

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 4 April 2012

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Mrs Aspinall, Browne, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Nicholson.

Apologies for absence: Councillors Mrs Bragg, Casey and Tuffin.

Also in attendance: Councillor Grant Monahan - Cabinet Member for Health and Adult Social Care, Vice-Chancellor Professor Wendy Purcell (Plymouth University), Deputy Vice-Chancellor Mary Watkins (Plymouth University), Vice-Dean Professor Robert Sneyd (Peninsula College of Medicine and Dentistry (PCMD)), Vice-Chancellor Sir Steve Smith (University of Exeter), Deputy Vice-Chancellor Professor Janice Kay (University of Exeter), Dean Professor Steve Thornton (PCMD), Helen O'Shea - Interim Chief Executive (Plymouth Hospitals NHS Trust), Barry Keel - Chief Executive (Plymouth City Council), Carole Burgoyne – Director for People (Plymouth City Council), Giles Perritt – Head of Policy, Performance and Partnerships (Plymouth City Council), Ross Jago - Democratic Support Officer (Plymouth City Council).

The meeting started at 12.30 pm and finished at 2:30pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

71. DECLARATIONS OF INTEREST

The following declaration of interest was made in accordance with the code of conduct –

Name	Minute No. and Subject	Reason	Interest
Councillor Dr Mahony	73. Peninsula College of Medicine and Dentistry.	General Practitioner and Member of the Devon Medical Committee.	Personal

72. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

WITNESSES

73. PENINSULA COLLEGE OF MEDICINE AND DENTISTRY

73a VICE-CHANCELLOR PROFESSOR WENDY PURCELL, UNIVERSITY OF PLYMOUTH

The Chair invited Vice-Chancellor Professor Wendy Purcell to address the panel, it was reported that –

- (a) the opportunity to address the panel was welcomed. Plymouth University hoped to continue to work closely with the city council;
- (b) the Peninsula College of Medicine and Dentistry (PCMD) would provide a successful legacy, it was viewed as one of the top ten medical schools in the country and received high scores for satisfaction for courses and teaching;
- (c) PCMD was the first medical school established in England for 30 years and its students treated up to 500 patients a day;
- (d) the ethos of the school was to provide a socially inclusive approach to recruiting medical trainees and addressing health inequalities experienced on the peninsula, which reflected Plymouth University's alignment with city priorities;
- (e) in 2011, the new Dean and the PCMD Executive wrote to the two Vice-Chancellors of Plymouth and Exeter to express their concerns regarding the governance arrangements and requested that universities revisit the PCMD governance structures;
- (f) it was felt that PCMD in its current format had outgrown current governance and partnership arrangements, the ability of PCMD to react to the changing higher education and health environment had been hindered by those arrangements;
- (g) both universities announced in January intent to move forward with independent missions, with Plymouth becoming a regional centre for dental research. The resulting two schools would build on the success of PCMD;
- (h) the current position would be that 86 medical students would remain in Plymouth along with 64 dentistry students;
- (i) the university had recently announced investment in health research and the new Institute of Translational and Stratified Medicine would ensure patients benefited from research findings through tailored treatment plans in a "bench to bedside" approach. There would also be a rolling PhD programme and further investment in state-of-the-art research laboratories and equipment.

In response to questions from the panel, it was further reported that –

- (j) Plymouth University was involved in delivering the city priorities, an example of which included the partnership work at the Tamar Science Park. The University had a good understanding of the aspirations Plymouth City Council had set for an ambitious city.
- (k) an active Public Health Masters programme would continue and the Director of Public Health for Plymouth was involved;
- (l) PCMD had delivered on providing an inclusive approach to medical trainee recruitment, and frontline services were being provided where needed, such as the School of Dentistry in Devonport. The location of services and training provided by the future school in Plymouth would be aligned to reflect the health inequalities in the city;
- (m) both Alison Seabeck MP and Oliver Colvile MP were consulted, both raised concerns regarding the possible loss of dental school and were assured that the dental school would be an essential component of the future medical school. They had also expressed a sense of loss and asked why the demerger was necessary;
- (n) there had been “retrospective consultation” and there would be a change in the local workforce;
- (o) there had been insufficient engagement with health colleagues, although views from the Devon Local Medical Committee and Derriford Hospital Medical Committee had been considered and further correspondence had taken place. The NHS would continue to have a right to engage on any curriculum content, there would also be assurances on placements and there would be no changes to Service Increment for Teaching;
- (p) a medical school with 86 students would not be the smallest in the UK, the proposed numbers would be more than originally bid for.

The Chair thanked Professor Wendy Purcell and her team for their time.

73b **VICE-CHANCELLOR PROFESSOR SIR STEVE SMITH,
UNIVERSITY OF EXETER**

The Chair invited Professor Sir Steve Smith to address the panel, it was reported that –

- (a) Professor Sir Steve Smith was in agreement with the comments made by Professor Purcell. This was not a “conventional divorce” and was a result of the change of funding structures in higher education;
- (b) the demerger of PCMD would be the best outcome for Plymouth and

reflected the recommendations of the Sainsbury Review of Science and Innovation (2007).

