

**BRIGHTON & HOVE CITY COUNCIL**

**JOINT COMMITTEE ON NHS CONSULTATION ON  
BEST CARE, BEST PLACE**

**2.00PM – 8 FEBRUARY 2005**

**HOVE TOWN HALL**

**MINUTES**

Present: Councillor Brown (WSCC – Chair); Councillors Bennett (BHCC), Chaplin (WSCC), Mr R Chapman (ESCC), Pennington (BHCC), Mrs Seward (WSCC) and Webber (ESCC)

Apologies for absence were received from Councillor Barnett and Councillor Rogers

**PART ONE**

**15. PROCEDURAL BUSINESS**

**15A. Declarations of Substitutes**

15.1 Members noted that the substitutes provisions did not apply to the Joint Committee

**15B. Declarations of Interest**

15.2 In accordance with the Code of Conduct, Cllr. Bennett declared a personal interest as having been involved in the breast care service consultation.

**15C. Exclusion of Press and Public**

15.3 The Joint Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Section 100A(3) or 100 1 of the Local Government Act 1972.

15.4 **RESOLVED** - That the press and public be not excluded from the meeting during consideration of any of the items on the agenda.

**16. MINUTES**

16.1 **RESOLVED** – That the minutes of the meeting held on 25 January 2005 be approved and signed by the Chair.

## **17. NHS CONSULTATION ON BEST CARE, BEST PLACE**

### **17A PROGRESS OF THE CONSULTATION**

17.1 Cllr Mrs Seward reported that the Chief Executives of Mid Sussex PCT, Brighton and Sussex University Hospitals NHS Trust and the Sussex Ambulance Service NHS Trust had attended a meeting of Mid Sussex District Council on 26<sup>th</sup> January 2005 as part of the 'Best care, best place' consultation. It had been a useful meeting and no concerns had been raised about the consultation process.

### **17B NHS TRAFFIC SURVEYS**

17.2 The Joint Committee agreed to consider the transport implications of the proposals at the next meeting.

17.3 Mr Mike Wood, Chief Executive of Mid Sussex PCT advised that the proposals in the 'Best care, best place' consultation did not have significant transport implications, but acknowledged that it was a significant issue more generally in the area. He agreed to provide a brief report on transport implications in relation to the consultation.

17.4 **RESOLVED** – That the transport implications of the proposals be considered at the next meeting of the Joint Committee.

### **17C INTERIM REPORT FROM MID SUSSEX PATIENT AND PUBLIC INVOLVEMENT FORUM**

17.5 The Joint Committee noted the interim report provided by Mid Sussex Patient and Public Involvement Forum (see minute book).

17.6 Mr Tony Reynolds, Chairman of the Mid Sussex PPI Forum, introduced the report. He advised that there had been a low attendance at some of the public meetings, but that the NHS had tried to engage the public in a variety of ways. He felt that public interest in the consultation had recently been increasing.

17.7 Mr Reynolds reported that proposals for neurosurgery and neurology, children's and maternity services were generally supported, provided that the recruitment of Advanced Neonatal Nurse Practitioners to sustain maternity services at the Princess Royal Hospital (PRH), Haywards Heath was successful. Proposals for emergency surgery were generally supported, although the public was anxious that there should not be a similar situation to the closure of Accident and Emergency Services at Crawley Hospital.

17.8 The Joint Committee noted that transport had been raised as an issue, although the PPI Forum saw the provision of transport as an issue for different tiers of Government, rather than the NHS.

17.9 **RESOLVED** – (1) That the interim comments of the Mid Sussex PPI Forum be noted.

(2) That the PPI Forums be invited to submit their comments on the consultation to the next meeting of the Joint Committee.

## **17D EMERGENCY SURGERY**

17.10 The Joint Committee considered the proposals that emergency surgery currently undertaken at the PRH should be moved the Royal Sussex County Hospital (RSCH), Brighton.

