The **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** met at **WARWICK** on the **7th NOVEMBER, 2007**

Present:-

Members of the Committee:

County Councillors: Jerry Roodhouse (Chair)
Sarah Boad (Vice Chair)
John Appleton
John Haynes
Marion Haywood
Bob Hicks
Sue Main
Frank McCarney
Helen McCarthy
Raj Randev
John Ross
Sid Tooth

District Councillors: Tony Dixon (Stratford-on-Avon District Council)
Bill Hancox (Nuneaton & Bedworth Borough Council)
Bill Sewell (Rugby Borough Council)

Other County Councillor:

Councillor Bob Stevens (Deputy Leader of the Council)

Officers:

Alwin McGibbon – Health Scrutiny Officer

Also Present:-

Steve Coneys, Director of Communications & Public Affairs, West Midlands Strategic Health Authority
Roger Copping, Patient and Public Involvement Forum, South Warwickshire
Dr. Tim Davies, Director of Public Health
Debbie Dawson, Rugby Borough Council Scrutiny Officer
Jill Freer, Managing Director Community Services, Warwickshire Primary Care Trust

David Gee, Warwickshire Patient and Public Involvement Forum (Chair South Warwickshire Locality Committee)
Andrew Hardy, Director of Finance, University Hospitals Coventry and Warwickshire
Tammie Howarth, Forum Support Manager, Coventry and Warwickshire Patient and Public Involvement Forum Support Organisation
Martin Lee, Interim Chief Executive, University Hospitals Coventry and Warwickshire
Paul Maubach, Director of Strategy and Commissioning, Warwickshire Primary Care Trust
David Rose, Chief Executive, Warwickshire Primary Care Trust
Eunice Rose, Warwickshire Patient and Public Involvment Forum George Eliot Hospital NHS Trust.
Peter Shanahan, Director of Finance, West Midlands Strategic Health Authority
Dr. David Spraggett, Chair GP Commissioning Consortium
Bryan Stoten, Chairman, Warwickshire Primary Care Trust
David Widdas, Consultant Nurse, Warwickshire Primary Care Trust

1. General

(1) Apologies for absence

Nil.

(2) Members Declarations of Personal and Prejudicial Interests

Councillors Jerry Roodhouse and Bill Sewell disclosed personal interests in agenda item 5, as members of Rugby Borough Council. Councillor John Appleton declared a personal interest in agenda item 11(2). Councillor Bob Hicks declared a personal interest in agenda item 10, as his wife worked at the George Eliot hospital.

(3) Minutes of the meeting held on 5th September 2007

(i) Minutes

Resolved:-

That the minutes of the Health Overview and Scrutiny Committee's 5th September 2007 meeting be approved and be signed by the Chair.

(4) Matters arising – Update on Paediatrics and Maternity Services

Nil.

(5) Public Question Time (Standing Order 34)

Nil.

2. Public Health Report – presentation by Dr. Tim Davies, Director of Public Health

The following points arose from the presentation and the ensuing discussions:-

(1) The Public Health Report was independent of Warwickshire Primary Care Trust and the County Council.

(2) The report contained twenty-four recommendations. It should be used as a source of information and was aimed at generating change. The recommendations would be reviewed in a year to check on progress.

(3) About half of the recommendations related to County Council services – looked after children/healthy school status/developing breast feeding.

(4) The County Council should set an example on obesity issues through schools and families setting.

(5) In connection with tackling alcohol issues, the spend across the NHS and the County Council should be examined to see if the balance was correct.

(6) Mental health services was another area of work that had a shared agenda between the NHS and County Council.

(7) Stress in the workplace was another area where the County Council could lead by example.

(8) The schools preventative services had an important role to play in the sexual health agenda.

(9) In 2005/6 Warwickshire had the worst record in the region for winter deaths.

(10) There was some confusion over whether parents were required to opt in or opt out of the weighing scheme for children. Although South Worcestershire PCT had received advice that parents' consent was needed before any weighing took place, the Department of Health was of the view that parents would need to opt out if they did not want their children to participate and this was the stance that would be taken in future.

The Chair asked Dr. Davies to maintain contact with Alwin McGibbon on areas of particular concern, which Health Overview and Scrutiny Committee would find useful in order to develop the work programme for the committee.

