NEO NATAL SERVICES IN ESSEX, SOUTHEND AND THURROCK

Minutes of meeting of Joint Overview and Scrutiny Committee (JOSC) held at County Hall Chelmsford, on Wednesday 1 April 2009

Membership:

Essex County Council

Councillors Susan Barker*, Keith Bobbin and Maureen Miller*
Graham Redgwell (support officer)*

Southend Borough Council

Councillors Alan Crystall*, Lesley Salter* and Marimuthu Velmurugan
Fiona Abbott (support officer)*

Thurrock Borough Council

Councillor Wendy Head
Matthew Boulter (support officer)

(* present)

1 Membership

The membership, as agreed by each constituent authority, was noted. Apologies had been received from those persons not present.

2. Election of Chairman

Councillor Susan Barker was elected as Chairman.

3. Terms of reference

It was confirmed that the Essex, Southend and Thurrock HOSCs had given this Committee delegated authority to (a) consider the proposals for the review of the neo natal services covering all three areas; and (b) make a joint response on behalf of all three HOSCs.

4. Neo natal services in Essex, Southend and Thurrock

INTRODUCTION

The formal consultation exercise organised by the East of England Specialised Commissioning Group (SCG) had commenced on 6 March and would run until 29 May. It therefore covered 12 weeks, as was the standard for any large scale consultation.

The JOSC had before it all the paperwork circulated by the SCG, comprising the following:-

- Formal consultation document.
- Feedback form.
- Summary leaflet.
- Flier.
- Press release.
- Communications and Involvement Strategy.
- Findings of neo natal review by the Clinical Development Group.

The SCG had put forward two proposals for particular consideration:-

(1) Essex units to become part of the North East London and the Norfolk, Suffolk and Cambridgeshire Perinatal Networks, with access to Level 3 centres within those Networks. There would not be a Level 3 centre in Essex itself.

(2) All Essex neonatal units should be given the opportunity to develop to meet Level 2 BAPM standards, within a maximum of two years from the start of this consultation period.

The JOSC then went on to consider three issues, as set out below.

THE NATURE OF THE CONSULTATION PROCESS

The JOSC was satisfied that the 12 week period allocated was appropriate and sufficient. It was suggested that MEPs should also be included in the formal list of consultees.

Clearly the consultation document showed only the groups and organisations being consulted. It was noted that 11 public meetings would also be held, across all three constituent areas. The covering letter also mentioned coverage in the local media to raise public awareness. The JOSC was satisfied with the range of public meetings but would expect the SCG to be pro-active in seeking coverage in the press, and on radio and local TV outlets. It should also not be assumed that everybody would be able to access material through the website links.

The contacts with bodies to link in with hard to reach groups were welcomed.

GENERAL REMARKS ON THE CONSULTATION DOCUMENT

The Committee was minded to accept the clinical arguments behind the SCG proposals. It was acknowledged that the demands of a Level 3 unit could only be met in a very few locations and that it was appropriate to locate the greatest expertise in those locations.

However, there was uncertainty about what incentive there was for health bodies in Essex to spend an additional sum of some £1.7 million, which would be a recurring expenditure? Would it provide value for money and would the public actually notice any improvement in service over that provided at present? Could this be perceived purely as a 'box ticking exercise'? As the bottom line, could hospitals be forced to follow this strategy if they felt that other work streams were of greater priority to them, and what would be the implications should none take up the opportunity offered?

Given the specialist nature of this work, was there confidence that the additional posts could be filled? Was it possible that, in practice, only some of the hospitals would ever be fully staffed?

It was vital that Level 3 provision at either Addenbrookes or in London was available instantly as and when required. It would be misleading to local residents to suggest this but then have to seek provision across the rest of the UK because cots in Cambridge or London were filled by 'local babies'. This would, rightly, be seen as a second class service for Essex, Southend and Thurrock. Also, has the EoE Ambulance Service confirmed that it has the resources to transport babies and families considerable distances at very short notice?

SPECIFIC REMARKS ON THE CONSULTATION DOCUMENT

Page 14 of consultation document – the terminology used in the final column changes from 'babies' to 'infants' and from 'carer' to 'nurse'. Is this an error; or are the standards actually talking about different things?

Page 16 of consultation document – it is not really made clear in the document why the view expressed in May 2008 had changed by March 2009. The JOSC is not disputing the later position but the public may wonder why this happened.

Page 24 of consultation document – the bullet points under 'support for families' seem somewhat bland. The JOSC would welcome more information on what it is proposed would be provided, particularly for a parent having to spend several weeks away from their home.

Page 33 of consultation document – should it not be possible to reach the higher levels at all five hospitals or should funds be limited, does the SCG have any thoughts on which hospitals it might prioritise? The JOSC had some thoughts on this but found it difficult to reach any definite conclusions given the lack of detailed data on actual and projected caseloads, effects from proposed housing developments; demographic changes, etc. This was one of a number of examples in the document where additional statistical information would be very helpful, and the JOSC would ask that this type of detail be available at the public meetings should questions be raised.

Page 40 of consultation document – who pays the additional costs (i.e. is it individual PCTs or hospitals?) What incentives do hospitals have to spend this extra money? What are the non staffing costs at Southend which do not appear for any other hospital?

The extra costs quoted here do not seem to bear any relationship to the number of cots to be provided under the new arrangements (as shown in Figure 80. For example Basildon costs rise by up to £250K but the number of cots actually decreases by one. Harlow costs rise by only up to £200K but four additional cots are proposed. Can this be explained please?

5. Further action

The SCG would be advised of the comments set out above and invited to respond relatively quickly. In the light of comments received, the JOSC would then decide whether a follow up meeting was required (which could, if necessary, be done by e-mail) and when and how this issue could be signed off.

Chairman