

The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **28<sup>th</sup> MARCH, 2007**

**Present:-**

**Members of the Committee:**

County Councillors: Frank McCarney (In the Chair)  
Sarah Boad  
Richard Chattaway  
Jill Dill-Russell  
Michael Doody  
Bob Hicks  
Sue Main  
Helen McCarthy  
Raj Randev  
John Ross

District Councillors: Michael Kinson (Warwick District Council)  
Bill Sewell (Rugby Borough Council)

**Other County Councillors:**

Bob Stevens (The Deputy Leader of the Council)

**Officers:**

Alwin McGibbon – Health Scrutiny Officer

**Also Present:-**

Roger Copping, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

Maurice Pickard, Warwickshire Patient and Public Involvement Forum (Rugby Locality Committee)

Joan Rook, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

Neville Shannon, Warwickshire Patient and Public Involvement Forum

Brian Sturgess, Warwickshire Patient and Public Involvement Forum (Rugby Locality Committee)

M. Vincent, Warwickshire Patient and Public Involvement Forum (South Warwickshire Locality Committee)

Keith Ward, Vice-Chair Warwickshire Patient and  
Public Involvement Forum

In the absence of the Chair and Vice Chair, Councillor Doody, seconded by  
Councillor Jill Dill-Russell, moved and it was Resolved:-

That Councillor Frank McCarney be elected Chair of  
the Committee for the meeting.

The Chair moved and it was Resolved:-

That the Health Overview and Scrutiny Committee  
place on record their condolences to their Vice-Chair  
Councillor Anne Forwood on the sad death of her  
husband.

**1. General**

**(1) Apologies for absence**

Apologies for absence were received from Councillors John Appleton, Anne  
Forwood, Marion Haywood, John Haynes, Jerry Roodhouse, Tony Dixon  
(Stratford-on-Avon District Council), Bill Hancox (Nuneaton and Bedworth  
Borough Council) and Richard Meredith (North Warwickshire Borough Council).

**(2) Members Declarations of Personal and Prejudicial Interests**

Personal interests were recorded in respect of the following members by virtue  
of being members of the Borough/District Council indicated:-

Councillor Michael Doody – Warwick District Council  
Councillor Michael Kinson – Warwick District Council  
Councillor Sue Main – Stratford-on-Avon District Council  
Councillor John Ross – Nuneaton & Bedworth Borough Council.  
Councillor Bill Sewell – Rugby Borough Council  
Councillor Bob Stevens – Stratford-on-Avon District Council.

**(3) Minutes of the meeting held on 18<sup>th</sup> November 2006**

**(i) Minutes**

Resolved:-

That the minutes of the Health Overview and Scrutiny  
Committee's 24<sup>th</sup> January 2007 meeting be approved  
and be signed by the Chair.

**(ii) Matters arising**

Nil.

**2. Public Question Time (Standing Order 34)**

Nil.

**3. Presentation by Richard Topping, West Midlands Ambulance Service NHS Trust**

The Chair welcomed Richard Topping, Divisional Manager for Accident and Emergency Services, West Midlands Ambulance Service NHS Trust.

Richard Topping made the following points:-

- (1) The tables used in the presentation related specifically to Warwickshire and were not for the rest of the region.
- (2) Demand was rising at the rate of about 6% per annum.
- (3) The Service was required to achieve call connect standard by April 2008; timing started from when the telephone started to ring and not when it was answered.
- (4) Since last October 75% of calls were attended within 8 minutes.
- (5) Emergency turnarounds at hospital were achieved by increased use of emergency care practitioners.
- (6) Minor wounds were treated at home instead of in hospital.
- (7) The service worked very closely with hospitals; for example, when hospitals had a backlog in Accident & Emergencies, emergency care practitioners were deployed to them for an hour or so.
- (8) The Acute Services Review had been implemented with no negative impact.
- (9) Operational Category A related to life threatening emergencies and Operational Performance Standard A8 required attendance at such emergencies within 8 minutes. This had been achieved in 75% of cases.
- (10) Operational Standard Performance Standard A19 set a nineteen-minute target and this had been achieved in 95% of cases.
- (11) There was a higher number of emergency responses in Warwickshire in 2006/07 compared to figures in 2005/06. The eight-minute response rate was higher and the average response time had fallen.
- (12) Key objectives and priorities
  - (i) Improving quality and consistency of care through developing clinical outcome indicators and a progressively tighter focus on response times.
  - (ii) Improving efficiency and effectiveness by effective use of technology and new models of service delivery.
  - (iii) Developing an organisation that was fit for purpose through improving clinical and managerial leadership and organisation structure, culture and style.