3. Future Plans of University Hospitals Coventry and Warwickshire

The following representatives attended for this item:-

University Hospitals Coventry and Warwickshire – Andrew Hardy and Martin Lee
Warwickshire Primary Care Trust – David Rose
West Midlands Strategic Health Authority – Steve Coneys and Peter Shanahan

The following points arose from the ensuing discussions:-

(1) It was acknowledged that there had been a lot of rumours about the viability of the University Hospitals and the consequences for Rugby St. Cross Hospital and George Eliot Hospital Nuneaton. However, there were assurances that Rugby St. Cross would continue to be used appropriately and a strong set of services to be maintained there.

(2) There were restructuring costs of £5m-£10m for this year but this should be in financial balance. There was a reasonable degree of optimism of a solution to cash problems and this would be met by reducing the length of stay, using day care, one stop shops – reducing the need for multiple visits – and value for money.

(3) It was possible that the hospital would not have been built now but that was because of changes in the way the health service was delivered; advancements in operations meant many patients were staying in hospital for shorter periods thereby reducing the number of beds required.

(4) The University Hospitals Coventry and Warwickshire was one of three tertiary hospitals in the West Midlands Strategic Health Authority. It primarily served Coventry as a district general hospital and a tertiary hospital for Coventry and Warwickshire but did have patients from outlying areas.

(5) It was felt that the Trust was not unfairly treated in comparison to other trusts in the area.

(6) There were no plans for centralisation and Patient Choice made this difficult to do.

(7) There had been some adverse publicity in the local media and there was some work needed to be done with the local opinion formers. It was felt that the Trust should be doing more to push good news stories but at the same time it was recognised that the local media could ignore them.

(8) There were two wards closed but there was less need for beds because of reduced stays. It was always useful to have free wards available to bring into use in the event of emergency situations and short-term demand.

(9) The details of the KPMG report into the hospitals could not be discussed until the Department of Health, who had commissioned the report, gave clearance for this to be done but would be happy to share it when available.

(10) The University Hospitals Coventry and Warwickshire NHS Trust was looking at foundation status and when it would happen for which it would need a rating of three and excellent with the Health Care Commission. At the moment it was rated as good for standard of care.

(11) The University Hospitals Coventry and Warwickshire expressed plans for renal, neuro and cardiac services.

It was then Resolved:-

(a) That, as conveyed in the Lord Darzi report that the University Hospitals Coventry and Warwickshire NHS Trust should be more transparent, the Trust be urged to ensure greater transparency in local decision making and be informed that it was important that clinicians were seen to be leading changes;

(b) That the Strategic Health Authority/University Hospitals Coventry and Warwickshire NHS Trust be informed that they need to commence dialogue with the Health Overview and Scrutiny Committee and other interested parties as early as possible when changes were being considered.

(c) That there was a need to improve communication with the local communities.

(d) That the University Hospitals Coventry and Warwickshire engage more proactively with the media via good news stories.

(e) That the Health Overview and Scrutiny Committee be informed of the details of the KPMG report into the University Hospitals Coventry and Warwickshire as soon as the Department of Health removed the embargo on it.

(f) That the University Hospitals of Coventry and Warwickshire respond to the Health Overview and Scrutiny Committee's recommendations and comments within 28 days.

The Committee adjourned from 11.40 a.m. to 11.50 a.m.

4. GPs Practice Based Commissioning – presentation by Dr. David Spraggett, Chair GP Commissioning Consortium

The Chair welcomed Dr. Spraggett who had agreed to make a presentation to the Committee on GPs practice based commissioning.

The following issues arose during the ensuing discussion:-

(1) The perceived benefits of practice based commissioning were better clinical engagement, better services for patients and better use of resources.

(2) GP practice involvement was voluntary and could be by individual practices or in groups. Practices had an indicative budget with any financial savings having to be spent on patient care. The PCT had been encouraged to involve all practices and had to support all participating practices. Governance arrangements were to be agreed in partnership between the practice and the PCT.

