KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 23 July 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr A D Crowther, Mr G Cooke, Mrs E Green, Mr S J G Koowaree (Substitute for Mr D S Daley), Mr R L H Long, TD, Mr C P Smith, Mrs P A V Stockell (Substitute for Mr K A Ferrin, MBE), Mr R Tolputt, Mrs J Whittle, Mr A T Willicombe, Cllr R Davison (Substitute for Cllr J Cunningham), Cllr M Lyons, Mr M J Fittock and Mr R Kendall

ALSO PRESENT: Mr M Cayzer, Mr N Dack, Mrs C Davis, Dennis Fowle, Mr R Kenworthy, Mr J Larcombe, Mr R A Marsh, Miss N Miller, Mr M Willis and Ms T Gailey

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager) and Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Meeting Dates for 2011
(Item 4)

Members noted the meeting dates for the Committee in 2011.

2. Minutes
(Item 3)

RESOLVED that the Minutes of the meeting held on 11 June 2010 are correctly recorded and that they be signed by the Chairman.

3. Diagnostics - Waiting Times
(Item 5)

Dr Robert Blundell (Vice Chair, Kent Local Medical Committee), Dr Stephen Meech (Kent Local Medical Committee), Di Tyas (Deputy Clerk, Kent Local Medical Committee), Jochen Worsley (Locality Practice-Based Commissioning Manager, NHS West Kent), Sheila Pitt (Head of Cancer, Long Term Conditions and Therapies, NHS Eastern and Coastal Kent), Patricia Davies (Director of Performance Improvement, NHS West Kent), and Andrew Scott-Clark (Deputy Director of Public Health, NHS Eastern and Coastal Kent) were present for this item.

(1) Representatives from NHS Eastern and Coastal Kent began this item with an overview explaining that the health needs in the two halves of the county differed due to the levels of deprivation in the coastal areas. However, the situation regarding diagnostics had improved over the last two years and out of 115 GPs, many now undertook diagnostic phlebotomy and cardiology work. However, more work needed to be done to ensure equality of access.

(2) NHS West Kent echoes the sentiments about progress having been made about waiting times. The point was made that the majority of referrals for diagnostics were made by consultants and not GPs and that projects were underway to move more services for people closer to home.

(3) Representatives from the Local Medical Committee (LMC), representing GPs, made the point that better access to diagnostics, and more responsibilities for GPs was welcome, but carrying out the tests and interpreting the results increased workload and had resource implications. In some instances results could be returned from suppliers the same day and some results could be sent on the computer, such as blood work. Many tests were carried out directly by GPs with a Special interest (GPwSI).

(4) A straw poll carried out by the showed GPs had a high level of satisfaction with the situation regarding diagnostics in Kent. One of the main themes was that GPs often had to refer patients to a consultant in order to access some diagnostics, and there was a call for more direct access. Out of all the diagnostic tests, satisfaction with the provision of x-rays rated the lowest.

(5) Most x-ray results were made available in 1-2 weeks, but it could be longer. This was a generalised problem, and often one of administration in the sense that the tests had been carried out but the results took time to type up. The increasing use of electronic communication of results was improving the process.

(6) The important point was made that time was not necessarily a problem, clinically, but medical professionals had a role in reassuring patients until the results were known.

(7) Many tests were carried out directly by GPs with a Special Interest and the services available did differ by practice. It was explained that Primary Care Trusts had responsibility to ensure services were safe and accessible and that where GPs did not offer an enhanced service, they looked at what alternatives could be provided. The example was given that all anti-coagulation services had been moved out of Acute settings in East Kent.

(8) The apparent higher rate of diagnostics in East Kent compared to West Kent was discussed and the question posed as to whether this was due to poorer health or the culture of General Practice. It was not possible to give a direct explanation as there were many factors involved, but through questioning members posited the possibility that patients accessing private diagnostics directly in West Kent may be a contributing factor.

(9) Connected to this point, representatives from the Local Medical Committee made the observation that the 18-week target in place until recently was clinically insensitive but that in cases where it was necessary, ways could be found around the standard system. However, this would not affect the waiting times overall as patients would not be replaced in the queue, just moved back one place.

(10) The broader point was made that access to diagnostics had an impact on other resources. For example, accessing a private diagnostic service could cost £50, but this would be cheaper than a patient going to Accident and Emergency and getting a test there, costing £100.

(11) Two specific points were made about audiology. One related to the time it took to make repairs to digital hearing aids, and it was explained that digital hearing aids needed to be custom made to match the individual patients' hearing aid frequency, and this could be a cause for apparent delay.