- (iv) Supporting performance improvement using consistent measurement and service redesign.
  - (v) Further development of the workforce so that it is capable of meeting patients need.
- (13) Operational priorities were:-
- (i) Sustain key performance targets.
  - (ii) Restructure localities to match operational need.
  - (iii) Purchase of new vehicles; the larger ambulance trust brought with it benefits of reduced costs through bulk buying.
  - (iv) Integration of services with primary care providers.
  - (v) Investment in clinical training.
  - (vi) Further education.
  - (vii) Maintain Patient Transport Services as the preferred provider.
- (14) The new Chief Executive was committed to levelling performance across the region by bringing low performance up to the level of the highest performance.
- (15) In response to a question from a Patient and Public Involvement Forum representative as to whether it was necessary to use the two-tone siren in view of the stress it caused to the public, Richard Topping explained that in any accident involving an ambulance on an emergency call, the first question the police would ask was whether the sirens were being used. This was because many new cars were so well insulated against noise that the two-tone siren was needed to penetrate the vehicle to warn the driver of the ambulance's approach. The Service was obliged to use the siren as its priority must always be to safety.
- (16) There were fewer managers and lower administrative costs across the region as a result of the reorganisation of the management structure.
- (17) The radio system could link in with the systems of the other emergency services.
- (18) For deployment purposes, ambulances were no longer kept on ambulance sites but were dispersed around the area for faster response.
- (19) It was noted that although there had been a 6% increase in ambulances taking patients to hospital in January, the actual increase in demand during that month was 14%. This illustrated the effectiveness of the service in ensuring patients received treatment outside hospital where it was more appropriate for this to happen.
- (20) The Air Ambulance Service used a helipad in the car park by the accident and emergency unit of the University Hospital Coventry & Warwickshire to ensure quick access for patients to services. It was recognised that when the helicopter used the helipad, traffic backed up on the roads around the hospital. Some of the delay was due in part to traffic problems in the locality of the hospital but also because the Air Ambulance Service was

subject to the rules of the Civil Aviation Authority when taking off and landing.

The Chair thanked Richard Topping for his presentation and asked him to pass on the Committee's good wishes to the staff of the ambulance service. He said that if members had any other questions they should let Alwin McGibbon have them to pass on.

**4. Review of Mental Health Provision in Warwickshire (Phase II) – Final Report of the Mental Health Panel**

The order of business was varied to take Item 5 next and item 7 immediately after that. Subsequently, it was agreed to defer this item to a later meeting to enable the Committee to give it the attention it warranted.

**5. Update from the Dentistry Scrutiny Panel**

The report was considered.

Councillor Sarah Boad, Chair of the Dentistry Panel, said that it had been clear that the problems reported widely elsewhere in the country were not so bad in Warwickshire. Where there had been problems, the Primary Care Trusts had moved quickly to resolve them. During the review into dentistry provision in the county the Panel had the benefit of help from Dr. Ian McIntyre, Consultant in Dental Public Health, who had been tremendously knowledgeable and enthusiastic. The Panel had been concerned that following his retirement no replacement had been found for him and she suggested that the Committee should write to NHS Warwickshire asking for the post to be filled as soon as possible.

The following points arose during the ensuing discussion:-

- (1) The new contract was calculated by totalling each unit of dental activity, weighted according to complexity, carried out by a dentist. This was used to determine the income for the dentist.
- (2) Instead of patients being charged in accordance with tariffs for a long list of procedures, the new charging arrangements worked on three bands. This meant that it would be possible for some private treatments to be provided at a lower charge than through the NHS. There was a national debate proceeding on replacing the three bands with four to reduce the size of the increase between bands - Band 2 Charges were £42.40 and Band 3 Charges were £189.
- (3) One reason for the low demand for NHS dental treatment in the Henley-in-Arden area was that many people were not aware that there was a NHS practice in the town. Although there had been a lot of publicity in the local press, it was not known whether Studley was within the circulation area of the paper concerned.
- (4) Although NHS Warwickshire preferred substantial NHS contracts, it would not stop children only contracts.

- (5) NHS Warwickshire had confirmed its staffing structure and there was no post for a Consultant in Dental Public Health. It was not certain how it was proposed to obtain the advice previously given by Dr. McIntyre.