17.11 Mr Wood clarified that this would affect around 1,500 patients out of the 30,000 who attended the Accident & Emergency (A & E) Department at the PRH each year, which would leave a viable A & E service at the PRH, dealing with other cases including people with heart attacks. The proposals were driven by the need for clinical quality and it was hoped that the RSCH would become a centre of excellence for trauma cases, providing a full range of services for people with multiple injuries.

17.12 Dr Charles Turton, Medical Director of the Brighton and Sussex University Hospitals NHS Trust, advised that the Trust could not sustain the two services as at present – some A & E services could not be duplicated as there would not be enough cases to maintain clinical skills. The PRH only had 30,000 visits to A & E per year, but Government guidance suggested that a full A & E should cover 50,000 cases per year. The RSCH had 80,000 visits to A & E per year and did not have the capacity to absorb all of the PRH's A & E work, so there was no possibility of the PRH A & E being downgraded, as had happened at Crawley. The network between the two hospitals made them both sustainable, which would provide quality into the future.

17.13 The Joint Committee noted that the Chief Executive of the Sussex Ambulance Service NHS Trust, himself a qualified paramedic, supported the proposals. Ambulance paramedics could do a lot of vital work before a patient reached a hospital and evidence suggested that it was better for ambulances to take trauma cases to a major trauma centre rather than to the nearest hospital.

17.14 The Joint Committee agreed to support the proposals in the 'Best care, best place' consultation document for emergency surgery including orthopaedics.

## **17E ROUTINE SURGERY**

17.15 Cllr Bennett expressed concern that breast care surgery would be relocated from RSCH to PRH together with other routine surgery. This was because a consultation on the future of breast care services in 2003 had resulted in plans for the breast care assessment centre to be relocated from PRH to RSCH, affecting around 8,000 women per year.

17.16 Ms Amanda Philpott, Acting Director of Service Development, Brighton and Sussex University Hospitals NHS Trust, advised that the proposals for the relocation of breast care services from PRH to RSCH had not included routine breast surgery. The strategy of moving routine surgery to the PRH had been included in those proposals, which would affect around 430 women per year. The separation of

routine and emergency surgery was intended to reduce the number of routine operations that had to be cancelled, currently around 1,000 operations per year.

## **17F PRIMARY CARE SERVICES**

17.17 The Joint Committee considered the proposed policy direction of increasing investment in primary care services and community services. It was anticipated that this would lead to more treatment being provided in more local settings and investing in prevention.

17.18 Mr Wood clarified that the projected funding for community services contained in the 'Best care, best place' working document included community mental health provision, such as mental health workers based in GP practices.

17.19 The Joint Committee agreed to support the general direction of increased investment in primary and community services contained in the 'Best care, best place' consultation document, emphasising the importance of investment being made at the same time as changes were made in secondary care. The importance of working in partnership with social services and voluntary organisations was also emphasised.

## **17G ROYAL SUSSEX COUNTY HOSPITAL CAPACITY AND PROJECTED POPULATION GROWTH**

17.20 Mr Wood reported that other common issues that had been raised during public consultation meetings had been whether the RSCH site had sufficient capacity for the proposals and whether projected population growth had been taken into account.

17.21 The Joint Committee noted that the NHS had detailed plans that demonstrated that there was sufficient site capacity at the RSCH, based on the demolition of the older buildings on the site and their replacement with multi-storey buildings. It was also noted that projected population growth had been taken into account in the proposals.

17.22 **RESOLVED** – (1) That the proposals for emergency surgery including orthopaedics in the 'Best care, best place' consultation document be supported.

(2) That the plans for routine surgery contained in the 'Best care, best place' consultation document be noted.

(3) That the general direction of increased investment in primary and community services in the 'Best care, best place' consultation document be supported.

(4) That assurances given that there is adequate site capacity at the RSCH and that population growth has been taken into account in the proposals in the 'Best care, best place' consultation document be noted.

## **18. DATE OF NEXT MEETING**

18.1 **RESOLVED** – That the next meeting of the Joint Committee will be held on:

22<sup>nd</sup> February 2005 at 2.00pm

The meeting concluded at 3.20pm

Signed

Chair

Dated this

day of

2005