COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 16th June, 2005 at 10.00 a.m.

Present: **Councillor W.J.S. Thomas (Chairman)**
Councillor T.M. James (Vice Chairman)

Councillors: Mrs. W.U. Attfield, G.W. Davis, P.E. Harling, Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

In attendance: Councillors Mrs. P.A. Andrews and W.L.S. Bowen

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. NAMED SUBSTITUTES

There were no named substitutes.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 31st March, 2005 be confirmed as a correct record and signed by the Chairman.

5. PROVISION OF EAR, NOSE AND THROAT SERVICES

The Committee considered the operation of the new arrangements put in place for the provision of Ear, Nose and Throat (ENT) Services.

In April 2004 the Committee had responded to a formal consultation exercise commenced by the Primary Care Trust setting out options for variation to the ENT Service. The Committee had acknowledged the reasoning behind the development of a "network" option with another Hospitals NHS Trust, expected to be Worcester. It had also commented on the need for the arrangements to be monitored and reviewed and that it would itself wish to review the operation of the new arrangements put in place.

The Chairman commented that the Committee had particularly highlighted the need to ensure that any changes led to an improved ENT service with no loss of patient safety and that the estimate of the number of patients who would need to be transferred to Worcester was robust.

Mr Simon Hairsnape, Director of Health Development at the Primary Care Trust presented a report he had produced providing an update on the provision of ENT services some 10 months after their implementation. He reminded the Committee of

the background to the changes and advised that whilst there had been a few clinical concerns the overwhelming consensus was that the new service has worked extremely well with very few problems and no issues of safety. Some minor revisions to the existing protocols governing how the arrangements worked in practice, were to be undertaken shortly.

The number of transfers from the Hereford Hospital Accident and Emergency Department to Worcestershire Royal Hospital Accident and Emergency Department had been lower than estimated involving only a very small number of patients. A significant ENT service was being delivered in Hereford with the vast majority of patients being treated locally. Both the Primary Care Trust and the Hereford Hospitals NHS Trust were pleased with the way the Service had developed but would continue to monitor and review performance. No complaints had been received.

In response to questions he confirmed that the Hereford and Worcester NHS Ambulance Trust were broadly satisfied with the arrangements. There had been a few occasions where patients at the weekend had been brought to Hereford rather than transferring directly to Worcester. Arrangements had been made to clarify matters with the Ambulance Trust.

He also confirmed that in-patients transferred to Worcester at the weekend and subsequently discharged once it was confirmed that it was safe to do so were provided with transport back to Hereford.

A question was asked about audiology services and the waiting list for the provision of hearing aids. In reply Mr Hairsnape reported that the Primary Care Trust recognised that this was one of its top commissioning priorities and action was being taken to address the problem.

The Committee noted the position on the operation of the new arrangements put in place for the provision of Ear, Nose and Throat (ENT) Services.

6. NEW GENERAL MEDICAL SERVICES CONTRACT 2004-2005

The Committee considered the operation of the new General Medical Services Contract which had come into force in April 2004.

Mr Simon Hairsnape, Director of Health Development presented a report prepared by the Primary Care Trust's Head of Primary Care. He said that out of 24 practices in the County 18 now operated under the new contract, with the remaining six delivering personal medical services.

The Contract had represented a significant change to working practices. The report drew attention to the following key areas: out of hours care; service provision – additional and enhanced services, the Quality and Outcomes Framework; and Primary Care Access.

He noted that the changes to out of hours care, which allowed GPs to opt out providing out of hours care if they wished had perhaps been the most significant change. All of the Herefordshire practices had taken up this option. The Primary Care Trust had commissioned Primecare, a private sector provider, to provide out of hours services. Whilst there had been some initial difficulties he believed that the service had worked as effectively as any in the country over the last six months and the new arrangements had been beneficial. The service was consistent and safe and had led to a dramatic improvement in the quality of life for GPs and their enhanced capacity to provide high quality care in normal working hours.

He considered that the Contract as a whole had been good for both patients and GPs. A high standard of primary care was being provided in the County and the range of medical services being arranged at a local level was increasing.

In the course of discussion Mr Hairsnape informed the Committee of the further benefits which ongoing investment in Information and Communication Technology were expecting to bring, one example being the way in which GPs would refer people on for hospital appointments.

In response to a question he acknowledged that the pace of investment in the NHS in England was exceeding that in Wales and that this could cause some cross-border complications. The Primary Care Trust was mindful of the issue.

He also acknowledged that the changes to the GP contract and other NHS staff had accounted for a significant part of the substantial investment being made in the NHS, currently growth of 10% per annum. The challenge for the NHS now was to demonstrate that these changes were providing value for money and delivering improved services.

The Committee noted the operation of the new General Medical Services Contract.

7. WORK PROGRAMME

The Committee gave further consideration to its Work Programme.

Following discussions between health partners it had been suggested that there would be benefit in breaking down those reviews which had already been scoped into a series of smaller, sharper, shorter reviews, which could demonstrate added value.

It was proposed that details would be circulated to Members of the Committee following discussions between the Chairman, Director of Social Care and Strategic Housing and NHS partners and an agreed programme be commenced as soon as practicable.

A further area which it was suggested might be explored was whether the Committee could have a positive and constructive role in responding promptly to issues raised in the media, to the benefit of both the public and health partners. It was noted that account would need to be taken of the PCT's Communication and Public Involvement Committee.

RESOLVED:

That (a) work be undertaken to break down those reviews which had already been scoped into a series of smaller, sharper, shorter reviews, proposals circulated to Members of the Committee and, if agreed, a programme commenced as soon as practicable;

and

(b) ways in which the Committee could have a positive and constructive role in responding promptly to issues raised in the media to the benefit of both the public and health partners should be investigated, proposals circulated to

Members of the Committee and, if agreed, work commence accordingly.

8. PATIENT AND PUBLIC INVOLVEMENT FORUMS - PROTOCOL

Further to its discussion in December 2004 the Committee give further consideration to a draft protocol concerning future working arrangements between the Committee and the Patient and Public Involvement Forums (PPIFs).

A revised draft was appended to the report. It was noted that this now focused on the Committee's relationship with the Primary Care Trust PPIF and would need to be discussed further with the other PPIFs.

In the course of discussion it was noted that a number of further minor drafting amendments needed to be made. There was, however, one point of principle. This related to the respective rights of attendance by representatives of the Health Scrutiny Committee and the PPIF at each others meetings.

The Chairman of the Health Scrutiny Committee emphasised the importance of establishing an effective working relationship with the PPIFs whilst recognising that the two bodies had distinct and separate responsibilities. He therefore proposed that the Chairman and Vice-Chairman of the PPIF or their nominees may attend meetings of the Health Scrutiny Committee at the invitation of the Chairman of the Health Scrutiny Committee and may be invited to speak at the Chairman's discretion.

The Chairman of the PCT PPIF said that the PPIF wanted to offer a representative of the Scrutiny Committee the right to attend PPIF meetings and the right to speak.

Some concern was expressed that the PPIF's proposal might have the potential to create a conflict of interest or the appearance of the conflict of interest. The offer from the PPIF was therefore welcomed on the basis that it was clearly understood the representative of the Health Scrutiny Committee was attending as an observer and not a Member of the PPIF and would clearly be referred to as such both at the meeting and in any written record of the meeting.

RESOLVED:

THAT (a) the revised protocol between the Committee and the Patient and Public Involvement Forum for the Primary Care Trust as amended at the meeting be approved;

and

(b) the Director of Social Care and Strategic Housing be authorised to make any final textual amendments.

The meeting ended at 11.10 a.m. **CHAIRMAN**