



Minutes of the Health Scrutiny Board

11 June 2009

-: Present :-

Councillors Carter (C), Faulkner (J), John, Manning, Morey, Phillips, Thomas (D), and Thomas (J)

Please note these are draft minutes and subject to the approval of a future meeting of the Health Scrutiny Board

62. Election of Chairman

Councillor Thomas (D) was elected Chairman of the Health Scrutiny Board for the 2009/2010 Municipal Year.

Councillor Thomas (D) in the Chair

63 Appointment of Vice-Chairman

Councillor Phillips was elected Vice-Chairman of the Health Scrutiny Board for the 2009/2010 Municipal Year.

64. Minutes

The Minutes of the meeting of the Health and Wellbeing Board meeting held on 1 April 2009 were confirmed as a correct record and signed by the Chairman.

65. Terms of Reference

The meeting was advised of the Health Scrutiny Board's terms of reference, as agreed by the Overview and Scrutiny Board on 27 May 2009 [Minute 43 refers]; namely, the consideration of all matters and issues arising from the Council's power of scrutinising local health services in accordance with the Health and Social Care Act 2001.

Resolved: that the terms of reference of the Health Scrutiny Board be noted.

66. Consultation on Proposed GP Practice Merger – Invitation to Comment

The Board considered Report 117/2009 on the proposed merger of the Pembroke House Surgery and the Upper Manor Road Surgery in the Preston area of Paignton. The report informed the Board that following the merger the single practice would relocate to the Concorde House site in Preston, Paignton. The report contained a consultation document and covering letter that formed the basis of the consultation with all interested parties.

Members questioned the costs to Torbay NHS Care Trust of the proposed merger. In response, the Board was advised that Personal Medical Services (PMS) contract price per patient was slightly higher than the General Medical Services (GMS) price per patient and would total less than £20,000 per annum. The Board was informed that the full financial affects of the changes would be submitted to the Torbay NHS Care Trust Board at its meeting on 15 July 2009. Members were advised that a merged record system would improve patient care and that economies of scale would result once the practice relocated to a single site.

Members asked for further details of the consultation process. The Board was advised that in addition to the process described in the consultation document there had been a consultation meeting held on 9 June 2009 and that all patients of the Upper Manor Road Surgery would be receiving a copy of the consultation document in the post.

Members asked for further details of the relocation to Concorde House, including consultation relating to the relocation. Members were informed the relocation would occur by Easter 2010. The Board was advised by a General Practitioner from the practices concerned that the relocation to Concorde House was included in the current consultation and a second consultation was not envisaged. The Board was informed that additional engagement would take place to help guide the development of the new premises the practice proposed at Concorde House.

Members questioned the accessibility of the proposed site at Concorde House. The meeting was informed that car parking in the Preston area of Paignton was difficult but the relocation of the merged practice might improve this aspect of accessibility and that the situation would be no worse than at present.

Members were advised that services would be sited on the first floor of Concorde House. The General Practitioner from the practices concerned agreed a ground floor location would have been preferable but stated that there was a lack of suitable of ground floor accommodation in the Preston area of Paignton.

Members questioned whether patients would be less likely to be able to see the same GP in a bigger practice than at present. In response the Board was informed that patients would be able to access their GP of choice and that patients of the Upper Manor Road surgery would be able to see a GP on a Saturday morning and have access to a female GP.

In reply to members' questions, the transitional arrangements to ensure there was no loss of access to services during the change were outlined to the Board.

Members questioned whether waiting times would increase as a result of the proposed changes and how many new patients might be attracted to the new practice. In response, the Board was advised that patient waiting times should reduce after the merger and an additional full-time GP was being recruited to manage the increased workload of extra patients. The Board was advised that the number of GPs would rise from five to possibly seven.

Members questioned whether any pharmacy would be located in Concorde House and were advised that a pharmacy would be sited within the building.

Resolved: (i) that feedback be provided to Health Scrutiny Board members concerning the results of the consultation following the close of the process on 3 July 2009; and

(ii) that the improvements anticipated as a result of the merger of the Pembroke House Surgery and the Upper Manor Road Surgery be welcomed.

67. Service Development Proposal to Expand Specialised Services for Morbid Obesity (Bariatric) Surgery in Five Zones across the South West

The Board considered Report 118/2009 which set out proposed changes in bariatric surgery services across the South West of England. The report made clear that Plymouth Hospitals NHS Trust and Taunton and Somerset NHS Foundation Trust were recommended to become the two designated providers of this service for the population of Torbay. An impact assessment within the report concluded that patients should benefit, over time, from an improved service as a result of the change. Representatives of the South West Specialised Commissioning Group and Torbay NHS Care Trust attended the meeting.

In response to questioning, Board members were advised that work on preventing and raising awareness of diabetes would continue. Members questioned whether the expansion of bariatric surgery might be perceived as inconsistent with a healthy lifestyle message. In response, the Board was advised of the referral pathway and informed that designated bariatric surgery centres would receive referrals from weight management clinics. The Board was informed that patients were assessed physically and psychologically before undergoing bariatric surgery. Members were informed that lifelong changes in eating habits were necessary following bariatric surgery.

Members questioned the post-surgery aftercare and were advised that gastric bypass patients would receive one follow-up at their designated centre and gastric banding surgery patients would receive four follow-up sessions.

The Board questioned the risks if Plymouth Hospitals NHS Trust did not develop to specialist level 2 within two years of designation – the timescale suggested in the service change proposals. In response, members were advised that only an administrative or managerial problem might prevent Plymouth attaining level 2 as planned, but that either the Taunton centre or an alternative level 2 centre would be available to Torbay patients if the centre at Plymouth did not develop as expected.

In response to questioning, the Board was advised that each bariatric operation cost approximately £7,000-£8,000. Members were informed of the number of bariatric operations in the south west: 840 in 2009/10; 980 in 2010/11; and 1200 in 2011/12.

Members questioned whether South Devon Healthcare NHS Foundation Trust had tendered to provide bariatric surgery services and were advised the Trust had not.

Members were advised that waiting times for bariatric surgery would not exceed the NHS's maximum eighteen weeks waiting time and it was hoped the times would reduce as capacity expanded, despite increasing demand.

Members referred to the lack of weight management clinics and services and asked for details of Torbay's plans for establishing more specialist weight management services.

In reply, the Board was informed that Torbay NHS Care Trust was working with South Devon Healthcare NHS Foundation Trust and Devon Primary Care Trust to ensure compliance with NICE (National Institute for Clinical Excellence) guidance. Members questioned the support for those patients completing the FitBay exercise referral scheme and were advised that further details would be provided to Board members.

In reply to members' questioning, the Board was advised that the bariatric surgery proposals related only to adult surgery. The Board was informed that there was growing recognition of a need for more work in the area of adolescents' obesity.

Resolved: (i) that the results of the review of specialised services for bariatric surgery be noted;

(ii) that the strong support from patients, clinicians and the public for improving services for morbid obesity be noted;

(iii) that the implementation of the proposed designation programme and the associated service developments be supported; and

(iv) that the designation of Plymouth Hospitals NHS Trust and Taunton and Somerset NHS Foundation Trust as the providers of this specialised service for the people of Torbay be supported.

Chairman