

A G E N D A

Health Scrutiny Committee

Date: **Thursday, 22nd September, 2005**

Time: **10.00 a.m.**

Place: **The Council Chamber,
Brockington, 35 Hafod Road,
Hereford**

Notes: Please note the **time, date** and **venue** of
the meeting.

For any further information please contact:

*Tim Brown, Members' Services, Tel 01432
260239*

E-Mail: tbrown@herefordshire.gov.uk

**County of Herefordshire
District Council**

AGENDA

for the Meeting of the Health Scrutiny Committee

To: 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

	Pages
1. APOLOGIES FOR ABSENCE To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY) To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.	
3. DECLARATIONS OF INTEREST To receive any declarations of interest by Members in respect of items on this agenda.	
4. MINUTES To approve and sign the Minutes of the meeting held on 16th June, 2005.	1 - 4
5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
6. PRESENTATIONS BY THE CHIEF EXECUTIVES OF THE HEREFORDSHIRE PRIMARY CARE TRUST AND THE HEREFORD HOSPITALS NHS TRUST To advise the Committee of the work of the Trusts in the preceding year and future plans and thoughts.	
7. NATIONAL HEALTH SERVICE ORGANISATIONAL CHANGE To note proposed changes to the local health service and endorse the response to the Strategic Health Authority.	5 - 14
8. HEALTH COMMISSION - HEALTH CHECK To consider the Committee's role in the Health Check process.	15 - 16
9. REVIEW OF THE MANAGEMENT OF THE OUTBREAK OF LEGIONNAIRES DISEASE IN HEREFORDSHIRE - FOLLOW UP (TO FOLLOW)	17 - 30

	To review action taken in response to the Committee's recommendations.	
10.	UPDATE ON REVIEW OF COMMUNICATION	31 - 34
	To note progress on the review of Communication.	
11.	UPDATE ON REVIEW OF GP OUT OF HOURS SERVICES	35 - 38
	To note progress on the review of GP Out of Hours Services.	

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

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1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

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(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

Remits of Herefordshire Council's Scrutiny Committees

Adult Social Care and Strategic Housing

Statutory functions for adult social services including:

Learning Disabilities

Strategic Housing

Supporting People

Public Health

Children's Services

Provision of services relating to the well-being of children including education, health and social care.

Community Services Scrutiny Committee

Libraries

Cultural Services including heritage and tourism

Leisure Services

Parks and Countryside

Community Safety

Economic Development

Youth Services

Health

Planning, provision and operation of health services affecting the area

Health Improvement

Services provided by the NHS

Environment

Environmental Issues

Highways and Transportation

Strategic Monitoring Committee

Corporate Strategy and Finance

Resources

Corporate and Customer Services

Human Resources

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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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

NATIONAL HEALTH SERVICE ORGANISATIONAL CHANGE

Report By: County Secretary and Solicitor

Wards Affected

County-wide

Purpose

1. To note proposed changes to the local health service and endorse the response to the Strategic Health Authority (SHA).

Financial implications

2. None identified.

Background

3. The Department of Health published "Commissioning a Patient Led NHS" in July 2005 setting out a framework for improving commissioning of services alongside improvements in health and service delivery. The main factors in the guidance are:
 - Primary Care Trusts (PCTs) of the future will concentrate on commissioning and improving public health
 - PCTs will not directly provide services (this may be allowed only in the most exceptional circumstances)
 - GP practice-based commissioning will be fully developed
 - A reduction in the number of SHAs, Ambulance Trusts and PCTs
 - Most NHS Trusts will become Foundation Trusts
 - An expectation that PCT boundaries will match those of Local Authorities
 - Delivery of at least 15% reduction in management and administrative costs.
4. The Paper directed Strategic Health Authorities to "co-ordinate an exercise locally to ensure we have the right configuration for commissioning."
5. A copy of the letter from the West Midlands Strategic Health Authority outlining the process and enclosing a paper setting out options for the future configuration of services is attached as appendix 1.

6. A response was required by Friday 16 September if it was to be included in the report to the Strategic Health Authority Board which meets on 28th September. An informal discussion between Members of Cabinet and Health Scrutiny Committee was held on 12 September and on 15 September Cabinet approved a response which was also signed by the Chairman of the Health Scrutiny Committee on the Committee's behalf. A copy is attached at appendix 2.

RECOMMENDATION

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.

BACKGROUND PAPERS

- None

26 August 2005

Chief Executive's Office
30 AUG 2005
Passed to:
Acknowledged:

Strategic Health Authority

Osprey House
Albert Street
Redditch
B97 4DE

Dear Colleague,

The paper entitled "Commissioning a Patient Led NHS" published on 28 July 2005 by Sir Nigel Crisp, Chief Executive of the NHS directs the SHA to co-ordinate an exercise locally to ensure we have the right configuration for commissioning.

The Strategic Health Authority is required to submit a proposal, with stakeholder comments, to the Department of Health by October 15th at the latest. If the Department of Health approve our plans, then we will consult for 12 weeks on our proposals and we will formally seek your views as part of this process.

In considering arrangements for the current West Midlands South SHA a number of discussions have taken place with the local NHS. I have enclosed with this letter a paper outlining the options which have been raised in these discussions.

