

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 22nd September, 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:** Councillor W.L.S. Bowen and Mrs A Stoakes, Vice-Chairman of the Primary Care Trust Patient and Public Involvement Forum.

**9. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor T.M. James and Mr J. Wilkinson, Chairman of the Primary Care Trust Patient and Public Involvement Forum.

**10. NAMED SUBSTITUTES**

There were no named substitutes.

**11. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**12. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 16th June, 2005 be confirmed as a correct record and signed by the Chairman, subject to noting that there had been some duplication in the printing process and pages 1-4 as printed in the agenda papers concluding at Minute no 8 represented the Minutes of the meeting. *(A revised set was accordingly presented to the Chairman for signature.)*

**13. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

No suggestions were made.

**14. PRESENTATIONS BY THE CHIEF EXECUTIVES OF THE HEREFORDSHIRE PRIMARY CARE TRUST AND THE HEREFORD HOSPITALS NHS TRUST**

The Committee had invited the Chief Executives of the Herefordshire Primary Care Trust (PCT) and the Hereford Hospitals NHS Trust (HHT) to advise the Committee of

the work of the Trusts in the preceding year and future plans and thoughts.

The Committee had been provided with the Trusts' Annual Reports 2004/05 and their respective strategies: from the PCT its "Strategy for Success a Statement of Intent" and from HHT its Strategy for 2005-2010.

**Presentation by Mr Peter Harper, Medical Director and Deputy Chief Executive of the HHT.**

Mr Harper, attending on behalf of the HHT Chief Executive, gave a presentation to the Committee. He commented on the Trust's strategy development, its two star performance rating from the Health Commission, clinical services, workforce, challenges faced, perception of the future (2006-2008) with the stated aim of achieving Foundation Trust Status by 2008, and the future beyond 2008.

He advised the Committee that HHT's vision was excellence in the delivery of secondary care services to the local population, through partnership with patients, the public and other organisations. This was to be delivered by being the provider of choice for patients and partner organisations, the employer of choice and the provider of excellent, high quality, innovative, patient centred, clinical and support services.

In relation to clinical services he highlighted the following points:

- The partnerships which had been developed in the provision of vascular surgery, Ear, Nose and Throat Services and Cancer Services.
- Length of stay in hospital noting that this was 80% of the national average, with hip replacements now having a 5 day average stay (down from a 10 day average), a high day case rate, with 80% of cases dealt with in a day compared with a national average of 65%.
- The excellent service provided by the Charles Renton Cancer Unit.
- The establishment of a dedicated stroke unit, whilst noting that the Unit could not provide a full rehabilitation service.

In relation to challenges he highlighted:

- The pressures on clinical and non-clinical staff.
- Infection rates, noting that whilst these were relatively low a team was actively engaged in keeping the level down, although it had to be recognised that infection was a fact of life.
- The financial pressures facing HHT.
- The requirement to meet targets, noting that improvements were being made with the time in 2005 between referral to treatment down to 62 days and the time from decision to treat to treatment down to 31 days.
- Recruitment and retention of staff.
- In terms of diagnostics he reported that there was a very long waiting list for MRI scans and some considerable waiting times for neurophysiology which was a particular problem because of the difficulties in recruitment. However, some

inroads were being made into the problem and waiting time for an ultrasound scan, which at one point had been well over a year, was now down to a few weeks.

- The major pressures on the accident and emergency department.
- The pressures on trauma and orthopaedic services, noting that in the case of the latter whilst good results were being achieved demand was so high that it could not be met. Whilst efforts were being made to increase resources to meet need demand appeared endless.
- Whilst the Paediatrics department worked hard it was a small department and the HHT was seeking to improve it.

He commented on the constant change in the NHS involving further reorganisation, the development of a patient led NHS, the plurality of provision of care and patient choice, all of which meant competition.

He also outlined the features of Foundation Trust status, in particular the prospect of greater local autonomy and enhanced borrowing capacity especially for capital investment, and the work which would need to be undertaken if the application for Trust status were to be successful, the aim being to achieve this by 2008.

Looking beyond 2008 he highlighted the following issues: development of patient choice, development of the national NHS IT project, the development of a medical/surgical assessment unit, the need to build replacement wards and clinical units, the need for a new cancer unit, more clinical linkages, increased day case work; and developing stronger links with Powys.

