

**At an Extraordinary meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 21<sup>ST</sup> OCTOBER, 2015 at 11.00 a.m.**

**Present:-**

Councillor N. Wright in the Chair

Councillors Davison, Fletcher, Howe, David Snowdon and Dianne Snowdon.

**Also in attendance:-**

Dr Clare Bradford, Medical Director, NHS Sunderland Clinical Commissioning Group  
Ms Charlotte Burnham, Head of Scrutiny and Area Arrangements, Sunderland City Council

Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council

Dr Sean Fenwick, Director of Operations, City Hospitals Sunderland NHS Foundation Trust

Mr David Gallagher, Chief Officer, NHS Sunderland Clinical Commissioning Group  
Ms Carol Harries, Trust Secretary and Director of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust

Ms Lillian Lawson, Patient Action Group

Ms Linda Lyness, Patient Action Group

Mr David Noon, Principal Governance Services Officer, Sunderland City Council

Ms Janet Stephens, Patient Action Group

Mr Peter Sutton, Director of Strategy and Business Development, City Hospitals Sunderland NHS Foundation Trust

Mr Scott Watson, Head of Contracting and Performance, NHS Sunderland Clinical Commissioning Group

Ms Shirley Williams, Patient Action Group

**Welcome and Introductions**

The Chairman welcomed everyone to the meeting and asked them to introduce themselves.

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillors D. Dixon and Scanlan and also on behalf of Mr Steve Williamson.

**Declarations of Interest (including Whipping Declarations)**

There were no declarations of interest made.

**Breast Cancer Services in Sunderland**

The Medical Director and Head of Contracting and Performance at Sunderland Clinical Commissioning Group (CCG) submitted a joint report (copy circulated) to update the Committee on the CCG's current arrangements for patients requiring

breast care services in Sunderland and the process for the future commissioning of these services.

(For copy report – see original minutes).

Mr Scott Watson, Head of Contracting and Performance, NHS Sunderland Clinical Commissioning Group presented the report, supported by Mr David Gallagher, Chief Officer of the CCG and Mr Peter Sutton, Director of Strategy and Business Development, City Hospitals Sunderland.

Mr Watson advised that the intention was to create a new service for Sunderland as quickly as possible. The preferred model of care for patients requiring breast care services was a high quality “one stop” assessment unit for all new patients. This was a model of care that was widely available in the UK and the one that the CCG wished to commission for the population of Sunderland. Members were informed that since December 2014 the CCG had been trying to secure this service. Plans were originally made to develop a breast care service jointly between City Hospitals Sunderland Foundation Trust (CHSFT) and Newcastle upon Tyne Hospitals Foundation Trust (NUTHFT). Unfortunately as a result of unforeseen changes at the NUTHFT it had not been possible to implement these plans. The majority of new patients from Sunderland who required breast care services were now being assessed by Gateshead Hospitals NHS Foundation Trust (GHFT) at the Queen Elizabeth Hospital. Some patients are also being assessed in Durham and Newcastle hospitals.

Mr Watson then outlined the following short, medium and longer term actions that would be taken to ensure the continued availability of breast care services in Sunderland:-

i) Short term (now):

- Patients with a care plan, from before December 2014, would continue to be treated at CHSFT. This included care and support from the breast care nursing team, who were based in Sunderland one day per week in addition to a five day dedicated telephone service.
- CHSFT would continue to care for their existing patients via a consultant-led multi-disciplinary team, with NUTHFT providing oversight and clinical support when needed.
- Patients who needed a referral for breast care services would continue to get assessment appointments in north east hospitals using the “e-referral system”. If subsequent treatment (e.g. chemotherapy) were required, patients would receive this in Sunderland when this was clinically appropriate and their choice.

ii) Medium term (2-3mths):

- SCCG, CHSFT and GHFT would continue to work together to ensure that patients received access to high quality services which met NHS Constitutional standards. This would include the use of the most appropriate clinical skills and expertise to maintain patient safety and quality.
- SCCG, CHSFT and GHFT would continue to develop a “one stop” breast care assessment service for patients from Sunderland. This would ideally be based in Sunderland and options currently being considered were the development of an

assessment unit within either Sunderland Royal outpatients department or Grindon Lane Primary Care Centre.

- SCCG would develop a service specification for a high quality breast care service informed by existing clinical standards as well as the views of patients. The specification would use evidence from the patient engagement exercise undertaken to support the development of future breast care service model. A copy of the Patient Engagement final report had been circulated to the Committee prior to the meeting and Mr Watson drew members' attention to its key points.

iii) Longer term (3-5mths):

- SCCG would complete commissioning arrangements for a high quality "one stop" breast care assessment unit for the population of Sunderland so that new services could start no later than 1st April 2016.
- SCCG would ensure that the new contracts for services would include high quality care for all breast care patients in Sunderland and that these services were consistent (where clinically safe and resources are available) with the findings of the patient engagement exercise

The Chairman thanked Mr Watson for his presentation and while appreciating that a great deal of effort had gone into the attempts to re-provide the preferred model of care the fact that no cast iron guarantees could be given regarding its return would be extremely upsetting for the people going through their cancer journey. She found it disturbing that the service existed in Newcastle, Durham and Gateshead but not in a city the size of Sunderland.