At this point in time we would welcome your views on:

- The range of options we are currently consulting on
Issues which you think we should consider when drawing up the final options

If your comments are received by Friday 16th September they can be included in the SHA Board paper. Any comments received between 16th of September and the date of the Board meeting (28th September 2005) will be reported verbally.

Please make your comments to Catherine Griffiths, Managing Director

By letter:

West Midlands South Strategic Health Authority
Osprey House
Albert Street
Redditch
B97 4DE

By email:

Catherine.griffiths@wmsha.nhs.uk

Marked "responses to reconfiguration timetable paper"

Chief Executive's Office
30 AUG 2005
Passed to:
Acknowledged:

Yours sincerely

David Nicholson CBE
Chief Executive

- Changes complete to PCT direct provision of services complete by December 08
- All management and administrative cost savings to be deployed in 2008/09

2. Organisational Reconfigurations Being Considered

2.1 Strategic Health Authorities

At present there are three SHAs which cover Shropshire and Staffordshire, Birmingham and The Black Country, and West Midlands South. *Commissioning a Patient Led NHS* makes it clear that there should be considerably less than the current number of SHAs, and that where sensible alignment with Government Office Regions should be considered. The 3 SHAs have a joint Chief Executive, David Nicholson, CBE, but retain 3 separate Boards. We are therefore considering consulting upon replacing the three SHAs with one Strategic Health Authority covering the whole of the West Midlands. This reflects the direction of *Commissioning a Patient Led NHS* and would align the NHS with the West Midlands Health Protection Agency. The reduction of three SHAs to one SHA covering the West Midlands would be able to deliver a significant reduction in management and administrative costs. Mutual aid and emergency planning arrangements are already based on the West Midlands area.

2.2 Ambulance Trusts

The reform of the provision of ambulance services described in *Taking Health Care to the Patient* proposed a strengthening of ambulance services with an associated reduction of at least 50% in the number of ambulance trusts whilst broadening the range of services provided by ambulance services. In the West Midlands it is being considered that the current four ambulance services (Staffordshire; Coventry and Warwickshire; West Midlands and Shropshire; Hereford and Worcester) could be replaced by one ambulance service covering the whole of the West Midlands.

In this consideration it is felt that one ambulance Trust whilst allowing for management and administrative cost savings, would also allow for a broader range of management skills to be brought in to develop a range of new services and services divested from PCTs. The need to maintain several call centres and locality "footprints" and management arrangements are also considered important.

2.3 Primary Care Trust Configuration

The general principle contained in *Creating a Patient Led NHS* and reinforced in *Commissioning a Patient Led NHS* was that PCTs should have a clear relationship with Local Authority Social Services boundaries. In considering arrangements for the current West Midlands South Strategic Health Authority (WMS SHA) a number of discussions have taken place with the local NHS. The options which have been raised in those discussions have been:

- 2.3.1** Merge Wyre Forest PCT and Redditch and Bromsgrove PCT and maintain existing arrangements in South Worcestershire to create a North Worcestershire PCT and South Worcestershire PCT and Merge North Warwickshire PCT and Rugby PCT and maintain existing arrangements in

South Warwickshire PCT to create a North Warwickshire PCT and South Warwickshire PCT

Leave Hereford PCT as present and Coventry PCT as present.

This would create 6 PCTs, two of which would be coterminous with Local Authority and social service boundaries.

- 2.3.2 Merge North Warwickshire PCT, Rugby PCT, South Warwickshire PCT and Coventry PCT to create a Coventry and Warwickshire PCT and Merge Wyre Forest PCT, Redditch and Bromsgrove PCT, South Worcestershire PCT and Hereford PCT to create a Herefordshire and Worcestershire PCT

This would create 2 PCTs, neither of which would be directly coterminous with Local Authority and social service boundaries.

Merge all existing PCTs within Herefordshire, Worcestershire, Warwickshire and Coventry to create a single PCT. This option would not be directly coterminous with Local Authority and social service boundaries.

Merge Wyre Forest PCT, Redditch and Bromsgrove PCT and South Worcestershire PCT to create a Worcestershire PCT and Merge North Warwickshire PCT, Rugby PCT and South Warwickshire PCT to create a Warwickshire PCT

Leave Hereford PCT as present and Coventry PCT as present.

This would create 4 PCTs, all of which would be coterminous with Local Authority and social service boundaries.

2.4 Services Managed and Provided by Primary Care Trusts

As described in *Creating a Patient Led NHS*, PCT development is crucial to the change in the NHS moving from being provider driven to a commissioning driven service. As PCTs focus on promoting health and commissioning services they will appropriately reduce the size and number of services which they currently provide. Rather than directly providing services, arrangements will be made to secure services from a range of providers thereby bringing contestability to community based services, offering a wider variety of choices of services and responsiveness to patient needs. It should be noted that these arrangements being considered will take significant time to develop and will be refined and developed in line with the forthcoming White Paper on health and care services outside hospital which will consider a variety of local services and models of provision in response to patient need. We will not be consulting on the provision of PCT managed services in 2005, but thought you should be aware that this issue is on the horizon. .

In particular many of you will be aware of or have been involved in local discussions on the provision of mental health and learning disability services which are currently managed by PCTs. Mental Health and learning disability

service provision forms a significant element within a number of PCTs across the West Midlands. Decisions on proposals for Mental Health and learning disability service provision will require a wider strategic view across the West Midlands. The current reviews in Warwickshire and BBC will be assessed against the principles of *Commissioning a Patient-Led NHS*. In addition a review of the options for alternative providers of mental health services in all other PCTs will be undertaken.