In response to questions Mr Harper commented as follows:

- It was asked whether the provision of services to patients from Powys had any adverse implications for the services provided to Herefordshire residents. In reply Mr Harper explained that services were currently provided through block contracts with the Powys Health Board. New contracts would have to be negotiated in response to the introduction of payment by results. It was acknowledged that the work provided valuable income for the hospital.
- That the hospital would need to employ additional teams of staff if the capacity to deal with hip replacements were to be expanded.
- That there were many contributory factors to the increasing pressure on the Accident and Emergency Department, including changing patient expectations.
- There was a distinction between medical and general training with work on wards, for example, counting towards medical training for Junior Doctors. General training programmes were in place for Junior Doctors, nurses and support staff.
- That there were some recruitment difficulties locally, in common with the experience across the Country. As specialisation increased it would not be possible to offer some services locally.
- He acknowledged that there could be benefits in the providers of the GP out of hours service being located alongside the Accident and Emergency Department, but this was not feasible at the moment.

**Report by Paul Bates, Chief Executive of the PCT**

Mr Bates reminded the Committee of the PCT's remit: commissioning healthcare, providing some healthcare directly, notably the mental health service, from a budget of some £200 million and its role in managing the commissioning of £100 million worth of specialist services on behalf of other PCTs in West Midlands (South) Strategic Health Authority area.

He expressed his disappointment that the Trust's star performance rating from the Health Commission had been reduced from a three to a two star rating. This was attributed in part to an increase in the number of patients waiting more than six months for treatment. In general terms, however, he considered that the Trust had performed as well as it had in the previous year.

He noted that the Mental Health Service provided by the Trust had improved its performance rating from one to two stars and was a good, but not excellent, service. The patients survey specifically for this service had shown significant improvements across the board, one slight weakness being the preparation of care plans.

The general patients survey about the PCT focused on practitioners and showed good results. However, these were not as good as he thought that they could be. The PCT was not in the top 20% of Trusts for every service and he believed it should be in the top 5%. There was clear potential for improvement.

In dentistry there were excellent results but it was clear that access to a NHS dentist was a major problem which needed further work by the PCT. It would not be possible to achieve the desired improvement in the current financial year.

The response to the outbreak of Legionnaires Disease in 2003 had been the subject of a major review with successful outcomes. The PCT was now regarded by other Trusts as a source of expertise in dealing with incidents of this type.

The PCT's financial position was in balance comparing favourably with the position of number of Trusts across the Country who were facing substantial debts. However, the challenge facing Herefordshire was greater than it ever had been and he thought that pressures would increase in the coming years.

There was considerable enthusiasm for measures to improve public health. Resources had been ring fenced for work in 2006/07 and 2007/08 but it was not feasible to bring investment forward into 2005/06 despite the wish to do so.

Other issues included the extension of patient choice, implementation of the system of payment by results and the development of the national ICT system for the health Service.

He noted that the Contract for the provision of GP out of hours services was up for renewal adding that while the service was different from that previously provided the benefits in terms of higher morale of GPs and recruitment and retention were clear to see.

Work continued with the Council to develop a Childrens Trust and pool funding where appropriate.

The growing number of migrant workers was changing the face of Herefordshire and it was important to ensure that their health needs were being met.

Finally he commented on the Strategic Health Authority's review of the configuration of NHS Organisations and the potential implications of this both for the future of the PCT and its role as a direct provider of services. He noted the danger of the PCT being distracted by these matters and the measures being taken to ensure management focused on delivering the PCT's objectives.

In response to questions Mr Bates acknowledged the potential significance of the links across the border in Wales. He reported that efforts were being made to improve the effectiveness of the relationship with Welsh colleagues, following a period in which working arrangements had been less strong than previously.

He also noted the scope for Councillors to work with the PCT within their Wards to promote public health initiatives and the potential to improve public health.

#### **15. NATIONAL HEALTH SERVICE ORGANISATIONAL CHANGE**

The Committee received a report on proposed changes to the local health service and was invited to endorse the joint response submitted to the West Midlands South Strategic Health Authority (SHA) by the Leader of the Council and the Chairman of the Health Scrutiny Committee.

