

LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE Thursday 7 January 2010 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice-Chair) and Councillors Jackson and R Moher

Apologies were received from: Councillors Baker, Clues and Mrs Fernandes

1. Declarations of Personal and Prejudicial Interests

None declared.

2. Deputations (if any)

None received.

3. Acute Services Review - Paediatric Services in Brent and Harrow

The Chair explained that this was a special meeting of the Health Select Committee which had been convened to discuss the Acute Services Review – Paediatric Services in Brent and Harrow. Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) thanked the Committee for arranging the meeting. She advised that it was proposed to introduce two Paediatric Assessment Units (PAUs) in Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH), and that these proposals were supported by clinicians and members of the public who had been briefed on the proposals at two pre-consultation events. Fiona Wise went on to explain that the proposals had also been assessed by the National Clinical Advisory Team and the Department of Health's Gateway Team, both of which had approved them in principle.

David Cheesman (Director of Strategy, North West London NHS Hospitals Trust) advised that, assuming that the Health Select Committee approved the consultation request, a detailed consultation programme would begin on 11 January. This would incorporate two public meetings to be held on 11 February 2010 in Brent and 24 February 2010 in Harrow, and a publicity drive including advertisements and letters to stakeholders. David Cheesman went on to explain that a micro-website had been set up, through which interested parties could respond to the proposals.

Councillor R Moher noted that the report mentioned the development of polyclinics but only those in Harrow. Mark Easton (Chief Executive, NHS Brent) replied that supplementary information would be issued to reassure residents in Brent of the impact of the proposals on their health services. Fiona Wise added that lessons learned from the pre-consultation exercises would be used to inform the formal consultation, and Thirza Sawtell (NHS Brent) suggested that shorter pamphlets could be produced, specific to each borough.

The Chair then asked for the response of the Hospital Trust and the PCTs to the main issues highlighted by the review undertaken by the Department of Health Gateway Team. David Cheesman advised that it was acknowledged that the scope of the consultation should be limited to the closure of six beds at CMH and the introduction of two PAUs. Mark Easton then explained that future material on the proposals would stress the fact that it was intended to retain a full Accident and Emergency service at CMH for adults as well as children.

On the subject of engagement with families of patients with sickle-cell anaemia, David Cheesman advised that there was a group of relatives of children with sicklecell anaemia who had been consulted on the proposals, and that this group's views would continue to be sought. Regarding the transporting of children between the two hospitals when the PAU at CMH closed at 10.00 pm, David Cheesman explained that it was currently being examined whether it would be possible to extend the current staff shuttle bus service to include patients and to run seven days a week. Councillor Mote (London Borough of Harrow) asked whether larger buses would be introduced for the service; David Cheesman replied that he did not anticipate that larger buses would be needed. Fiona Wise added that the Hospitals Trust had been working with the Council to lobby for the introduction of a better public bus service between the two hospitals.

Councillor Mote asked how long children could expect to wait for an ambulance to transfer them between CMH and NPH after 10.00 pm. Fiona Wise replied that the urgency of the transfer would be decided by clinicians and the London Ambulance Service on a case by case basis, while Doctor Sarah Crowther (Chief Executive, NHS Harrow) explained that clinicians could decide to ask the child to return to hospital the following day, depending on the situation.

The Chair noted that, on page six of the report before the Committee, it was stated that CMH would retain its Accident and Emergency service for children. He added that it would be preferable for the statement to make clear that a full Accident and Emergency service would be retained at CMH. Mark Easton acknowledged this, and Fiona Wise agreed that the statement in question could be amended.

Noting that the report listed the varying services which would be available at NPH, Councillor Mote asked whether the electroencephalography (EEG) service would remain at CMH. Mark Easton replied that he was not aware of any current plans to change the location of the EEG service. Councillor Mote then asked about staffing arrangements when the services are reconfigured. David Cheesman explained that it was not envisaged that additional staff would be needed, given that staff at the two hospitals currently worked annualised hours, meaning that they could work fewer hours at times of lower demand, and more hours at times of increased demand.

Councillor Mithani (London Borough of Harrow) asked whether NPH would continue to be capable of managing the outbreak of a disease, given that it had a fixed number of beds. Fiona Wise explained that the number of beds at NPH was currently lower than it had been when the hospital opened, which reflected changes in the nature of clinical practice. Councillor Mote asked whether NPH would be able to accommodate two parents staying overnight with a child. Fiona Wise replied that it was usual that one parent or carer stayed overnight with a child in hospital, although this depended on the clinical situation. She added that additional accommodation for families of patients was available at Ronald McDonald House.

The Chair noted that the report stated on page seven that the proposals had the support of local doctors, and he asked whether this included GPs based in Brent. Mark Easton explained that the proposals had the support of GPs and consultants based in both boroughs.

The Chair then asked where the Brent consultation meeting was due to be held. Fiona Wise explained that it was planned for it to be held in Patidar House in Wembley. The Chair questioned whether an alternative location could be found in addition to the meeting in Wembley which would be more convenient for people living in the vicinity of CMH. Fiona Wise replied that the meeting was one part of the whole consultation exercise which would reach as many parts of the affected population as possible.

The Chair explained that he would write on behalf of the Committee to Dr Sarah Crowther, Mark Easton and Fiona Wise to give formal approval to the consultation process and to the twelve-week consultation period. He added that the Committee would decide later how to respond to the consultation results, and he asked for an update report to be brought to the Committee in February to explain how the consultation was progressing. Fiona Wise explained that members of the Harrow Council Health Select Committee would be attending a challenge session at NPH, and it was agreed to make this a joint session with members of the Brent Council Health Select Committee.

RESOLVED:

- (i) that the Health Select Committee hold a joint challenge session with members of the Harrow Overview and Scrutiny Committee to prepare a response to the consultation; and
- (ii) that the Chair of the Health Select Committee write formally to NHS Brent, NHS Harrow and North West London NHS Hospitals Trust to approve the consultation process and twelve-week consultation period and to recommend that the following issues raised by the Committee be incorporated into the consultation:
 - a) the position of Central Middlesex Hospital;
 - b) an additional location for a public meeting within Brent;
 - c) specific engagement with patients with sickle-cell anaemia;
 - d) explicit reference to primary care developments in Brent; and
 - e) the retention of a full Accident and Emergency service at CMH.

4. Date of Next Meeting

It was noted that the next meeting of the Health Select Committee was scheduled for Wednesday 17 February 2010.

The meeting closed at 7.45 pm

C LEAMAN Chair