More detail will be available later in the year and it is emphasised that these developments will take a longer time to plan and will take up to the latter part of 2008 to be implemented.

3. Management and Administrative Cost Savings

The consequence of these changes being considered will bring about significant management and administrative cost savings.

In *Commissioning a Patient Led NHS* a commitment is given to, nationally, make £250 million savings for use by 2008 by front line services. The arrangements being considered and initially described in this paper are estimated to create a minimum of £7 million savings in WMS SHA as a result of:

Reductions in the number of Boards and Executive Teams and other fixed costs associated with merging Primary Care Trusts, Ambulance Trusts and Strategic Health Authorities

Reductions in management and administrative costs associated with new policies such as Payment by Results and the development of a range of shared services.

These planned savings will be realised throughout the period up to the end of the financial year 2007/08 thereby being available for reinvestment in service priorities in the financial year 2008/09. The planned savings will be realised broadly in line with the timetable set out above.

4. Next steps

This paper has been sent to the following stakeholders:

- Local Authorities
- Overview and Scrutiny Committees
- Patient Forums
- NHS Acute Trusts
- PCTs
- Local Representative Committees
- MPs

The Strategic Health Authority is required to submit a proposal, with stakeholder comments, to the Department of Health by October 15th at the latest. If DoH approve our plans, then we will consult for 12 weeks on our proposals, and we will formally seek your views as part of this process. At this point in time we would welcome your views on:

- The range of options we are currently considering consulting on

- Issues which you think we should consider when drawing up the final options

Catherine Griffiths, Managing Director of the West Midlands South SHA, would welcome your comments by letter or email (see below) to help the Board to assess the proposals it has to make to the Department of Health.

The timetable for your comments is as follows:

If your comments are received by **Friday 16 September** they can be included in the SHA Board paper

- Any comments received from the 17 September until 28 September (the date of the Board meeting) will be reported verbally.

Please make your comments to Mrs Catherine Griffiths, Managing Director, West Midlands South Strategic Health Authority

By letter:

Osprey House
Albert Street
Redditch
B97 4DE

By email:

catherine.griffiths@wmsha.nhs.uk (marked responses to reconfiguration timetable paper'

Leader of the Council
Councillor R.J. Phillips

Mrs C Griffiths
Managing Director
West Midlands South Strategic Health Authority
Osprey House
Albert Street
REDDITCH
B97 4DE

Your Ref:
Our Ref: RJP/SAHC
Please ask for: Councillor R.J. Phillips
Direct Line / Extension: 01432 260494
Fax: 01432 340189
E-mail: rjphillips@herefordshire.gov.uk

15th September, 2005

Dear Mrs Griffiths,

RESPONSE TO WEST MIDLANDS SOUTH STRATEGIC HEALTH AUTHORITY

“Commissioning a Patient Led NHS”

Thank you for your letter of 26th August, outlining the opportunity to respond to the options being put forward for reconfiguration of SHA, Ambulance Trusts and PCTs.

Herefordshire Council welcomes a move to reflect SHA alignment with Government office regions and the Health Protection Agency.

A larger Ambulance Trust, covering the whole of the West Midlands, is supported if the Herefordshire locality “footprints” and access standards are maintained.

Herefordshire Council wishes to register its strong support for the preservation of the PCT co-terminous with its boundaries. Local service delivery has benefited greatly from the simplicity and convenience and efficiency of these arrangements in commissioning services. The Council would not wish to see any move away from locally commissioned services. The recent ODPM endorsement of a Local Area Agreement proposal makes this a particular priority to sustain.

Therefore, the importance of a sovereign NHS body for Herefordshire is a vital ingredient in the delivery of the Local Area Agreement and in supporting and sustaining a prosperous Herefordshire.

The geographic context of Herefordshire, having a large land mass (840 sq.miles), but sparse population, means the political identity of a co-terminous PCT and Local Authority has greater significance. Indeed, the size of Herefordshire needs to have significant weight in the pre-consultation deliberations.

Herefordshire Council welcomes the link with the White Paper on Health & Care outside hospital and anticipates greater attention to the outcome of the current “Your Health, Your Say” consultation events leading to the White Paper on further deliberations on provider arrangements.



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County of Herefordshire District Council, P O Box 239, Hereford HR1 1ZU

DX: 135298, HEREFORD 3

Main Switchboard (01432) 260000 - www.herefordshire.gov.uk

Early discussions locally in Herefordshire have resulted in support in principle for further exploration of enhancing joint arrangements between the Council and the NHS in Herefordshire for commissioning and improving public health functions.

There are real opportunities to build on the growing partnership between the Council and the PCT to deliver even better outcomes for local people and the Council would wish to explore models of closer working with the PCT, based on co-terminosity.

Of some concern to Herefordshire Council is the proposal on the provision of mental health services. Local integration of service delivery is well advanced, Social Care staff are seconded to Herefordshire PCT, with HPCT having a lead commissioning role for all mental health services, including social care. Any future commissioning and provider re-configuration arrangements should reflect local priorities and current joint arrangements.

Herefordshire Council has led commissioning and provider responsibilities for Learning Disability Services for Health & Social Care. Herefordshire Council would wish to continue this arrangement, which has proved beneficial for service users and carers.