(3) Practices produce practice based commissioning plans to match local needs to indicative budgets. The PCT aggregated the plans into the Local Delivery Plan and contracts with healthcare providers to achieve the Local Delivery Plan. The practices monitor their own activity against their own plans. The PCT monitors the practices processes and the Strategic Health Authority performance-manage the PCT in connection with practice based commissioning.

(4) The indicative budgets included all financial cost relating to the patients of the practices and were currently based on historical spend. Normally significant proportions of those budgets were devolved back to the PCT for those matters that cannot or should not be provided locally. The real budgets remained with the PCT. Procurement remained the responsibility of the PCT.

(5) There were a number of potential conflicts

(a) Public perception and service redesign as a result of lack of communication.

(b) “Choose and Book” and service redesign.

(c) Financial imperatives and service redesign.

(d) Financial imperatives and clinical excellence.

(e) Culture clash between independent GPs and corporate PCT.

(6) There were six practice based commissioning practice clusters in the County. There were monthly meetings between the leads and the PCT. The Leads were non-voting members of Warwickshire Professional Executive Committee. The PCT was developing a support team for practice based commissioning. Each cluster would produce a practice based commissioning plan for incorporation in the Warwickshire Local Delivery Plan.

(7) In south Warwickshire all thirty-six practices had joined a South Warwickshire Commissioning Consortium. An elected board comprised four GPs, two practice managers and one patients representative. Practice specific data was shared between all members – this did not include patient names. The Practices indicative budgets were aggregated into a South Warwickshire Commissioning Consortium budget. The historically based budget was then divided between practices on a fair share basis. This was not across the whole of the county because it

worked better if there were a focus; the county was divided into six groups.

(8) Regular meetings took place between the Acute Trust and South Warwickshire Commissioning Consortium clinicians. GPs with special interests in ophthalmology were in place. Plans for "virtual wards" in the community were well advanced. For the future there was the prospect of joint working with social care colleagues.

(9) There were no restrictions on the number of patients on a practice's list but the average was around 9,000.

(10) There was a need to involve the Patients and Public Involvement Forum in the arrangements.

It was then Resolved:-

That a special joint meeting be held between the Adult and Community Services Overview and Scrutiny Committee, the Health Overview and Scrutiny Committee, the portfolio holders, the Warwickshire PCT and the Professional Executive Committee on practice based commissioning within the context of the Local Area Agreement and the Local Strategic Partnership and how it would improve the outcomes for patients.

The Chair thanked Dr. Spraggett for his presentation.

ADDITIONAL ITEM

5. Rugby Hospital at Home Service – Options Review

The Chair referred to the Warwickshire PCT document circulated to members and which he had agreed to deal with as an urgent item.

Jill Freer and David Widdas were present for this item.

Jill Freer explained that behind the decision were critical mass and the ability to move the service to where there was need. Currently there was only two staff and the proposal was that they should be integrated into a bigger specialist children service. Rugby would have a different service to present. Across Warwickshire there were 35/37 nurses treating children with complex needs.

The following comments arose from the ensuing discussion:-

(1) Option 2 appeared to be a viable option, as it could be delivered within existing resources.

(2) Dialogue should be held with the Strategic Director of Children, Young People and Families in connection with any crossover issues. It was noted that there was already close working between them.

(3) Option 1 was expensive.

(4) It was recognised that Option 4 was not an acceptable one.

It was then Resolved:-

That the Health Overview and Scrutiny Committee support Option 2 in relation to the review of Rugby hospital at home service.

The Committee adjourned from 1.05 p.m. to 1.40 p.m.

6. Consultation Proposals for the Development of Adult Mental Health Services in Rugby – Report and Recommendations from the Meeting of the Joint Panel of Health OSC & Rugby Borough Council

The report of the Director of Performance and Development was considered together with item 12(1) and it was Resolved:-

(1) That the Coventry and Warwickshire Partnership NHS Trust be informed that the Health Overview and Scrutiny Committee endorses the recommendations of the Joint Panel of Health OSC & Rugby Borough Council on the Trust's proposals for developing adult mental health services in Rugby.

(2) That Cabinet receive a copy of the minutes with recommendations from the Joint Panel meeting.

7. GP Appointments Project

The report and recommendations of the Warwickshire Patient and Public Involvement Forum's Rugby Locality Committee "General Practitioner Surgery – Appointment Booking Systems" was considered.

