

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 23 August 2011 in Committee Room 1, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), S. Baker, Horabin, M Lloyd Jones, C. Loftus, Macmanus, C. Plumpton Walsh, G.Zygadlo and P. Cooke

Apologies for Absence: Councillor J. Lowe and Dennett

Absence declared on Council business: None

Officers present: L. Derbyshire and S. Wallace-Bonner

Also in attendance: In accordance with Standing Order 33, Councillor Wright Portfolio Holder – Health and Adults, and Councillor Edge and Mr P Brickwood (Director of Finance & Commissioning - Knowsley Health & Wellbeing)

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

#### HEA17 REVIEW OF NON-ARTERIAL CENTRE DESIGNATION ON WARRINGTON HOSPITAL AND THE PEOPLE IT SERVES

*Action*

The Board considered a report of the Strategic Director, Communities which provided information and highlighted concerns relating to the review of the Non Arterial Centre Designation on Warrington Hospital and the people it serves.

The report advised that at a Special Meeting of the Health Policy and Performance Board, held on 28<sup>th</sup> June 2011, Members had considered a report on the Cheshire and Merseyside Vascular Review.

It was reported that Dr. Tom Dent, Project Director, Cheshire and Merseyside Vascular Review, Mr Simon Banks, Operational Director, NHS Halton and St Helens and a representative of the Cheshire and Merseyside Review Board, and Jackie Robinson, NHS Knowsley had attended the meeting. The Board had been advised that the Cheshire and Merseyside Vascular Review project board had recommended that Warrington and Halton Hospitals NHS

Foundation Trust should not be designated as an arterial centre. The minutes of the meeting were recorded as follows:-

“The Board also noted that Warrington was in the process of recruiting two more vascular surgeons and queried whether they could re-submit an application to the Vascular Review Board. In response it was noted that Warrington could re-submit an application to be an arterial centre, however they would have to prove that they met the criteria as effectively as did Chester and Liverpool.”

The Board was further advised that following the Health PPB meeting there had been an email exchange between Mr Simon Wright from Warrington and Halton Hospital Foundation Trust and Dr Tom Dent (Project Lead) and the Chair of the Health PPB.

It was reported that Mr Tom Dent had stated that “With respect to the resubmission, I have no recollection of saying that this would be possible. I wonder if my remarks were misunderstood.”

Subsequent to the email exchange, it was reported that the Chair of the Health PPB would like to challenge the process followed within the review as the Liverpool and Chester hospitals were given time to refine (not resubmit) their application and Warrington and Halton Hospital Foundation Trust and St Helens and Knowsley Hospital had not. In addition, consideration of this was also being undertaken jointly with Warrington’s Overview and Scrutiny Board.

Mr Paul Brickwood, Director of Finance & Commissioning Knowsley Health & Wellbeing, attended the meeting to clarify the current situation in respect of the review. Mr Brickwood reported that there would be a better outcome for patients if the high end arterial work was centralised. He also reported that the proposal ensured there was sufficient arterial activity across the area and there was not a sufficient number of cases to ensure the best possible outcome if there were more than two centres. In addition, he added that Warrington had not been recommended as an arterial centre as there would need to be a significant increase in activity in order to meet the clinical standards. The recommendation, he reported had been made after consultation with clinicians. A decision / assumption had also been made that the impact on not having the arterial centre at Warrington would be low as a

large number of people had indicated in the public consultation process that access was less important than health and safety. He indicated that patients were already travelling to other areas such as Liverpool to access specialist services.

The following comments were raised by Members of the Board during the discussion:-

- Concern was raised at the inappropriate timing of the review/decision. It was highlighted that at the time of submitting the bid Warrington was still in the process of developing improved services i.e the stroke Unit which would deliver improvements for Halton residents;
- Warrington and Halton Hospital Trust were now in a position to meet the criteria and would like to be given the same opportunity as Liverpool and Chester to refine the response and resubmit the bid, which would evidence how the criteria would be met. In addition, the new developments in Warrington would result in GPs referring more patients to the hospital instead of Liverpool and this would increase the volume of activity as previously the services were not available in Warrington;
- The review had been undertaken in isolation and the impact on other secondary care services had not been considered at the time of the review. There was also a possibility that if the high end arterial surgery was taken out of Warrington this would impact on the hospital being designated as a trauma unit;
- Manchester was establishing three centres and had a similar population. They and other areas had used a different criteria (75 not 100). The same criteria should have been used. Mr Brickwood replied that Manchester was a much bigger area. The Board disagreed with this comment;
- Clarity was sought on why the decision was for two centres as opposed to three? It was suggested that it would be better to have three centres, one of which would be placed in Warrington. In response, Mr Brickwood reported that he felt there was not a sufficient footprint to

justify three arterial centres. The Board disagreed with the response;