In moving towards a Children's Trust in Herefordshire, the engagement of Herefordshire NHS body is critical to local successful commissioning.

Herefordshire Council would support Option 2.3.4 only given the co-terminosity principle with Local Authority boundaries and the size of Herefordshire and would indicate their concern about the speed of the process.

In addition, it is essential that any impact of these proposals on Welsh Authorities should be tested by including them in the consultation, given the access to Herefordshire NHS services by the population on the borders.

Yours sincerely,

ROGER PHILLIPS
LEADER OF THE COUNCIL

STUART THOMAS
CHAIRMAN OF THE HEALTH SCRUTINY COMMITTEE

HEALTH COMMISSION – HEALTH CHECK

Report By: County Secretary and Solicitor

Wards Affected

County-wide

Purpose

1. To consider the Committee's role in the Health Check Process.

Financial implications

2. None identified.

Background

3. The Health Care Commission "exists to promote improvements in the quality of healthcare and public health in England." It has created a new approach to assessing and reporting on the performance of NHS Trusts. The Commission's guidance on the assessment of core standards, previously circulated to Members, states:

"Our annual health check replaces star ratings from this year and requires NHS Trusts to produce yearly self-assessments." "As part of the annual health check we will measure performance by reference to the 24 core standards identified by the Government.....These cover seven key areas: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health."

4. For the first year of assessment, 1 April 2005 to 31 March 2006, NHS trusts have to prepare a draft declaration by 31 October 2005, covering the period 1 April 2005 to 30 September 2005 before the final version is submitted to the Commission in April 2006.
5. All Trusts are required to ask overview and scrutiny committees to comment on a Trust's performance against the core standards.
6. Representatives from the Hereford Hospitals NHS Trust and the Herefordshire Primary Care Trust will give a presentation on the process at the meeting which will allow the Committee to consider its role in this process.

BACKGROUND PAPERS

- None

Further information on the subject of this report is available from Tim Brown, Committee Manager (Scrutiny) on 01432 260239

REVIEW OF THE MANAGEMENT OF LEGIONNAIRES DISEASE IN HEREFORDSHIRE - FOLLOW UP

Report By: County Secretary and Solicitor

Wards Affected

County-wide

Purpose

1. To review action taken in response to the Committee's recommendations.

Financial implications

2. None identified.

Background

3. In July 2004 the Committee approved its review of the management of the outbreak of Legionnaire's disease in Hereford in November 2003. The review's recommendations are attached at appendix 1.
4. The Committee had felt that it had a responsibility on behalf of the Community to review the response to the outbreak but acknowledged at the time that its review would be complementary to and not a substitute for the more detailed review being undertaken by NHS bodies and others.
5. The Committee agreed, first and foremost, that the consensus of the agencies involved that the outbreak had essentially been well handled should be welcomed and those involved should be congratulated on their professionalism.
6. However, it is recognised as good practice for Scrutiny Committees to follow-up on the response to recommendations made in scrutiny reviews and in this particular case it is both particularly incumbent on the Committee to do so and timely, one year on from its report.
7. The following bodies were invited to comment on progress and copies of their replies are attached at appendix 2.
 - The Health Protection Agency
 - Herefordshire Council
 - Herefordshire Primary Care Trust
 - Herefordshire Hospitals NHS Trust

BACKGROUND PAPERS

- None

Further information on the subject of this report is available from Tim Brown, Committee Manager (Scrutiny)
on 01432 260239

**RECOMMENDATIONS MADE BY THE HEALTH SCRUTINY COMMITTEE
FOLLOWING ITS REVIEW OF THE OUTBREAK OF LEGIONNAIRES DISEASE IN
HEREFODSHIRE – NOVEMBER 2003**

- a) That first and foremost the consensus of the agencies involved that the outbreak had essentially been well handled be welcomed and those involved be congratulated on their professionalism;
- b) That the agencies involved give further consideration to identifying appropriate accommodation for an Outbreak Team;
- c) That a protocol for managing outbreaks clearly defining the respective roles of agencies involved be developed and implemented;
- d) That the Health Protection Agency be requested to confirm that mechanisms have been put in place to ensure that the changes to a number of systems and practices identified by Dr Kirrage are implemented;
- e) That Cabinet be recommended to make arrangements to ensure that, as recommended in the report by the Environmental Health Service: current emergency plans are revisited to establish whether one or more cover adequately the actions to be followed, roles to be adopted etc, in the case of another such outbreak or incident;
- f) That Cabinet be recommended to make representations to Government to address concerns in the report by the Environmental Health Service that changes relating to certain industrial processes will remove some powers from the Service, hampering future responses;
- g) That Cabinet be recommended to make representations to Government requesting that the disease be made notifiable and brought into the scope of the Public Health (Control of Disease) Act and make available powers contained therein;
- h) That Cabinet be recommended to make arrangements and set milestones to ensure that, as recommended in the report by the Environmental Health Service: the learning points that emerged from review of actions etc carried out by EHTS along with other learning points produced by the HPA be carefully considered, prioritised, resource need identified, action plan developed and actioned;
- i) That the appropriateness or otherwise of issuing joint press releases should be borne in mind in any future incident;
- j) That Dr Kirrage's comments that systems are now in place to detect and respond to a slowly emerging threat and funding earmarked to enhance early warning surveillance systems be welcomed;
- k) That the need for regular training sessions with local emergency services including Herefordshire Council be noted;

