

EAR, NOSE AND THROAT SERVICE CONSULTATION

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To provide the Committee with an update on the process for responding to the Ear, Nose and Throat Service consultation exercise.

Financial Implications

2. No significant resource implications have been identified in relation to the current proposal for the Ear, Nose and Throat Service consultation exercise.

Background

3. In January the Committee approved arrangements for undertaking the response to the consultation report on the future arrangements for the Ear Nose and Throat (ENT) Service. It was reported at the meeting that the Primary Care Trust had not, as had been expected, approved a consultation document on the future arrangements for the service at its meeting on 28th January, 2004, but planned to do so in March. However, the view was taken that the Committee could proceed to begin to gather evidence about the issues facing the Service.
4. In accordance with this decision the Sub-Group established by the Committee has gathered written evidence about the ENT Service and held discussions with the Chief Executives of both the Primary Care Trust and the Hereford Hospitals NHS Trust, the two Consultants presently delivering the Service, representatives of the General Practitioners and ENT Consultants at the Royal Worcester Hospital.

The Consultation Exercise

5. The consultation document was approved by the Primary Care-Trust Board on 24th March and a copy is enclosed separately. The consultation period ends on 7th May, 2004.
6. It would be inappropriate for the Committee to debate the proposals pending the gathering of further evidence and the completion of the Sub-Group's draft report for the Committee's consideration. Any views Members may have should be submitted to the Group for its consideration.
7. However, it is considered appropriate, as this is the first consultation exercise in which the Committee has been engaged, to remind Members of some of the provisions relating to the consultation process itself.
8. Paragraph 10.1.7 of the Department of Health's Guidance on the Overview and Scrutiny of Health states that: "Government Guidance on Consultations states that full consultation should last for a minimum of twelve weeks and that consultations should ensure that groups the NHS has traditionally found hard to reach and the

Further information on the subject of this report is available from Alan Blundell, Head of Policy and Communication on (01432) 260268

wider community should be consulted. It is also considered good practice for staff from the NHS body or bodies carrying out consultation, to work closely with the Overview and Scrutiny committee during this period. This should help all parties to reach agreement about how the proposed substantial development or variation might be progressed.”

9. Paragraph 10.6.4 states amongst other things that where the Committee is not satisfied with “the content of the consultation or that sufficient time has been allowed”, it may report the issue to the Secretary of State. “It should be noted that the referral power for Overview and Scrutiny Committees in the context of inadequate consultation, only relates to the consultation with committees by the NHS and not consultation with other stakeholders. Section 11 of the (Health and Social Care) Act (2001) requires more wide ranging involvement and consultation but no referral power relates to that wider duty. Paragraph 11.2 states that “When the committee has considered the proposals and local evidence, it should prepare its comments (if any) to the local NHS body undertaking the consultation. It must respond within the timescale (if any) specified by that local NHS body. If the committee does not support the proposals it should provide reasons and evidence for this. In circumstances where the Committee is concerned about the adequacy of the consultation it should make the reason why clear in its comments. The committee should not consider any referral to the Secretary of State until the NHS body has had an opportunity to respond to the committee’s comments, if it so wishes, and an effort at local resolution has been made.”
10. The Committee needs to take a view on the scale of proposed change and whether the timetable in the report is appropriate.
11. A meeting of the Committee will need to be arranged prior to the deadline to consider and approve a response. The timescale will need to take account of the need to consider the views of other consultees in particular the Patients Forums and, as outlined to the Committee in January, the views of the Council’s executive.

RECOMMENDATION

- THAT (a) the latest position on the preparation of the response to consultation report on the future arrangements for the Ear Nose and Throat Service be noted;**
- and**
- (b) a date be agreed to consider the Committee’s response to the Consultation, which ensures that the response reaches the Primary Care trust by 7th May, 2004.**

BACKGROUND PAPERS

- None identified