

NORTH YORKSHIRE COUNTY COUNCIL
14 November 2018

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

Since my last statement to Council, the Scrutiny of Health Committee formally met on 14 September 2018 and held a Mid Cycle Briefing on 2 November 2018.

Hyper Acute Stroke Services at Harrogate

Hyper acute stroke services will no longer be provided at Harrogate District Hospital after April 2019. Instead, a 'full divert model' will be put in place which will see approximately 60% of hyper acute cases going straight to Leeds Teaching Hospital Trust and the remaining 40% going to York Teaching Hospital NHS Foundation Trust. This change in service will mean that people who need highly specialised treatment at the point of crisis will receive it at hospitals that have the staff, equipment and expertise necessary. Whilst the care given at Harrogate District Hospital is exceptional, which is something that I can attest to, it sees only about 300 hyper acute stroke cases a year. The nationally accepted best practice minimum is 600 cases a year.

This change in service was agreed without a formal public consultation as there was no viable alternative available which could be consulted upon.

Patient Transport Service

As of October 2018, both Hambleton Richmondshire and Whitby Clinical Commissioning Group (CCG) and Harrogate and Rural District CCG changed the way in which they apply the eligibility criteria for the Patient Transport Service that they commission from the Yorkshire Ambulance Service (YAS). This has led to concerns that a number of people who previously were eligible for transport, to a specialist, out-patient procedure at hospitals such as the Friarage, are no longer eligible. The NHS locally state that the eligibility criteria have not changed and so there was no need for a public consultation. I am of the opinion that, when the impact of these changes is considered, this should have been consulted upon.

We have been assured that patients who regularly receive renal dialysis, chemotherapy or radiotherapy treatment will automatically be eligible for the Patient Transport Service.

The development of the Integrated Care approach to NHS service commissioning and delivery across Cumbria and the North East, West Yorkshire and Harrogate and Humber, Coast and Vale will inevitably lead to greater centralisation of specialist services. I am concerned that this will only increase the demand for Patient Transport Services at a time when access to that service is, in effect, being rationed.

The Scrutiny of Health Committee will be addressing this issue further with the two CCGs and YAS at the committee meeting on 14 December 2018.

Whitby Hospital and Malton Community Hospital

At the committee meeting on 14 September 2018, we heard from representatives of the NHS Humber Foundation Trust about the services that they are putting in place as part of the delivery of the integrated prevention, community care and support contract in Scarborough and Ryedale. The transfer from the previous commissioned

services to the new has been relatively smooth and the Foundation Trust will be coming back to the committee meeting on 14 December 2018 to give an update on any further services that they will be providing at Whitby Hospital.

There was a discussion about the use of the two in-patient wards at Malton Hospital. The committee members were pleased to hear that these wards were being used as a 'step-up step-down' facility, enabling people to avoid long stays in acute hospital beds. Upon questioning the representative of the Scarborough and Ryedale CCG, however, it became apparent that the use of these beds is under an ongoing, annual review. This then raises a concern about their long term future, particularly during a time of when the NHS locally is undergoing significant financial stress.

Friarage Hospital, Northallerton

It is now likely that we will not have a public consultation on proposals for changes to the way in which Emergency Medicine and Anaesthesia will be delivered at the Friarage Hospital in Northallerton until after the local government elections in May 2019. Whilst it is acknowledged that service changes need to be carefully thought through and all necessary processes complied with, by that point it will have been nearly 2 years since the issues resulting from shortages of specialist and key staff were first identified. It is clear that the delays have been a result of a dispute between clinicians in the Integrated Care System for Cumbria and the North East. This then raises the concern that the interests of North Yorkshire and the rural areas of Hambleton, Richmondshire and Whitby will be secondary to those of the urban areas of Middlesbrough and Teeside and Newcastle and Tyneside.

It is also of concern that we have yet to hear anything of substance on the three hospital solution for the north of the county (which involves the James Cook Hospital, the Darlington Memorial Hospital and the Friarage working together) since an announcement was made by the head of the Integrated Care System for Cumbria and the North East in January 2018.

Mental health in-patient facilities in Harrogate

The development of a new mental health in-patient facility at the Cardale Park site in Harrogate has been 'paused' for some time now. From June through September of this year, public engagement was undertaken to inform a review of local mental health provision and need. Options for the future model of mental health services in the area are now being developed. It is likely that one of these options will mean that an in-patient mental health facility is not built and instead the focus is upon community-based mental health services. This will then mean that people will have to travel to Middlesbrough or York to access in-patient services.

I understand that the public will be consulted on options in January 2019.

Castleberg Hospital, Settle

On a more positive note, I have been pleased to be able to hand over lead responsibility for the scrutiny of changes to the provision of health services at the Castleberg Hospital at Giggleswick to the Skipton and Ripon Area Constituency Committee. This offers a real opportunity for local members to be directly involved in the scrutiny of health in their local area.

When is a major change not a substantial change?

Finally, I would like to take the opportunity to reflect on the many changes to the provision of NHS services that are underway and which are yet to come. Members will be aware that there is no legal definition of what constitutes a 'substantial change' to services. It is acknowledged in NHS guidance, however, that any change that involves a shift in the way front line health services are delivered is a useful guide to what would then trigger the need for a formal public consultation. I have become more alert to the fact, in part due to the changes to the Patient Transport Service, that a number of changes may be being made to NHS services locally that should go out to full public consultation but which may well not.

I and my committee are committed to the principle of full consultation on all changes to health services that impact on the residents of North Yorkshire at a time when the NHS faces the greatest challenge in its 70 year history.

County Councillor Jim Clark
Chairman
Scrutiny of Health Committee
2 November 2018