- l) That the Primary Care Trust and the NHS Hospitals Trust note the scope for collaborative working in communicating with Health staff;**
- m) That the Council's Environmental Health Service should review its registers of wet cooling systems at least every three years; and**
- n) That representations be made resisting any reduction in the Environmental Health Service's powers suggesting that if these prove unsuccessful a request be made for a protocol to be put in place with the Environment Agency to enable any response to an incident to draw on local knowledge**

West Midlands



Councillor W J S Thomas
Chairman of the Health Scrutiny Committee
Herefordshire District Council
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35 Hafod Road
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HR1 1ZT

Health Protection Agency
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(Local and Regional Services
West Midlands)

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25th August 2005

Dear Councillor Thomas

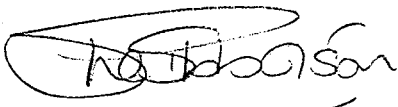
Thank you for your letter dated 12 August 2005 regarding follow-up to the report of the Council's Health Scrutiny Committee in August 2004. I am very pleased to respond to the Committee's recommendations where those recommendations are relevant to the work of the Herefordshire & Worcestershire Local Health Protection Unit (HPU) and the HPA as a whole. Therefore I will follow the format of the recommendations that you kindly attach in your letter.

- a) Once again I would like to thank the Committee in its praise of the function of our Unit and the other teams involved in the management of this outbreak. I would also like to point out that the lessons learnt from this outbreak have already been of material benefit in the management of a similar but smaller outbreak of Legionnaires' disease that occurred in November 2004 in Redditch, Worcestershire. We are extremely grateful for the advice that the Environmental Health Service of Herefordshire Council were able to offer their colleagues at Redditch Borough Council during this outbreak.
- b) The appropriate accommodation of an outbreak team is largely dependent on the nature of the outbreak concerned. Recently in February this year, an incident involving a healthcare worker infected with Hepatitis C who had been employed by Hereford Hospitals NHS Trust some years previously, was managed through the use of an Incident Room at Herefordshire Primary Care Trust. A computerised telephone helpline was set up successfully and a large number of staff worked out of hours to manage this incident, one of the largest of its kind nationally. We believe this demonstrates the ability of Herefordshire to set up Incident and Outbreak Management Teams on behalf of other organisations in the county in a very effective manner. We would anticipate that this facility could also be managed at Herefordshire Council offices, for example in the event of serious flooding of the River Wye. The location of the preferred site would always be one of the first tasks of the Outbreak or Incident Management Team to decide upon.
- c) A newly revised protocol for managing outbreaks in Herefordshire has been agreed between the Environmental Health Team, the HPA and Herefordshire PCT. In addition, we are developing a Memorandum of Understanding with Herefordshire Council to further clarify roles and responsibilities of the various teams involved.

- d) I can confirm that following the Legionnaires' disease outbreak in Herefordshire, the lessons learnt were used to improve local and indeed national systems to enhance the management of such an outbreak. These were communicated to a large number of people locally and through national conferences.
- e) The Herefordshire and Worcestershire Primary Care Trusts have employed a new Emergency Planning Officer, Mr Sim Foreman. He has met and revised the current PCT Emergency Plans, and has also built up a good working relationship with Herefordshire Council's Emergency Planning Team. On 17 June this year, the Herefordshire & Worcestershire HPU hosted a national exercise to rehearse the use of mass prophylaxis in the event of a deliberate release of anthrax spores. This was held at Worcestershire Rugby Club and involved national and regional experts from across the health field as well as local authorities. We feel that this has offered the Local Unit valuable experience in preparing for any major incident of that type.
- g) The question as to whether Legionnaires' disease can be made a notifiable disease continues to be debated nationally. We have supported this recommendation.
- h) As I indicated previously, the learning points that emerged from the formal review of this outbreak have been disseminated widely. We have good evidence that these lessons have already been adopted in other real-life outbreaks and, once again, wish to thank Environmental Health Officers from Herefordshire for their active help in the Redditch Legionnaires' outbreak.
- i) We believe that issuing joint press releases is then vital to the management of any incident, and this was adopted during the Hepatitis C look-back exercise in February this year. We would always strongly recommend that any information to the media should be carefully planned and if possible released jointly with Herefordshire Council and other relevant organisations.
- j) The arrangements for surveillance of infectious diseases have been strengthened nationally and regionally. There is now a dedicated Information Officer for the Herefordshire & Worcestershire Health Protection Unit and this post not only supports local surveillance but also forms part of the regional surveillance network that is designed to detect any slow increase in notifications or otherwise of infectious diseases. Since 2004, the use of new surveillance systems, for example collation and analysis of telephone calls to NHS Direct, are also proving a further valuable means of identifying threats to the public.
- k) A regular training programme with local Emergency Services is being put in place under recommendations from the Civil Contingencies Act as well as being part of the work programme of our newly-appointed PCT Emergency Planning Officer.
- l) The use of collaborative working is now well-established within Herefordshire as was borne out by the recent look-back exercise.

If you wish for any further information please do not hesitate to contact me.

