

MEETING BETWEEN REPRESENTATIVES OF SOUTH KESTEVEN DISTRICT COUNCIL AND PETERBOROUGH AND STAMFORD HOSPITALS - N.H.S. FOUNDATION TRUST.

27th September 2005.

Present:

Dr Clive Morton, O.B.E. Chairman
Dr Alan Turner, Medical Director
Councillor John Kirkman, Chairman, SKDC
Councillor Ken Joynson, Group Leader Liberal Democrats
John Pell, Corporate Director – Community Services

Council Motion (60)

The Council strongly oppose the cutbacks at Stamford Hospital by Peterborough and Stamford Hospitals NHS Foundation Trust and seek the reinstatement of the Hurst Ward. To request an unequivocal assurance from the Trust that rather than reducing services they look elsewhere to make financial savings.

Areas of questioning:

To seek clarification about the land ownership of the site and request that they disclose any restrictive covenants that may exist preventing the disposal of the site for purposes other than health related uses.

To seek clarity about whether or not the site should be identified in the Urban Capacity Study.

To clarify the significance of the £7m shortfall in the budget and to explain how this has influenced subsequent decisions.

To ascertain if the emergency care provided at the hospital is subject to change.

Clarify the trust's commitment to Stamford Hospital.

Seek clarification about the role of the hospital during a major event or epidemic.

In response

Clarification was received about a number of areas.

The N.H.S. is required to outsource about 10% of its work to the private sector and this is likely to increase in the coming years.

The N.H.S. Policy known as 'Care In The Community' is increasing the amount of care that is provided either at home or in the community.

The policy that is going to increase patient choice will mean that funding will follow the patient to the point of delivery. This is likely to increase the number of patients selecting 'Centres of Excellence' for their care.

Changes to the commissioning role following the restructuring of the Primary Care Trust creates uncertainty for the Hospital Trust. Consequently there has been a significant increase in the number of day case surgery with fewer people being treated longer term at Stamford. As technology plays an increasing role in patient diagnosis and care, clinical staff are referring more patients to centres of excellence where high cost diagnostic equipment such as M.R.I. scanners are available. It was confirmed that the changes at Stamford Hospital are being made as a consequence of the above reasons rather than any financial deficits published in the media.

The Trust obtained advice from their staff confirming that there are no restrictive covenants that would prevent the Trust disposing of land and buildings for other uses. This has not been tested legally and counsel's opinion has not been sought.

The spare capacity created at Stamford Hospital will make some buildings surplus to requirements. Alternative uses are being examined and may include facilities for complimentary medicine and/or longer-term palliative care. The matter of including parts of the hospital in the Urban Capacity Study were discussed and as a consequence the hospital will reconsider whether or not they would wish parts of the site to be included in the Urban Capacity Study.

The final area explored was the development of a PFI project by the Trust. It appears that their 'total health solution' involving the merger of three hospitals in Peterborough will not have an adverse effect on Stamford Hospital. The plans reflect the Government's expectation that Peterborough will expand by 30% in the coming years. The project is expected to cost £300m comprising investment on the Edith Cavell site (acute care), £20m in integrated care and £24m in mental health care.

In terms of increased revenue expenditure we were told that increased funding has been absorbed by costs associated with the European Doctors Working Time Directive and other staff related expenditure.