(12) One Member suggested that extra capacity for delivering audiology appointments could be provided at the Royal Victoria Hospital in Folkestone. NHS Eastern and Coastal Kent promised to contact East Kent Hospitals NHS University Trust to examine the feasibility.

4. Update on Health and Transport
(Item 6)

Mark Fittock (LINk Governor), David Hall (Head of Transport and Development, Kent County Council), Martyn Ayre (Senior Policy Manager, Kent County Council), Karen Thompson (Urgent Care Locality Development Manager, NHS Eastern and Coastal Kent), Martine McCahon (Locality Practice-Based Commissioning Manager, NHS West Kent), Kenneth Cobb, Transport Integration Manager, Kent County Council), Andrew Cole (Head of Urgent and Continuing Care, NHS Eastern and Coastal Kent), Patricia Davies, Director of Performance Improvement, NHS West Kent, and Neville Dack, LINk Project Worker.

(1) Councillor Richard Davison declared an interest in this item as a member of a volunteer transport group.

(2) Members had before them a progress report of work being undertaken by KCC and the NHS in examining the issue of health and transport and a draft version of the *Access (Transport) to Health Services Report* by the Kent LINk.

(3) On behalf of LINk, Mark Fittock gave an overview of their report, the final version of which is now available on the Kent LINk website, being formally published the day of the meeting. He explained that transport links into all health areas and that overall Kent had good access going East-West, but was less well served North-South; some villages were more isolated than in the 1930s. The report had no costings as this was not the function of the report. It had been submitted to relevant NHS organisations for a formal response.

(4) On behalf of the KCC and NHS work stream, Martyn Ayre explained that the work began two years previously. David Hall made the overall point that the work had identified that the issue was not so much a lack of public transport, but a lack of coordination and information, and pointed to the good work coming out of a dial-a-ride pilot in Dover.

(5) There was a vigorous debate on the topic of car parking charges at hospitals. Views ranged from those Members who wanted to see free car parking at hospitals, as could be seen in Scotland, and those who pointed to potential unintended consequences of not having fees with people parking there who were not attending the hospital.

(6) The observation was made that transparency in charging was important if Trusts wished to mitigate criticism and in order to prevent unnecessary delay when

arriving at hospital for an appointment, charges upon leaving would be a good first step where this was not already in place.

(7) Members expressed their concern at the withdrawal of Kickstart funding for improved public transport links between Maidstone and Tunbridge Wells, which would facilitate access to the new Pembury Hospital. However, Mr Hall was able to report that a version of the scheme was being examined in consultation with Arriva and that there may be a need for some initial funding, but with Arriva taking on the full costs of providing the service after three years.

(8) The role of volunteer drivers was praised, but some Members felt that the process was often bureaucratic and off-putting for potential volunteers. However, this seemed to vary between organisations. Returning to the earlier point and information and coordination, it was generally felt that clarity around the eligibility for patient transport services was needed.

(9) As practical proposals, the notion of running shuttle buses to hospitals from park and ride areas was mooted. The Thanet Loop, which took patients to the Queen Elizabeth the Queen Mother Hospital in Margate was praised as an example of good practice.

5. Pharmaceutical Needs Assessment - NHS Eastern and Coastal Kent
(Item 7)

Dr Robert Blundell (Vice Chair, Kent Local Medical Committee), Dr Stephen Meech (Kent Local Medical Committee), Di Tyas (Deputy Clerk, Kent Local Medical Committee), and Andrew Scott-Clark (Deputy Director of Public Health, NHS Eastern and Coastal Kent) were present for this item.

(1) Mr Scott-Clark explained that the paper the Committee had before them was part of the pre-consultation phase leading to his Primary Care Trust carrying out a Pharmaceutical Needs Assessment (PNA). He clarified that the PNA would only cover NHS contract work and not items that pharmacies may sell over the counter. Work on the PNA would continue between now and February 2011 and the PCT was looking closely at boundary issues with other Primary Care Trusts. The work was now being carried out against the backdrop of plans contained within the recent NHS White Paper to move pharmacy commissioning to a new NHS Commissioning Board. Separate work was also going on at the national level around drug costs.

(2) Representatives from the Kent Local Medical Committee explained that the 2008 White Paper on pharmacy set out a vision for pharmacies to become health living centres. From the General Practice perspective, this has the potential to lead to fragmentation in patient care and record keeping.