Yours sincerely



Dr Sue Ibbotson
Regional Director West Midlands

HEREFORDSHIRE
COUNCIL

Leader of the Council
Councillor R.J. Phillips

Councillor W.J.S. Thomas,
Chairman of Health Scrutiny Committee,
County of Herefordshire District Council,
Brockington,
35 Hafod Road,
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HR1 1SH

Your Ref:
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Please ask for: Mr. R.J. Phillips
Direct Line / Extension: 01432 260046
Fax: 01432 340189
E-mail: rjphillips@herefordshire.gov.uk

19th September, 2005


Dear Councillor Thomas,

HEALTH SCRUTINY COMMITTEE - REVIEW OF THE MANAGEMENT OF THE LEGIONNAIRE'S DISEASE IN HEREFORDSHIRE - FOLLOW UP

I have been pleased to note the very thorough approach which the Health Scrutiny Committee has adopted to its review of the handling of the outbreak of Legionnaire's Disease in Herefordshire.

Whilst accepting that the Health Scrutiny's assessment of the handling of the outbreak was broadly positive, it is important that even in the context of a positive assessment we should look to improve if we should ever face such a situation again.

I am, therefore, very pleased with the response which our Emergency Planning Officer, Mr. Philip Wilson, has prepared for Health Scrutiny Committee and it has my whole-hearted support.

I am also pleased that it is explained for Health Scrutiny the very significant changes which have been made to the structure of Emergency Planning following the passage of the Civil Contingencies Act 2004 into law. I believe our preparations under the Civil Contingencies Act are well under way and along with the individual actions described will provide a stronger framework within which to manage such outbreaks and other emergencies in the future. I hope your Scrutiny Committee will feel, despite its conclusion that the last outbreak was well handled, we will be in a better position today to respond if that situation was to be repeated.

Yours sincerely,



R.J. PHILLIPS
LEADER OF THE COUNCIL



Putting People First Providing for our Communities Preserving our Heritage Promoting the County Protecting our Future
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Leader 002 Health Scrutiny.doc

County Secretary and Solicitor
Marie Rosenthal

Councillor W.J.S. Thomas
Chairman of the Health Scrutiny Committee
County of Herefordshire District Council
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Your Ref:

Our Ref:

Please ask for: Philip Wilson

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E-mail: pwilson@herefordshire.gov.uk

9th September, 2005

Dear Councillor Thomas,

HEALTH SCRUTINY COMMITTEE - REVIEW OF THE MANAGEMENT OF THE LEGIONNAIRES DISEASE IN HEREFORDSHIRE - FOLLOW UP

I have been asked, as the Emergency Planning Manager, to respond to your letter of the 12th August, regarding the follow-up to the report of the Health Scrutiny Committee in August 2004. As acknowledged at the time, the Committee's complimentary remarks on the handling of the outbreak and professionalism of those involved were appreciated.

Since publication of your report last year, the Civil Contingencies Act (CCA) 2004 has placed specific duties on the Council and its partner Category 1 (Local Authorities, Emergency Services, National Health Service bodies and the Environment Agency) and Category 2 Responders (providers of utilities, transport and the Health and Safety Executive) and your timely review of the responses to the outbreak is welcome. Whilst appreciating that the consensus view is that the outbreak was essentially well handled and was, as all human disease incidents are, a Health Protection Agency lead, there were, of course, valuable recommendations made by your Committee and the CCA 2004 has assisted us in focussing on areas where improvements to our response arrangements can be made.

The CCA 2004 has formalised the co-operation arrangements between the Category 1 and, when appropriate, Category 2 Responders. The Herefordshire and Worcestershire Emergency Planning and Senior Co-ordination Group (EPSCOG) and SEPSCOG (Shropshire, Telford and Wrekin) have now been replaced by a single West Mercia Local Resilience Forum (LRF), which met, for the first time, in August. Already a General Working Group has been formed, tasked by the LRF, to receive, co-ordinate and monitor progress across work groups, which are to look at risk assessment, communications, emergency planning, training and exercising, business continuity, essential services and volunteers. Additional special projects groups will also be created, as required, and the first of these groups will be looking at the at resilience issues relating to a possible influenza pandemic, chaired by the Health Protection Agency.

In Herefordshire there is close co-operation between our Emergency Planning Unit, Environmental Health and Trading Standards, the Environment Agency, the Health Protection Agency and Herefordshire Primary Care Trust. This co-operation has recently been enhanced by the key appointment of an Emergency Planning Officer by the Herefordshire and Worcestershire PCT. In



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response from pw 2005-09-09 Legionnaires Response.final

response to the CCA 2004, we have, with our partners, initiated a Herefordshire Emergency Response Major Incident Team, which met for the first time in July. Whilst Terms of Reference have not yet been finally approved, the role of this Team will embrace the production of a Herefordshire risk assessment, which will include an appraisal of human diseases, from which the requirement for specific emergency plans, will emerge and which might include an explicit need for a plan to deal with a similar outbreak. The Team will also support the planning and conduct of multi-agency training in support of these plans.

We have taken steps forward in identifying the most appropriate location from which to accommodate Incident and Management Teams. The nature of a major incident will normally dictate from where the response to it can be best managed. The ability of the Herefordshire Primary Care Trust to set up an Incident Room to manage a health specific event was proved again, in February this year, in response to a Hepatitis C infection occurrence. The Council's Emergency Response Centre at Brockington can always be made available as an alternative, if required, and would normally be the location for the Council's management of non-health specific incidents – unless Brockington itself was affected.