It was then Resolved:-

- (i) That the Health Overview and Scrutiny Committee note the update report from the Dentistry Scrutiny Panel.
- (ii) That the Health Overview and Scrutiny Committee requests NHS Warwickshire to report to it in six months when the new NHS dental contract will have been in operation for one year and its impact will be able to be fully evaluated.
- (iii) That NHS Warwickshire be informed of the Health Overview and Scrutiny Committee's view that the post of Consultant in Dental Public Health, previously held by Dr. Ian McIntyre until his retirement, was essential to ensure that the needs of dentistry, and in particular special needs dentistry, was represented at policy making level and accordingly that NHS Warwickshire be recommended to reconsider their decision not to fill that vacancy.

**6. Report from Health OSC and PPI Forum Event – ‘Learning the Lessons, Handling the Change: Working in Partnership’**

It was agreed to defer this item to a later meeting to enable the Committee to give it the attention it warranted.

**7. Local Delivery Plans**

The agenda of the extraordinary public meeting of the NHS Warwickshire Trust Board held earlier that afternoon was considered.

The Chairman welcomed Paul Maubach, Director of Strategy and Commissioning at NHS Warwickshire and said that he had come from the extraordinary public meeting of the PCT at which the local delivery plan had been discussed.

The following points arose during the ensuing discussion:-

- (1) NHS Warwickshire had only been up and running for the last three months following the merger of the three former Warwickshire primary care trusts.
- (2) No long-term strategy existed as yet but this would be developed over the next six months.

- (3) For this year NHS Warwickshire had to focus on key objectives and an inherited £10-£12m deficit.
- (4) The highest national imperative was the achievement of a 18-week target between patients being referred by a GP and arriving in hospital for treatment. In the past the waiting time in the middle was hidden and not counted but now the whole period had to be condensed within the 18-week target. There was a need to remove the waiting time to get diagnostic scans and redesign patient pathways. There was a Local Delivery Plan provision of £7m to address the issue of waiting time.
- (5) A list of disinvestments was included at schedule C of the LDP report to the Board meeting. This would not affect patients, as it would be achieved through finding better ways of providing services. There would be a £2m saving in administration costs as a result of the merger.
- (6) There was a need to improve access to services by the provision of more local services and working towards improving transport.
- (7) NHS Warwickshire had the lowest funding per head in the region and there was a need to prioritise provision.
- (8) It was confirmed that the mobile diagnostic units would help to cut waiting times.
- (9) In some cases provision was not made because of a lack of support but because of an absence of a business plan.
- (10) It was not in the gift of NHS Warwickshire to improve transport facilities; this could only be done by working with others.
- (11) There was to be a specific post for inspection to tackle MRSA. Hospitals were looking at reducing visiting hours as this was often brought into hospitals through visitors.

Paul Maubach assured the Committee that he welcomed the prospect of working in partnership with the Committee and other colleagues.

## **8. NHS Core Standards**

The Committee considered draft letters to the following NHS Trusts commenting on their declarations on core standards:-

- Coventry and Warwickshire Partnership NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire Hospitals NHS Trust
- University Hospitals Coventry & Warwickshire NHS Trust
- Warwickshire Primary Care NHS Trust
- West Midlands Ambulance Service NHS Trust

In order to allow those members of the Committee not present an opportunity to comment on the draft letters, it was agreed that copies be e-mailed to all members of the Committee with a request to let Alwin McGibbon have any comments by Friday 30<sup>th</sup> March 2007. The Committee then approved the draft

letters subject to any additions or alterations suggested in accordance with the agreed arrangements. *[Administrative note: Those councillors who responded had no additions to the draft letter and confirmed their endorsement of them. The letters were, therefore, were sent without amendment.]*

**9. National Health Service Acronyms**

This paper was noted.

**10. Correspondence**

**(1) Patient and Public Involvement Forum South Warwickshire General Hospitals – Mary Ward – Inspection Report**

The report was noted.

**(2) Health Scrutiny Champions' Network**

The February 2007 bulletin of the Network was noted.

**(3) West Midlands Ambulance Service NHS Trust Board Meetings 2007/2008**

The schedule of meetings was noted.

**(4) Acute Services Review Board Recommendations**

The response from Iain Roxburgh was noted.

**11. Future meetings and work programme to date**

The programme was noted.

**12. Any other Items**

Nil.

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Chair

The Committee rose at 4.51 p.m.