(3) There was a discussion about the need to maintain a high street presence for pharmacies before focussing in on the role of pharmacies in GP practices. It was noted that an important distinction needed to be made between GP practices which happened to have a pharmacy on the premises but which was in effect a separate concern and those where the GP was also the dispenser. The latter performed a valuable service in small villages, and the income from providing this service could form an important part of the overall income of the practice, but that this service would cease if a pharmacy opened in the area.

(4) Members thanked the attendees for their useful information on this topic.

6. Update on Dover Healthcare

(Item 8)

(1) Members had before them a letter from Stuart Bain, Chief Executive of East Kent Hospitals University NHS Foundation Trust, providing an update on progress with the Dover Hospital project.

(2) The Overview, Scrutiny and Localism read out some correspondence on the issue which had just been received from Mr Reg Hansell and Mr Doug Tutton.

(3) Members expressed their disappointment that the letter was not as unequivocal about the future of the project as should have been expected given the amount of time and effort the Committee, and many others, had already devoted to this subject.

(4) The Committee requested that this sentiment be conveyed to East Kent Hospitals University NHS Foundation Trust and further clarification as to the future of the project be requested.

7. Forward Work Programme

(Item 9)

(1) The Committee noted the proposed business for the meeting on 3 September 2010 and the start time of 9.30am.

(2) The Chairman reported that there was limited space available for the visit to the Disablement Services Centre on 22 October 2010

(3) RESOLVED – That the report be noted

8. Update on Referral to the Secretary of State for Health

(Item 10)

(1) The Committee had before them a letter from Andrew Lansley CBE, Secretary of State for Health dated 1 July 2010 which had appended to it the advice of the Independent Reconfiguration Panel to whom the Committee's referral had been sent by the former Secretary of State for Health.

(2) The Chairman invited Mr Wickenden to read to the Committee a letter he had received via e-mail from the South East Coast Strategic Health Authority (as the meeting had progressed) to Helen Grant the Member of Parliament for Maidstone and the Weald from the Secretary of State for Health dated 23 July 2010.

(3) In summary and for the purposes of the debate which followed Mr Lansley had clarified that implementation of the reconfiguration of Women's and Children's Services was to be implemented. However, he had asked for one report back by the end of September from the South East Coast Strategic Health Authority (SHA) following the further discussions which would be led by the SHA with all stakeholders

on the revised criteria for reconfigurations and the ten points of referral made by this Committee which could be resolved locally.

(4) During the discussion which followed the Committee's attention was drawn to an article which had been published in the Maidstone edition of the Kent Messenger that morning of a local mother who had given birth to her child on route to the Medway Maritime Hospital having been diverted from Tunbridge Wells when it was indicated to her that Maidstone could not accommodate the mother for the birth of her child. Mr Wickenden informed the Committee that he had been notified the previous evening by the press officer to the Maidstone and Tunbridge Wells NHS Trust that this article was to be published. He had indicated to Mr Wickenden that the local health economy was carrying out a thorough investigation into this case.

(5) Members discussed and expressed a range of views including:-

- the need for an urgent meeting in the Maidstone area to enable the public to attend and express their views;
- Maidstone Members of the Committee were clear that they wanted a full consultant led maternity service at Maidstone Hospital; and
- The decision by the Secretary of State had been made, the role of the HOSC in making the referral had been exercised and the role of the HOSC now was as a stakeholder to influence the SHA to ameliorate the concerns of Maidstone residents and the surrounding area.

(6) The Chairman indicated that he was very disappointed at the response of the Independent Reconfiguration Panel which was commissioned by the former Secretary of State for Health. He added that one of the prime functions of the Health Overview and Scrutiny Committee is to champion the patient voice and reduce health inequalities across the County.

(7) He suggested to the Committee that the Committee should indicate that it is not satisfied that the ten points of referral have been adequately dealt with and the Committee would be working with its partners to press the new Secretary of State for Health to address these points in greater detail.

(8) The Health Overview and Scrutiny will now need to work within the process laid down by the Secretary of State for Health to influence the SHA report to ameliorate the concerns of Maidstone residents and its surrounding hinterland.

(9) RESOLVED: - That the Chairman, in consultation with the Vice Chairman, Liberal Democrat and Labour Group spokesmen shall prepare a letter on behalf of the Committee to send to the Secretary of State setting out the views expressed by the Committee and that this letter should be circulated to Members of the Committee before being sent to the Secretary of State for Health.

9. Committee Topic Discussion

(Item 11)

Members expressed the opinion that the outcomes of each item on the Agenda had been sufficiently considered during the relevant discussions.

10. Date of next programmed meeting – Friday 3 September 2010 @ 9.30am
(Item 12)