Since publication of the Committee's recommendations, a draft Memorandum of Understanding, between the Council and the Health Protection Agency, dealing with the protocols for infectious disease management has been circulated and a meeting is due to take place this month to finalise the document.

The Council's Emergency Planning Unit is working closely with the newly appointed Primary Care Trust Emergency Planning Officer to ensure that appropriate emergency plans for dealing with human disease outbreaks are in place, tested and exercised. As well as a prudent course of action in its own right, it is also one required by the CCA 2004 and will include arrangements for warning and informing the public. We participated in the recent national anthrax exercise, hosted by the Herefordshire and Worcestershire HPU and are taking part in other HPA exercises later this year.

The national debate over the notification of Legionnaires' disease continues and notification is supported by the Health Protection Agency. However, after further consideration of the relevant legislation, we are satisfied that there is provision to make a disease notifiable locally. With this provision, the issue over the changes to certain industrial processes that might hamper future responses becomes irrelevant and no further action by Cabinet is necessary.

The Health Protection Agency has conducted a post-incident evaluation, which incorporated the use of root cause analysis methodology, from which a report was produced, highlighting lessons learned. Similarly, Environmental Health and Trading Standards conducted its own post-incident review, which resulted in a summary document being produced that listed learning points and resource needs. A simple internal protocol for handling similar incidents has been produced by Environmental Health and Trading Standards.

Environmental Health and Trading Standards updates the register of cooling systems each time a notification is received and there is a procedure in place for administering the notification process. As part of the EPA Part B process of inspections and applications, a 'checklist' has been developed, which covers wet cooling systems.

With these measures I believe that, with our partners, we have enhanced our ability to effectively respond to a similar outbreak of legionnaires' and other diseases.

Yours sincerely,

PHILIP A. WILSON

Pb/lob

1 September 2005

Councillor WJS Thomas
Chairman of the Health Scrutiny Committee
County of Herefordshire District Council
P O Box 240 Brockington
35 Hafod Road
Hereford HR1 1ZT

Dear Councillor Thomas

Health Scrutiny Committee – Review of the Management of the Outbreak of Legionnaires Disease

Thank you for your letter of 12 August and for the chance to update the Committee on how the experience gained during the Legionnaires outbreak has helped us to make improvements. Our progress is as follows, using the same lettered points as in your recommendations.

- a. Noted
- b. We have made improvements to the accommodation and the facilities, telephone infrastructure etc available for the team to use at the PCT on occasions like this. We have also agreed with HHT that they would make an incident room available for use if, for any reason, we could not use our own. What constitutes the best accommodation option will depend on the circumstances.
- c. I am pleased to report that a new version of a protocol for managing outbreaks has been agreed between Environmental Health, the PCT and HPA recently.
- (d. For response by the Health Protection Agency.)
- (e.to.h Recommendations to Cabinet.)
- i. We have developed the practice of issuing joint, or co-ordinated press releases where this is appropriate which has worked well – for example in the recent case of an infected health worker where we worked with Hereford Hospitals Trust to contact patients and work with the media. There may be other occasions where, although it is helpful to be aware

of other agencies' approach to the media, different organisations have different, legitimate messages they need to communicate. I think we have jointly developed a better understanding of when joint press releases are and are not appropriate.

- j. Noted.
- k. Progress has been made in forming a network group which brings together emergency planners and risk managers from all the relevant local organisations, and training is one of the issues they are considering. The PCT has a new Emergency Planning Officer (shared post with Worcestershire PCTs) who is taking this forward.
- l. Noted – and the example quoted in my reply on point i. about the infected health worker has been a further example of this, and worked very well, with the PCT and HHT co-ordinating their communications with staff in the two organisations.

I hope this response is helpful, and please do let me know if you need any other information.

Yours sincerely

Paul Bates
Chief Executive

Ref: HB/AMM

Date: 8 September 2005,

Extension
Email Address

Trust Headquarters
5108
david.rose@hhtr.nhs.uk

Councillor W J S Thomas
Chairman of the Health Scrutiny Committee
County of Herefordshire District Council
PO Box 240
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Dear Stuart,

**HEALTH SCRUTINY COMMITTEE – REVIEW OF THE MANAGEMENT OF THE
LEGIONNAIRES DISEASE IN HEREFORDSHIRE – FOLLOW-UP**

Thank you for your letter of 12 August requesting our comments on the management of legionnaires disease in Herefordshire.

I am pleased to be able to update the committee that since I last communicated with you, a local Herefordshire Emergency Planning Group has been established which involves public health leads in emergency planning from the PCT, HHT and the Council. Their remit includes considering the actions to be taken in the event of similar outbreaks to that of Legionnaires along with contingency plans to ensure continuity of Health Services to the people of Herefordshire.

In addition to the above, the group will also be undertaking Risk Assessments in accordance with the Civil Contingencies Act 2004.

I hope the above meets your requirements for your report at the Health Scrutiny Committee.