Councillor Fletcher referred to the current short term position and asked that if a Sunderland patient was referred to Gateshead or Durham for treatment could they come back to Sunderland to receive their aftercare. Mr Watson replied that in the case of Gateshead the answer was yes. While there was no specific agreement with Durham, patient choice would ultimately determine where the aftercare was undertaken.

In response to a further enquiry from Councillor Fletcher, Mr Watson advised that details of the new telephone service had been communicated to all the existing patients, detailing the numbers required either to make an appointment or to receive further support.

In response to an enquiry from the Chairman regarding the loss of the specialist nurses, the Committee were informed that the nurses from Sunderland had successfully applied for the positions advertised by the Queen Elizabeth Hospital in Gateshead. Sunderland had then negotiated with Gateshead to make sure the nurses could return to Sunderland to provide on-going care and support to patients. In response to a further enquiry from the Chairman, Mr Sutton advised that the specialist nurses were currently undergoing an induction process in Newcastle but he would expect that they would be back working in Sunderland in two weeks.

The Chairman welcomed Ms Williams from the patients' action group and invited her to address the Committee with regard to the situation as seen from the perspective of service users. Ms Williams advised that Sunderland did have a one stop shop for more than 10 years at Sunderland Royal. During this time it was only the radiology service that required a trip to the Freeman Hospital in Newcastle. The patients in Sunderland didn't understand why their services had closed or why Sunderland

couldn't attract breast cancer consultants to its hospital. There had also been concern over the use of the term 'temporary' to describe the loss of the service in Sunderland. It had now been 10 months since the suspension of the service and patients were beginning to worry that this was more likely to be permanent than temporary. Patients had been devastated by the loss of the specialist cancer nurses to Gateshead. The communication with patients had been extremely poor regarding this issue with patients receiving a letter on 3<sup>rd</sup> October explaining that the nurses would be leaving on the 4<sup>th</sup>. In some cases patients had not received a letter at all.

Mr Gallagher stated that he was really sorry that the patients' experience had not been as it should and that he understood their frustrations. He explained that the suspension of the service was not for ever and a day and that ultimately there would be a solution, hence the use of the term 'temporary'. It had been hoped that the solution would have been agreed months ago however the situation had been hindered by the fact that most breast surgery services were struggling. The first priority was to establish a safe service for Sunderland and the CCG and City Hospitals were working hard to achieve this as quickly as possible. With regard to Mrs Williams' concern over the lack of a breast cancer consultant, Mr Sutton advised that City Hospitals had tried on numerous occasions to recruit a consultant to that position without success. Part of the problem was that Sunderland was not a screening centre.

Councillor Davison believed that in reality the CCG and City Hospitals were abandoning hope of restoring provision in Sunderland. People entering the system for the first time would just accept the current position as the norm.

Mr Gallagher replied that this was not the case. The absolute intention was to get the service back to where it had been previously and then to enhance it. They were not quite there yet but hopefully they would be by the end of the year.

Councillor Dianne Snowdon asked how many Sunderland patients were currently in the system and how were any delays monitored. Mr Watson replied that there were currently 75 Sunderland patients being treated. Performance earlier in the year had not been where the Trust had wanted. Additional resources were put in and through July, August and September performance had returned to the appropriate standards. Patient feedback on the service had been very positive. Councillor Snowdon stated that she had experienced the one stop system in Gateshead which had been excellent. With regard to the proposal to re provide the Sunderland service at Grindon Lane Primary Care Centre, she asked if the service currently operating from the Royal would re locate there and would there be any capacity issues. Mr Watson replied that it was hoped to have the service operating out of Grindon by January 2016. This would be depended upon the Gateshead Queen Elizabeth agreeing to provide this service. Gateshead were confident that they would have the capacity to operate the service five days a week but until this was confirmed and agreed, Mr Watson could not offer any cast iron guarantees as there were no other service providers available.

The Chairman stated that she was keen to seek the Hospital's perspective on the matter. Ms Harries stated that it had been a difficult decision to suspend the service but it was one that had needed to be taken as patient safety was paramount. The Hospital and the CCG had immediately looked to find a way to re-provide the service. Ms Harries had expected that this would take a matter of months rather than weeks however she had not expected it to take as long as it had. It was the intention

of the hospital in conjunction with the CCG to re provide the service in Sunderland as before, the only difference being that the staff would not be directly employed by the hospital.

