

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, 7 January 2011.

PRESENT: Mr B R Cope (Vice-Chairman, in the Chair), Mr D L Brazier (Substitute for Mrs J A Rook), Mr A D Crowther, Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr R Tolputt, Mrs J Whittle, Mr A T Willicombe, Cllr Mrs A Blackmore (Substitute for Cllr Mrs M Peters), Cllr J Cunningham, Cllr M Lyons, Mr M J Fittock and Mr R Kendall

ALSO PRESENT: Cllr R Davison, Su Brown, Mr M Cayzer, Gordon Court, Ms T Gailey, Ferne Haxby, Mr R Kenworthy, Mr J F London, Mr R A Marsh, Mrs K Nowowiecki, Mrs P A V Stockell, Emma Cain, Graham Cooke and Roger Hart

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

UNRESTRICTED ITEMS

1. Introduction/Webcasting

(Item 1)

2. Minutes

(Item 4)

RESOLVED that the Minutes of the Meeting held on 26 November 2010 are recorded and that they be signed by the Chairman.

3. Dentistry

(Item 5)

Elaine Biddle (Compliance Manager, Care Quality Commission), Maureen Hall (Dental Contract Manager, NHS West Kent), Dr Tim Hogan (Chairman, Kent Local Dental Committee), Stephen Ingram (Director of Primary Care, NHS West Kent), Bill Millar (Head of Primary, Community and Elective Care Commissioning Directorate, NHS Eastern and Coastal Kent), Allan Pau (Specialist Registrar in Public Dental Health), and Paula Smith (Lead Commissioner for Max Fax, Orthodontics and Dental, NHS Eastern and Coastal Kent) were present for this item.

(1) As a representative of the Local Dental Committee (LDC), an organisation with the stated aim of representing the interests of the dental profession and patients, Dr Tim Hogan outlined some of the challenges inherent to the current dental system. He believed that the present system pleased no one and that what was needed was one that concentrated on oral health prevention and administering the appropriate treatments while paying dentists appropriately without any perverse incentives.

(2) Two main issues were identified concerning finance and the current system. Firstly there was the system of three bands which determined the cost to NHS patients who were not exempt from charges. Mr Ingram reported that charges typically only covered two-thirds the cost of actually delivering the treatment and dentists were paid by the Primary Care Trust (PCT) for delivering Units of Dental Activity (UDAs). Dentists received a certain amount of money for each UDA and the income of the dentist was the difference between the dental charge and the money received for the number of UDAs involved. This was complicated by the value of a UDA being different for different dentists. Dr Hogan gave the view of the LDC as being that this system achieved the opposite outcome of that intended.

(3) The second issue was that PCT allocations for dentistry were set on historical spending in 2006. Mr Ingram reported that if NHS West Kent received the average allocation, the money available to spend on dentistry would increase by 21%, or around £5 million.

(4) Representatives of the NHS outlined how the Department of Health was currently piloting different models for a future NHS dentist contract and how dental commissioning would be carried out by the proposed NHS Commissioning Board. This led to a discussion on the merits of capitation forming part of any new system, with the idea of a pure capitation contract where dentists are paid based on the number of patients registered with them, not finding favour amongst Members of the Committee. Dr Hogan made the observation that some private insurance schemes were akin to capitation through having a monthly fee.

(5) This led to a discussion on private dentistry and how it was unknown how much treatment was provided privately as these figures were not collected so the true levels of dental access were unknown. It was also difficult to determine whether there was a shortage of dentists or a shortage of dentists willing to provide NHS services under the current system. Dr Pau was able to report a recent survey in West Kent which revealed over 80% of people had visited a dentist within the previous 24 months. Several Members mentioned some specific local issues around access, which the NHS undertook to look into.

(6) The LINK representatives on the Committee reported that they had received no complaints around access, although there was an issue around ensuring the information available on NHS Choice was kept up-to-date regarding what dental surgeries were open to new NHS patients.

(7) Dentists are currently being registered by the Care Quality Commission (CQC) and no dentist will be able to practice after 1 April 2011 without having done so with the CQC having a range of inspection and enforcement powers. This will include private dentistry and it was acknowledged by the whole panel that this was a positive aspect. There was some discussion around how much registration would benefit dentists in the context of professional regulation, but the counter point was made that registration was more about being in the interests of patients.

(8) On prevention, there was a difference of emphasis between different members of the panel between those who felt the real preventive work needed to be undertaken by schools at an early stage and those who felt dentists had a more direct role to play in preventive dentistry. Several Members felt the schools angle was one they could explore further through other platforms within Kent County Council.

4. Draft Forward Work Programme

(Item 6)

(1) Members were informed that alternative dates for the meeting with Roger Gough were being explored and would be conveyed to Members in due course.

(2) RESOLVED that the Forward Work Programme be approved.

5. Update on Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust

(Item 7)

(1) Members had before them correspondence from the Secretary of State for Health, NHS South East Coast and NHS West Kent concerning the recent decision concerning changes to women's and children's services at Maidstone and Tunbridge Wells NHS Trust.

(2) They also had in front of them, the NHS South East Coast report on changes to women's and children's services at Maidstone and Tunbridge Wells NHS Trust.

(3) A range of different opinions were expressed about different features of the report by NHS South East Coast, particularly around the opinions of GPs in the Maidstone area.

(4) A number of Members felt that the recently announced review of maternity services in east Kent meant that the whole issue of maternity services across Kent needed to be reviewed.

(5) Mrs. Whittle moved, Mr Cooke seconded:

1. That the Vice-Chairman of the Health Overview and Scrutiny Committee (HOSC) writes to the Secretary of State for Health, expressing profound disappointment with his decision to downgrade maternity and paediatric services at Maidstone that overrides the near-unanimous views of HOSC on 19 February 2010 and the local GPs opposing the reconfiguration plans.
2. That the Vice-Chairman of HOSC also requests that the Secretary of State for Health defers his decision until Maidstone GPs as future commissioners of local clinical services, are able to determine the future scope of maternity provision in the County Town.
3. That KCC monitors the impact of the reconfiguration on the number of admissions to the consultant-led maternity units at Medway and Ashford Hospitals.
4. In view of reported shortages of midwives and the temporary closure of the birthing units in East Kent over the Christmas and New Year period, that HOSC requests an urgent review of all birthing units and consultant-led maternity services in Kent.

Carried by 8 votes to 1.

(6) RESOLVED:

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2. That the Vice-Chairman of HOSC also requests that the Secretary of State for Health defers his decision until Maidstone GPs as future commissioners of local clinical services, are able to determine the future scope of maternity provision in the County Town.
3. That KCC monitors the impact of the reconfiguration on the number of admissions to the consultant-led maternity units at Medway and Ashford Hospitals.
4. In view of reported shortages of midwives and the temporary closure of the birthing units in East Kent over the Christmas and New Year period, that HOSC requests an urgent review of all birthing units and consultant-led maternity services in Kent.

6. Committee Topic Discussion

(Item 8)

Dentistry

(1) Members felt they had a good in depth exploration of many of the key issues around dentistry but as the Department of Health was in the process of piloting new dental contract models, it would be appropriate to revisit the subject once the results of these were known so that Members were better placed to evaluate the options for the future and make recommendations. More broadly, they would welcome further information about the Care Quality Commission and the work it does.

Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust

(2) Some Members expressed reservations about the length of notice given about the wording of the motion and the amount of time allowed for the debate. Given recent events in east Kent, a number of Members hoped there would be the opportunity to find out more about changes to maternity services across the County and how they may affect each other.

7. Date of next programmed meeting – Friday 4 February 2011 @ 10:00 am.

(Item 9)