Yours sincerely

David Rose
Chief Executive

REVIEW OF COMMUNICATION

Report By: Review Group

Wards Affected

County-wide

Purpose

1. To note progress on the review of Communication..

Financial Implications

2. No resource implications have been identified in relation to this item.

Background

3. In considering its work programme in October 2003, and following the consultation exercise on the provision of Ear, Nose and Throat Services where a number of communication related issues were raised, at a meeting on 23rd June 2004 the Committee considered the work necessary for the review of communication and morale in the health service to progress, and agreed a draft scoping statement at its meeting of 9th December 2004. At its meeting of 16th June 2005, the Committee discussed the scope of all the reviews it was undertaking and agreed that they should be broken down into a series of smaller, sharper, shorter reviews.
4. A scoping statement for a review of the Health Service wide communications strategy and procedures to assess their effectiveness is appended.
5. Meetings have taken place with senior officers of the Hereford Hospitals NHS Trust (HHT) and of the Herefordshire Primary Care Trust (PCT). Although neither organisation has a formal Communications Strategy, the discussions highlighted the methods that are being used to communicate with staff, patients and the general public.
6. It is too early to form an opinion as to how effective communication channels are within each organisation. However, a further meeting with staff from the HHT and PCT is planned for the 26th September to evaluate whether the processes adopted are effective.
7. Following this meeting, the Review Group will be in a position to consider the issue of communication locally in the health service through analysis of the information obtained from the meetings and documents received, and make its recommendations accordingly, with a view to reporting to this Committee by December 2005.

BACKGROUND PAPERS

- None identified

REVIEW:	COMMUNICATION	
Scrutiny Committee:	Health	Chair: Councillor Brigadier P.Jones CBE
Lead support officer:	Sue Fiennes	

SCOPING STATEMENT AND TIMETABLE

Terms of Reference
To review the Health Service wide communications strategy and procedures to assess their effectiveness.

Desired outcomes
<ul style="list-style-type: none"> • To make suitable recommendations, based on the existence of a Communications Strategy, to improve the lines of communication across NHS organisations in Herefordshire. • To express a view on the leadership/management approach to communication that has been adopted.

Key questions
<ul style="list-style-type: none"> • Is there a Communications Strategy across NHS organisations in Herefordshire? • What are the current procedures? • How are staff and patients kept informed of developments? • Are staff and patients consulted and involved in decision-making? • What are the levels of cohesiveness across the organisations locally? • What views do staff hold on Communications, as recorded in the staff opinion surveys? Is the trend improving?

Timetable	
<i>Activity</i>	<i>Timescale (activity completed by)</i>
Agree approach	1 st December (to submit Scoping Statement to Health Scrutiny Committee)
Collect data	June 2005
Agree list of 'witnesses' to interview	June 2005
Interview witnesses	August – September 2005
Analysis of data and witness evidence	October 2005
Prepare recommendations	October 2005

Report to Health Scrutiny Committee	December 2005
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Members	Support Officers
Councillor Mrs W U Attfield Councillor Brig. P Jones CBE (Chair of Review Group) Councillor J B Williams Mr C G Grover	Policy Assistant

REVIEW OF GP OUT OF HOURS SERVICES**Report By: Review Group****Wards Affected**

County-wide

Purpose

1. To note progress on the review of GP out of hours services.

Financial Implications

2. No resource implications have been identified in relation to this item.

Background

3. At its meeting on 16th June 2005, the Committee discussed the scope of all the reviews it was undertaking and agreed that they should be broken down into a series of smaller, sharper, shorter reviews.
4. One of the proposed reviews was of Emergency Care Access. Following discussion with the Primary Care Trust it was suggested that it would be helpful if the Committee conducted a review focusing specifically on the GP out of hours service. The scoping statement is appended.
5. The review is making progress and the Review Group has been gathering evidence from a range of sources. Meetings have been held with the Primary Care Trust and Primecare who provide the out of hours Service.
6. It is intended to report to this Committee in October 2005.

BACKGROUND PAPERS

- None identified

REVIEW:	OUT OF HOURS SERVICE	
Scrutiny Committee:	Health	Chair: Councillor W.J.S. Thomas
Lead support officer:	Sue Fiennes	

SCOPING AND TIMETABLE

Terms of Reference
To evaluate the effectiveness of the delivery of the GP out of hours service.

Desired outcomes
<ul style="list-style-type: none"> • To make recommendations on the future delivery of the GP out of hours service in Herefordshire • To make recommendations for ensuring and improving access to the out of hours service within Herefordshire;

Key Questions

- What out of hours service is currently provided and how is it provided?
- How well do the present arrangements work?
 - Are patients satisfied that their needs are met in a timely fashion?
 - Are members of the public using the service appropriately
 - Are GPs satisfied with the Service?
 - Is the Hospitals Trust satisfied?
 - Is the PCT satisfied?
 - Is the Ambulance Trust Satisfied?
 - How does the performance of the service compare with other areas and other providers?
 - How does the cost of the service compare with other areas and other providers?
 - Is the community sufficiently informed about out of hours services?
 - Are the national quality standards being met?
 - Is there equity of access
- What improvements have been made or are planned?
- What alternative options are there for delivering the out of hours service?

Timetable	
<i>Activity</i>	<i>Timescale</i>
Agree scoping, witnesses, data/research required	July 2005
Undertake interviews and gather data	July to September 2005
Interrogate data/information gathered	July to September 2005
Formulate recommendations	Early September 2005
Submit recommendations	September 2005

Members	Support Officers
(Councillors Mrs W.U. Attfield, G. Lucas, Ms G.A. Powell, WJS Thomas)	Sue Fiennes Tim Brown