It was noted that the Chief Executive of the NHS had directed SHAs "to co-ordinate an exercise locally to ensure we have the right configuration for commissioning." The letter from the SHA setting out options for the future configuration of services was appended to the report together with the response submitted to the SHA by the Leader of the Council and the Chairman of the Health Scrutiny Committee.

The Director of Children's Services commented on the tight timescale within which the response to the SHA had had to be submitted and drew attention to the content of the joint response as set out in appendix 2 to the report.

Members noted with concern the uncertainty faced by staff whilst the options for reconfiguration were considered and the implications for retention and recruitment. It was suggested that once a decision had been made action should be taken as quickly as possible to reduce the uncertainty.

**RESOLVED: that the proposed changes to the local health service be noted and the response to the Strategic Health Authority as set out in appendix 2 to the report be endorsed.**

#### **16. HEALTH COMMISSION - HEALTH CHECK**

The Committee received a presentation by representatives of the Primary Care Trust and the Hereford Hospitals NHS Trust on the Health Commission's new system of performance assessment for PCTs and NHS Trusts: the annual health check.

The presentation set out the role of the Healthcare Commission, the Core Standards against which performance would be measured and the timescale for submitting declarations to the Commission. It was noted that for the first year of the system Trusts were required to submit a draft declaration for the period 1st April to 30th September, 2005 by 31st October, to be followed by the submission of a declaration for 2005/06 as a whole in April 2006.

The Committee noted that the system provided for it to submit comments for inclusion in the declarations made by the Primary Care Trust, the Hereford Hospitals NHS Trust and the Hereford and Worcester Ambulance NHS Trust.

Recognising that in this and other matters, such as the consultation on the reconfiguration of the Health Service which appeared elsewhere on the agenda, an urgent response sometimes needed to be made on the Committee's behalf it was proposed that a general authority be given to officers following consultation with the Chairman, and with other Members of the Committee as practicable, to act on the Committee's behalf.

**RESOLVED:**

- That (a) **that the Committee's comments for inclusion in the draft health check declaration be finalised following consultation with the Chairman;**
- and**
- (b) **in order to deal with urgent matters officers be authorised to act on behalf of the Committee following consultation with the Chairman, and where practicable other Members of the Committee.**

**17. REVIEW OF THE MANAGEMENT OF THE OUTBREAK OF LEGIONNAIRES DISEASE IN HEREFORDSHIRE - FOLLOW UP**

The Committee reviewed action taken in response to the Committee's recommendations made in its review of the management of the outbreak of legionnaires disease in Hereford in 2003.

The Committee's review had been completed in July 2004 and it had considered it timely as part of its work programme to invite the key agencies involved in managing the outbreak to comment on progress. Replies from the Health Protection Agency, Herefordshire Council, Herefordshire Primary Care Trust and Hereford Hospitals NHS Trust were appended to the report.

The Council's Emergency Planning Officer commented on the specific duties now placed on the Council and its partners by the Civil Contingencies Act 2004 and the extent to which that had formalised co-operation. He explained the collaborative work underway and concluded that with the measures which had been put in place the ability to respond effectively to a similar outbreak of legionnaires and other diseases had been enhanced.

The Environmental Health Manager (Commercial) also said improvements had been made and he was confident that a professional, robust response would be delivered in the event of another outbreak or similar event. Working relationships with the Health Protection Agency and the Primary Care Trust were good. Concerns about possible changes to the Service's powers which the Committee had reflected in its recommendations, had largely receded. The benefit of local knowledge in dealing with the outbreak had been demonstrated as had the public confidence in the Service. He noted that other authorities were seeking to learn from the expertise gained in Herefordshire during the outbreak.

It was also noted that regular exercises were required by the Civil Contingencies Act and this would ensure the lessons which had been learned were not forgotten.

The Committee welcomed the action which had been taken.

**18. UPDATE ON REVIEW OF COMMUNICATION**

The Committee noted progress on the review.

**19. UPDATE ON REVIEW OF GP OUT OF HOURS SERVICES**

The Committee noted progress on the review.

The meeting ended at 12.32 p.m.

**CHAIRMAN**