In response to questions from the panel it was reported that –

- (c) Plymouth would benefit from the demerger as, when including the school of dentistry, more students would remain in the city;
- (d) back office costs for the delivery of both medicine and dentistry programmes were shared;
- (e) there was no need to change placements. The Acute Trusts wanted students from both proposed institutions, there would be no changes to SIFT and there was an agreement between the Universities to run a similar curriculum over the transition. Acute Trusts would have the option to choose where their students came from.
- (f) the University of Exeter’s research area has driven membership of the Russell Group;
- (g) the University of Exeter had consulted widely locally, PCMD could not be resurrected;
- (h) both schools would be economically and educationally viable, there would be a small economic loss to Exeter rather than Plymouth. The University of Exeter had been in touch with all key stakeholders since the announcement in January;
- (i) following a meeting with Professor Purcell on the 11 November the Universities moved forward with Heads of Terms. A communications strategy was developed and it was agreed that each institution would speak to their stakeholders locally;
- (j) the University of Exeter had received letters from Cornwall Council and Devon County Council which were supportive of the proposals. Key consultations with funders had led to a statement that both funders were in agreement;
- (k) following consultation there had been changes to the numbers of students and some aspects of the education programmes;
- (l) following legal advice the proposals were viewed as a “Done Deal”.

The Chair thanked Professor Sir Steve Smith and his team for their time.

73c **BARRY KEEL, CHIEF EXECUTIVE, PLYMOUTH CITY COUNCIL**

The Chair invited Barry Keel to address the panel. Answering questions from the

Panel it was reported that –

- (a) this was a very important issue for the city. The consultation with funders was important but the University and future of PCMD was key for the city and consultation should have included those affected by the proposals;
- (b) the Chief Executive was not aware of the statement of intent and was not aware of proposals until shortly before they were announced in January. The Chief Executive was made aware of the proposals by a local government contact and subsequently approached the Vice-Chancellors;
- (c) the consultation approach did not align with Plymouth City Council's partnership arrangements and the position of local Members of Parliament could be at odds with what was reported by Vice-Chancellors, it was hoped that all partners would take lessons from the process as carried out so far;
- (d) the Chief Executive did not know the details of the governance surrounding the PCMD arrangement, but in the world of Local Government, a successful service would not be dismantled based only on ineffective governance arrangements as these could be changed;
- (e) the public sector was changing rapidly and the viability of two smaller medical schools was questioned. Areas of the medical sector were merging and becoming more specialised and the demerger of a successful medical school seemed at odds with the changing landscape, particularly as the numbers of students was expected to go down;
- (f) the reason for having two medical schools in the south west 40 miles from each other should be questioned. A similar decision which led to Exeter Airport becoming a regional hub sounded the death knell for Plymouth City Airport;
- (g) the city's links to the medical sector were essential for ongoing growth. The medical sector accounted for 21,000 jobs and grew four percent in the city between 2008 and 2010 during the recession;
- (h) PCMD was established within a city health environment, Plymouth was the 15th largest city in the uk and there were concerns that changing PCMD would damage the healthcare community in the city;
- (i) the advantages of the “divorce” had not been clearly communicated to stakeholders;
- (j) the panel could make recommendations to include a 12 weeks consultation period and an options appraisal, guarantees around numbers of students, the viability and longevity of proposed schools and links to Acute Trusts.

The Chair thanked the Mr Keel for his time.

73d **HELEN O'SHEA, INTERIM CHIEF EXECUTIVE, PLYMOUTH HOSPITALS NHS TRUST**

The Chair invited Helen O'Shea, Interim Chief Executive Plymouth Hospitals NHS Trust, to address the panel. Answering questions from the Panel it was reported that –

- (a) the number of medical students within care settings should remain the same and there should not be a service impact, but there were concerns over the continuing viability of two smaller medical schools;
- (b) PHNT were not consulted during the development of proposals, but have been involved since two weeks before the announcement.
- (c) the process could have been better, if consulted sooner PHNT would have been more able to support the feelings and emotions of the consultant body within the Acute Trust;
- (d) PCMD was a successful school and there was disappointment that there were proposals to demerge. PHNT have been assured there is a common agreement regarding placements, however concerns remain on the viability of two medical schools;
- (e) the preference of PHNT would be to retain a single peninsula medical school.

The Chair thanked Ms O'Shea for her time.

74. **PANEL RECOMMENDATIONS**

Following the submissions from witnesses the panel considered making recommendations, during discussion it was commented that -

- (a) there had been insufficient dialogue with stakeholders;
- (b) the panel had not been assured of the viability of the two schools;
- (c) the reputational value of the college would not be maintained;
- (d) the panel was not assured that the proposed demergers best fulfilled the regional and national ambitions of the city;
- (e) although it was acknowledged by both universities that consultation had been inadequate neither university had offered to address this issue.

The panel agreed to recommend to the University of Exeter and Plymouth University that –

1. there is an immediate pause in the process of demerging the Peninsula College of Medicine and Dentistry;
2. a 12 week consultation exercise is undertaken, in line with the Government's published code of practice for consultation;
3. an options appraisal detailing alternatives to the demerging of PCMD is made available during the consultation period;
4. no further action is taken until the outcomes of the consultation process are known.

75. **EXEMPT BUSINESS**

There were no items of exempt business.