The following points arose during the ensuing discussion:-

(1) The Committee had no authority over GPs and therefore the PCT would need to be asked to contact the GPs.

(2) A synopsis of the report should be available to all patients in GPs surgeries.

(3) There was a feeling among members that the problems were generic over the country. Similar problems certainly existed across the County and it was suggested that any action should be countywide and not restricted to Rugby.

(4) It was noted that two practices had failed to respond and there was a feeling that they should be told to do so fairly firmly.

(5) It was queried whether the questions asked in the survey were duplicates of questions that had already been asked by the PCT.

(6) The question was asked whether the PCT would publish the findings of its survey.

(7) The phones on reception should be manned and not automated.

(8) There was a lack of consistency with the system working differently across Warwickshire.

(9) One member spoke of his experiences in failing to get an appointment to see his doctor.

It was agreed:-

(a) That the Health Overview and Scrutiny Committee acknowledge the report to be well constructed.

(b) That a copy of the report be sent to the Warwickshire Primary Care Trust with a request that they encourage the GP Practices to make a synopsis of the report available in their surgeries for patients.

(c) That a copy of the report also be sent to Dr. Spraggett, as Chair GP Commissioning Consortium.

(d) That the Warwickshire PCT be asked what action had been taken on the recommendations and why two practices had not participated in the survey and whether the questions had been used in any previous survey.

(e) That the Patients and Public Involvement Forum be asked to extend the survey across the County.

8. Nomination of Task and Finish Group LDP and NHS Core Standards

The Chair nominated himself for the Task and Finish Group and it was agreed that the other two political groups should consider their nominations for the Task and Finish Group and let Alwin McGibbon have them.

(NB. Councillor John Appleton was nominated by the Conservative Group and Councillor Sid Tooth was nominated by the Labour Group).

9. Dentistry Panel – to revisit the Review of Dentistry in Warwickshire and to appoint a Member to the Panel

Councillors Sarah Boad and Raj Randev were already appointed to this panel but a third member was required. Councillor Sue Main was appointed to the vacancy.

10. Phlebotomy Services – update from Warwickshire Primary Care Trust

It was agreed to keep this issue under review. Councillor Sarah Boad felt that the GP practices were to blame for the situation by refusing to carry out the service at their surgeries.

11. Report back on visits to George Eliot Hospital and Leamington Ambulance Control Centre

(1) Leamington Ambulance Control Centre

The visit took place on the 10th October 2007. Members had been informed that since 1st July 2007 the merged ambulance trusts supported each other. Paramedic/Ambulance crews had not been pressurised into taking patients to particular hospitals. Decisions were made on a clinical basis. Members had been impressed in how speedily calls were answered and handled.

(2) George Eliot Hospital

The visit took place on the 17th October 2007. The Trust was planning for foundation status for the hospital. Staff was building on the Acute Services Review.

12. Correspondence

(1) Crisis House Development Rugby – Coventry and Warwickshire NHS Partnership Trust

This had been dealt with under minute 6.

(2) Stroke Services: Coventry and Warwickshire Cardiac Network New Service Standards

Councillor Sarah Boad said that, as Vice-Chair and in the absence of the Chair, she had been made aware of concerns Mr. Gee had about the awarding of the contract to the University Hospitals Coventry and Warwickshire. She investigated the matter and found that the hospital had been able to start the service immediately and offered a full-time service twenty-four hours a day, seven days a week. The scanner was located next to accident and emergency department. In contrast Warwick Hospital could only offer a restricted day service for five days a week and only then if the consultant was on duty. In the circumstances she could justify calling a special meeting of the Committee to discuss the situation.

Members expressed the need for speedy access to the stroke facilities from the south of the county and queried whether people from that area might be taken to a closer hospital.

The Chair said that he was writing to David Rose at the PCT and would send copies to Members.

(3) The Committee's Response to West Midlands Ambulance Service NHS Trust Consultation into proposals for the reconfiguration of Emergency Operations Centres in the West Midlands

The letter from the Chief Executive of the Trust was noted.

13. Future meetings and work programme to date

This was noted.

14. Any other Items

Nil.

……………………………
Chair

The Committee rose at 2.38 p.m.