

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and
Scrutiny Committee

Meeting held 7 December 2023

PRESENT: Councillors Ruth Milson (Chair) (Sheffield City Council), Jeff Ennis (Barnsley Metropolitan Borough Council), Glynis Smith (City of Doncaster Council) and Taiba Yasseem (Rotherham Metropolitan Borough Council).

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from Councillors Sue Saddington (Nottinghamshire County Council) and Jean Wharmby (Derbyshire County Council).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Committee held on 23rd August 2023 were agreed as a correct record, except for one duplicate paragraph, which was subsequently removed.

5. ONCOLOGY REVIEW.

5.1 The report which provided an update on the progress of a review of non-surgical Oncology outpatient appointments, was presented by Emma Latimer (Executive Place Director for Sheffield and Cancer Lead for South Yorkshire, South Yorkshire Independent Commissioning Board) (ICB), Julia Dicks (Consultant Oncoplastic Breast Surgeon and Clinical Director, South Yorkshire ICB), and Paul Parsons (Director at Stand).

5.2 A presentation was also delivered which was subsequently published on the Council's website. The aim of the presentation was to outline the drivers for change in the service, provide clarity on what the changes meant, give an overview of the process and involvement activity undertaken, outline the rationale for the proposed stabilisation model, provide assurance regarding mitigations to minimise the impact and gain a steer on next steps.

5.3 Panellists gave the following further information in response to questions from Members:

- When asked for clarification on the chart of the 5 specialist areas which stated “Barnsley/ Rotherham”, Julia Dicks advised that this had not been decided yet.
- Paul Parsons advised that engagement with vulnerable adults had taken place via the production of an “easy read” document. Also 23 different relevant groups had been consulted representing people who might not normally engage such as people of Asian heritage, young people, migrants, Afro Caribbean heritage, rural communities, a men’s cancer group and the elderly.
The feedback from these groups had not been weighted by Stand, it had been left up to the decision makers how it was taken into account.
- Access to interpreters for consultant appointments had been highlighted as an issue by this research.
The new model would provide an opportunity to address this.
- The key issue which had led to the formation of this temporary model was a lack of oncologists/ specialists.
There were national plans to increase oncology trainees. Many allied health professionals were already involved in current care, but these roles could be brought on further, e.g. nurse led chemotherapy.
- The evaluation panel referred to at the bottom of page 13 of the report was made up of the oversight group with representatives from Place organisations. Julia Dicks advised that this group had known that leaving the situation in the Oncology service as it was, was not a realistic option so that had not been considered.
- The changes would ensure equality of waiting times and offer an equitable service. The key goal was to stabilise the service and then move forward.
- Once the temporary model was established further work would be done, in particular with the universities, to establish how to make the service attractive to the NHS workforce.
- Work was also being done to promote cancer prevention and to avoid patients presenting late to the service, i.e. with stage 3 or 4 cancer.
- Patients should have a choice between virtual or in person appointments and it should be ensured that either way, they had a quality consultation.
- A team method of working would be required to ensure continuity of care if patients did not get to see the same person for each appointment.

5.4 Members stated that they were keen to see continual high-quality engagement in place, i.e. a feedback loop with equality issues always kept in mind, rather than another consultation. They felt patient feedback should be central to the delivery of future services. In addition to the recommendations in the presentation they requested a further report after 6 months.

5.5 **RESOLVED:** That the Sub Committee: -

- (a) Notes the approach to co-production of the service model, assurance process and progress to date.
- (b) Supports the proposed approach for the Stabilisation phase of the programme.
- (c) Notes the high level of patient and public involvement already achieved by

the programme, and the role it has played in the decision making.

- (d) Expects patient feedback to be an ongoing process, rather than requiring a further consultation to take place in the stabilisation phase of the programme; and
- (e) Requests a further update be provided after 6 months.

6. NEW ORTHOPAEDIC CENTRE, MEXBOROUGH.

6.1 The report, which outlined the development of the Mexborough Elective Orthopaedic Centre of Excellence (MEOC) was presented by Richard Parker (Chief Executive, Doncaster and Bassetlaw Teaching Hospitals).

6.2 A presentation was also delivered, which was subsequently published on the Council's website. This gave details of how the MEOC would be funded and staffed and what services it would offer. It also explained the key benefits of the new service and summarised how the public were being involved.

6.3 Richard Parker gave the following additional information in response to questions from Members:

- Transport to the MEOC would be discussed with patients at their pre assessment appointment. This would include potential eligibility for ambulances. Taxis would also be available.
- Transport to the site would be kept under review in order to respond to patients' needs.
- Most surgeries would be day surgery and if there were any complications patients would be transferred to the local hospital.
- The life span of the building was 40-50 years.
- This model of having a centre for elective (as opposed to emergency) orthopaedic procedures only, could be expanded in future for other elective operations.
- The MEOC would enable operation waiting times to be gradually reduced.
- There was an ongoing plan for recruitment and retention of staff to ensure sufficient staff were in place for when the centre opened on 15th January 2024. Surgeons had been pre-recruited, and many other vacancies filled.
- If the expected outcomes could be achieved then efficiencies should mean that demand would reduce, so ultimately fewer support staff would be needed.
- There would be a reduction in the cost of operations e.g. if one extra operation could be performed on each list to that done under the current system.
- It was anticipated that more operations would be conducted in a day at the new site, due to the centre being designed in order to achieve this e.g. operating theatres and wards being located near to each other rather than at opposite ends of the building.
- The aim was to give patients a better experience which would enable them to be discharged and return home on time.
- The operating theatres would be state of the art and this would also assist with recruitment.
- Information on the website regarding bus routes would be double checked

as it had been suggested to Members that it was not accurate.

- Patients could still choose to have their operation at their local hospital (e.g. if transport was a concern) and there would be no difference in the waiting times for this.
- Success would be measured in terms of patient satisfaction, reduction in waiting times and in the reduction of cancellations of operations.

6.4 Members requested further updates after 6 and 12 months of opening.

6.5 **RESOLVED:** that the Sub Committee:-

- (a) notes the update; and
- (b) requests further updates after 6 and 12 months of opening.

7. **WORK PROGRAMME.**

7.1 The report was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council).

7.2 It was confirmed by Members that they were in agreement to moving the Committee to meeting quarterly rather than monthly. This was in order to better fit in with the work schedules of Members.

7.3 Members agreed that bearing in mind the move to quarterly meetings, the further updates regarding Oncology and Mexborough Orthopaedic Centre could be scheduled for September 2024.

7.4 **RESOLVED:** That the Sub-Committee agrees the work programme, including the additions and amendments identified

8. **DATE OF NEXT MEETING**

8.1 It was noted that the next meeting of the Committee will be in March 2024 on a date to be confirmed.