timescales, whilst it may be sooner, it was envisaged that a single linac in Worcester would be operational by 2012 at the latest.
- The HOSC was aware that there was significant public interest in these developments and felt that there would be merit in the PCT producing a public information sheet in order to ensure that there was clarity both around the current position and future options.

In summary, the HOSC unanimously concluded that they were satisfied that no further consultation was necessary on the Commissioning Group's preferred option. They shared the long-term common vision for future radiotherapy services for Worcestershire and looked forward to working with all relevant parties to help achieve this vision.

The Chairman thanked all guests for their attendance and participation in the discussion on the proposed expansion of radiotherapy services.

Arrangements for future meetings was clarified. Two HOSC meetings were scheduled for September.

The PCT's Commissioning Strategy for Maternity Services, neonatal Services and Services for Children in Hospital would be considered on 15 September 2008. Consultation on the Acute Trust's Foundation Trust Application and an update on the GP-led health centre would be considered on 17 September 2008.

Ongoing issues around the County were discussed:

- In Malvern Hills, a revised design of the new hospital had been produced and the direction had been welcomed locally.
- A number of Members had attended or were planning to attend the Acute Trust sessions in respect of their impending Foundation Trust Application.
- The HOSC was reminded to ensure that any comments on the previously circulated report on Additional Bed Capacity at Worcestershire Royal Hospital were returned to the Democratic Services Manager by the

end of the day.

The meeting ended at 12.20pm

Chairman .....