- It was reported that there would be a sufficient volume of activity/footprint if the centre was in Warrington rather than Chester. Warrington was also more central than Chester in respect of the rail and public transport infrastructure;
- Members of the Board highlighted that an impact assessment should have been undertaken before any recommendation or decision was made. The Board felt that the recommendation had failed to take account of the significant social and economic deprivation in Halton and the ageing population. The ageing population in Halton had also doubled. It was reported that arterial surgery predominantly occurred in people aged 75+, very often vulnerable people, who relied on friends and family to visit them in hospital. Chester was inaccessible via public transport from Halton and these patients would not be able to have any visitors during their stay. Receiving visitors was a vital part of a patients recovery. In addition, there had already been a significant problem ensuring patients could get to Warrington Hospital from Halton. As a result of the difficulties, a bus service had been established. It was emphasised that it was crucial that an impact assessment was undertaken before any decision was made;

In response, Mr Brickwood reported that the recommendation had been as a result of a clinical consensus. However, it was only a recommendation and the Board would make a decision at the end of September 2011. A decision had been taken on what the impact would be after a public consultation exercise. The timescale of the impact assessment had not been determined;

- Chester was an affluent city and did not have the scale of social and economic deprivation as Halton. It was on the periphery of the whole area, whereas Warrington was central to all road and rail infrastructures and public transport. It was much more accessible for all than Chester;
- It was suggested that if there was a third site in Warrington, there would be no need to send

people to Liverpool for any type of vascular surgery. In light of the points raised, and having stated that the review had not been done to make a financial saving, clarity was sought on the option of three centres being progressed? In response, Mr Brickwood reported that he felt there was not sufficient activity to justify three arterial centres;

- There would need to be some expansion work undertaken in Chester to take on the additional arterial work whereas Warrington did not need any alterations, everything was now in place i.e surgeons, staff, radiologists and theatres in a central accessible location;
- Patients choice had not been fully taken into account - the patient/public consultation responses had been misrepresented;
- Chester relied on Deeside to meet the criteria in respect of the volume of activity. Deeside was in Wales. Warrington had a sufficient volume of activity to meet the clinical standards within the area to justify a centre without importing patients from outside of England;
- There would be a negative impact on staff who did not work in the arterial centre – they would be de-skilled and would not receive the training/experience they required;
- NWAS Category A performance would suffer in the mid Mersey area as more ambulances would be in Liverpool transferring Halton patients and not responding to emergency calls. This would put Halton residents at risk;
- As Chester would be inaccessible to Halton residents, the majority would choose to have surgery in Liverpool, which would result in them being unable to cope with the volume of activity. The population across the area of Whiston, St Helens, Warrington, and Halton was half a million. This would subsequently increase the waiting lists and put Halton residents at risk. Warrington was already in a position to accommodate this volume of activity;

In response, Mr Brickwood reported that assuming the consultants networked, Liverpool was

confident that they could cope with the referrals and they would also investigate alternative ways of using the Broadgreen Site; and

- It was agreed that a copy of the criteria used and how the recommendation had been made be circulated to Members of the Board.

In conclusion, the Members of the Board agreed with the proposal for centralisation, but disagreed with the recommendation of two sites and that one of the sites should be located in Chester. Warrington, they agreed would be a better option because of the points raised above.

RESOLVED: That

- (1) the report and comments made be noted;
- (2) the comments be forwarded to Mr Paul Brickwood for presentation to the Chief Executive for consideration at their meeting on 25 August 2011; and
- (3) Mr P Brickwood be thanked for his attendance at the meeting.

*Meeting ended at 8.40 p.m.*