

**NORTH YORKSHIRE & YORK PUBLIC AND PATIENT INVOLVEMENT  
FORUM**

**CRAVEN, HARROGATE & RURAL DISTRICT LOCALITY WORKING GROUP**

**ANNUAL HEALTHCHECK DECLARATION - MAY 2007**

**CORE STANDARD C17 –**

**The Views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.**

The CHARD Locality Group expresses concern that plans put forward by the PCT seem to be finance-centred and not patient-centred. The PCT is determined to balance its books, with which the Group has no quarrel, but it is concerned about the way in which this is being carried out. It is concerned about the fact that, since it came into office, there has been no proper consultation on its plans with either the CHARD Locality Group, with the Overview and Scrutiny Committee or with any other patients' group.

The CHARD Locality Group wishes to draw the attention of the Healthcare Commission to the fact that the Recovery Strategy, with its emphasis on cost-cutting through the avoidance of spending on services, will not embrace Service Improvement and Development until after repayment to the DH of previously incurred debts. This presumably means that Community Sector Involvement in commissioning leading to Service Improvements will not take place until after 2008/2009.

The PCT Board, at its January meeting, sought to approve a three-year funding package for the Community Sector. There appears to have been no negotiation about this, with Community Sector managers, and the decision was put to the Board, before the appointment of a Director with responsibilities for Community Sector partnerships.

It was expected that the reconfigured PCT would uniformly deliver choice, range and quality in every locality, with recognition of special needs and circumstances within each individual locality; patients and the public were given this assurance. This essential feature was to be the establishment of Locality Teams, with executive leadership. The CHARD Group believes that this is virtually now nonexistent and it is causing great concern, particularly in the Craven District.

The main concerns of the CHARD Locality Group are as follows:

1. The CHARD Group of the PCT Patients' Forum feels that it must express concern about the way in which patients from the CHARD area are being disadvantaged.

The former CHARD PCT promised publicly that, subsequent to the merger of the four North Yorkshire PCTs on 1 October 2006, the patients of the CHARD area would not be disadvantaged by the profligacy of other PCTs. It now seems that these promises are to be ignored. The CHARD Group is most concerned about the effect that actions like this have, on integrity in public life, and the trust of local people in what Board representatives of NHS organisations say.

2. The Group is aware of the concern expressed by local GPs, through their local Medical Committee, about the safety of the PCT's policy with regard to patient referral to Secondary Care and the way that this has been 'limited'. Doctors have also expressed concern that the system imposed is in contradiction of their own Code of Ethics.

Hospital consultants have expressed concern that, if patients are selected to be turned back to Primary Care for treatment, they will see a lesser range of cases and will become de-skilled.

3. We feel that we need to draw attention to a statement made by the York (Acute) Hospital Trust. The statement says that, in view of the cutting of funding of that Acute Trust, by some 7%, it was going to downsize and would not be able to take any additional patients. It therefore urged the Primary Care Trust to make plans for treating local patients, out of hospital.

When representatives of the Primary Care Trust were questioned as to alternative plans with regard to GPSIs and other alternative forms of care, in the Primary Care setting, no clear answer was given. The CHARD Group expresses concern that either such plans do not exist, or they have not yet been formulated, despite cuts being imposed from 1 April 2007.

4. With regard to Skipton General Hospital, the CHARD Group has been given to understand that agreement had been reached on forward plans, with the Strategic Health Authority, but the PCT Board appears to have 'shelved' any proposal and seems unable to give clear assurances with regard to this site, to help build public confidence.

There also appears to be lack of clear purpose at Castleberg Community Hospital near Settle, where the previous accepted practice of respite care is now denied as ever having been included in service provision.

5. It seems that, during the first six months of the PCT, there has been little or

no discussion about health improvement needs and inequality challenges, in the CHARD Locality. There appears to be no indicative strategy for investment in services or capital assets, though it is noted that Selby has been rewarded with a modest capital scheme.

6. As at the present date, there has been no indication of the start to CHARD Locality focused dialogue, despite the decision to initiate Locality focus, which was taken at a meeting of the PCT Board, in April.
7. There are other issues regarding the lack of proper provision, particularly for older people. These include Podiatry, Dentistry and Stroke Emergency Care, as well as upgrading to digital aids for hearing. Community specialist nursing cover for Parkinson's Disease sufferers appears to have been withdrawn in Craven, contrary to NICE guidelines.
8. The Group believes that the commissioning approach to Mental Health Services in Craven does not demonstrate cohesion with the Government strategy on Mental Health and Social Inclusion, or make for a good fit with legislation and social trends, eg, anti stigma, work, learning and housing.

Under the National Service Framework for Mental Health, the Craven Mental Health Local Implementation Team has failed to address issues concerning Recovery towards Social Inclusion, through Partnership Working. The Group believes that upbeat affirmations about mental health care in the CHARD area mask the inequalities which exist in Craven.

The Craven Centre for Mental Health, which operates at Skipton General Hospital is a PCT-commissioned service provided by Bradford District Care Trust, with which there is a complex relationship, particularly with North Yorkshire Social Services, these latter services being commissioned in conjunction with Craven Mental Health LIT.

9. If there is an implementation plan for moving care into a community setting, then this has not been discussed with patient organisations. Under the Local Area Agreements protocol, the community healthcare agenda was to be covered within the scope of the LAA for each area and, previously, Health was included within the Community Strategy of Local Strategic Partnerships. The Group now does not anticipate that Health within the LAA will be a priority for the PCT, or will be adequately funded across the Community Sector for local delivery planned implementation.
10. The Group believes that, in the CHARD Locality, people consider that the move in merging four PCTs has been retrograde, not to the benefit of local

patients.

The area of the new PCT is probably the largest in the country and it seems that geography alone can prevent a central PCT Board to be able to manage locally and in a fair way throughout the County. Particularly, there

will not be health benefits for people living in rural communities.

The above comments have been based on Members attendance at meetings and from discussions with other groups in the CHARD Locality.

Agreed at a meeting of the CHARD Locality Group, held on Thursday May 10<sup>th</sup> 2007, at 5pm in Ripon.

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