Dr. Fenwick then explained the operation of the one stop shop for the benefit of the Committee. The aim of the service was to provide, in one location, everything needed to provide a diagnosis for a patient before they left at the end of the day. Mrs Williams and Councillor Fletcher having queried the timescale, Dr Fenwick advised that the intent was there however the complexity of a small number of cases may result in a delay to the diagnosis.

The Chairman drew the debate to close and thanked the representatives from the CCG and City Hospitals for their attendance. She acknowledged the positive comments made and stated that the Committee appreciated the work being done in often difficult situations. In addition she hoped they had found the patient perspective useful and thanked Ms Williams in this regard. The Chairman stated however that there was no doubt that the situation was extremely unsatisfactory. In particular there had been a failure in communications from the service provider to the service user. In some cases messages had been contradictory or missing altogether. The Chairman advised that this was something she would like the officers from the CCG and City Hospitals to think about and improve for the benefit of patients undergoing their cancer journey.

The Committee having given consideration to the report and presentations, it was:-

1. RESOLVED that:-

- i) the report of the Sunderland CCG on the Sunderland Breast Care Services together with the Patient Engagement Report be received and noted
- ii) Sunderland CCG and City Hospitals Sunderland NHS Foundation Trust be requested to note and give consideration to the comments, including those around future communications to patients, made by the Scrutiny Committee, and
- iii) Sunderland CCG, City Hospitals Sunderland NHS Foundation Trust and relevant providers be invited to attend the January 2016 Scrutiny Committee meeting in order that progress in relation to Breast Services in Sunderland is monitored.

## **Urology Services in Sunderland**

The Director of Operations, City Hospitals Sunderland NHS Foundation Trust submitted a report (copy circulated) which up dated the Committee on the current position in relation to the provision of urology services in Sunderland.

(for copy report – see original minutes)

The Chairman introduced the item stating that in February this year she had called an extraordinary meeting of the Committee to consider the CQC judgement of the quality of care at Sunderland Royal Hospitals and City Hospitals Sunderland NHS Foundation Trust following an inspection that had been carried out during out during

September and October 2014. Two days after that meeting headlines in the Sunderland Echo revealed that the Coroner was to investigate the death of a urology patient at Sunderland Royal Hospital. The Chairman believed that it had been remiss of City Hospitals not to mention this likelihood in the meeting with the Scrutiny Committee.

Carol Harries replied that she had been the presenting Officer at that meeting but had not intended to mislead members. It was not mentioned because she was not in receipt of the detailed findings from the Coroner at the time. The Chairman thanked Ms Harries for this clarification and invited Dr Fenwick to present his report.

Dr Fenwick advised that the Urology service provided a comprehensive hub and spoke arrangement to a wide geographical area, operating from a number of sites across Sunderland, South Tyneside and Durham. From November 2013 there had been increased internal focus with support for the department of Urology following a range of performance issues. Dr Fenwick stated that the team had delivered significant improvements to its performance which were currently being sustained. In this regard he drew members' attention to paragraph 4 of the report. This outlined how the vulnerabilities in the system particularly in relation to the scheduling of out patients appointments and of treatments had been addressed. These vulnerabilities had been exposed in Urology as a consequence of volume, complexity and multi-site working however as many of the issues existed in other specialties the actions had been applied across the whole organisation.

In response to an enquiry from the Chairman, the Committee were advised that it was not usual for catheters to be inserted in a sitting position however in cases where a patient was unable to lie down it might be the only solution. The Chairman asked that an instruction was issued that catheters should not be inserted in a sitting position in normal circumstances.

In response to enquiries from Councillor David Snowdon, Dr Fenwick stated that 'RTT Incompletes' referred to cases where a period of 18 weeks had been exceeded before a definitive treatment had started and Ms Harries advised that the peak shown on the graph between November 2014 January 2015 was largely the result of a national advertising campaign which highlighted the importance of seeking medical advice if a person spotted blood in their urine.

Councillor Davison asked if training was now completed in respect of the da Vinci robot. Dr Fenwick replied that training was on going and based on a rolling programme as there was an increasing number of specialties using it.

In response to an enquiry from the Chairman regarding the number of patients waiting for treatment in excess of the 18 week target, Dr Fenwick stated that he did not have that information to hand but he would be happy to provide it following the meeting. Some waits were down to clinical need particularly in relation to prostate conditions.

The Chairman stated that she understood that in cases of catheterisation, hospitals used both male and female catheters. She asked if any system was in place to prevent the wrong catheter from being used at City Hospitals. Dr Fenwick replied that all female catheters had been removed from City Hospitals following on from the original reference of a case to the Secretary of State.

The Chairman having thanked Dr Fenwick for his report, consideration was given to the information provided to the Committee and it was:-

2. RESOLVED that:-

- i) the report on urology services in Sunderland and the assurances contained within be received and noted, and
- ii) the City Hospitals Sunderland NHS Foundation Trust be requested to note and give consideration to the comments made by the Scrutiny Committee on the issue.

(Signed)      Norma Wright  
Chairman