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, 14 December 2007.

PRESENT: Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A R Chell, Mr B R Cope, Mr A D Crowther, Mr D S Daley, Ms A Harrison, Mr C Hibberd (Substitute for Lord Bruce-Lockhart), Mr G A Horne MBE, Mr R A Marsh (Substitute for Mr J Curwood), Mr M J Northey (Substitute for Mrs S V Hohler), Dr T R Robinson, Mrs E D Rowbotham, Mr R Tolputt and Mrs E M Tweed

OTHER MEMBERS PRESENT: Mr G K Gibbens, Cabinet Member for Public Health.

OBSERVERS: Mr J Goodfellow, Mrs F Witherden, Mr R Kenworthy, Mr R Appadoo, Mr J Cunningham, Mr J Larcombe, Patient and Public Involvement Forum representatives, and Mrs L Selman, Director of Citizen Engagement and Communication, Eastern & Coastal Kent Primary Care Trust.

IN ATTENDANCE: Dr D Turner, HOSC Research Officer and Mr P D Wickenden, Overview, Scrutiny and Localism Manager.

UNRESTRICTED ITEMS

72. Audiology
(Item 3)

(Michelle Ford, Assistant Director of Commissioning and Rob Howard, Technical and Strategic Planning Manager (Audiology), Eastern & Coastal Kent Primary Care Trust, Bob Deans, Deputy Chief Executive, Lynne Townsend, Locality Commissioning Manager, West Kent Primary Care Trust, Mr M Kershaw, Chief Operating Officer, East Kent Hospitals Trust, Mr G Douglass, Chief Executive, Maidstone & Tunbridge Wells NHS Trust, Mr A Horne, Chief Executive and Mrs A Willoughby, Head of Audiology, Medway NHS Trust and Mr J Beadle, Darent Valley Patient and Public Involvement Forum, were in attendance for this item)

(1) The Committee had before them a briefing note prepared by Dr David Turner, Research Officer to the Health Overview and Scrutiny Committee, which included details about:-

(a) modernising NHS audiology services;
(b) the growth in waiting times;
(c) the Public Private Partnership;
(d) the end of ring-fenced funding;
(f) national waiting time target;
(g) interim diagnostic targets;
(i) Phase 2 Independent Sector Treatment Centre procurement;
(j) Improving Access to Audiology Services in England;
(k) Commons Health Committee report;

(l) Department of Health Good Practice Guide;
(m) the current situation on waiting times; and
(n) the Clinicenta procurement.

(2) Members of the Committee also had before them written evidence from Eastern & Coastal Kent Primary Care Trust, West Kent Primary Care Trust, East Kent Hospitals Trust, Medway NHS Trust, Darent Valley Patient and Public Involvement Forum and a note from one of the Forum members, John Beadle.

(3) The Committee's consideration of this item followed the Committee's discussion of this issue on 9 March 2007.

(4) The Primary Care Trusts had responded to questions in writing (which were followed up by the Members at the meeting) about:-

(a) targets regarding waits for diagnostic tests;
(b) whether it was intended that routine, non-Ear, Nose and Throat (ENT) audiology referrals would conform to the 18-week referral to treatment (RTT) maximum wait standard by the end of 2008 (although these referrals were not formally covered by the 18-week RTT maximum waiting target);
(c) how and when the PCTs would meet their stated long-term target of reducing the maximum RTT waiting time to eight weeks;
(d) what the level of unmet need for audiology services (including analogue-to-digital upgrades) was, how this had been estimated and whether current procurement plans would be sufficient to address this;
(e) whether providing upgrades to digital hearing aids for patients who already had analogue hearing aids was as important a priority as providing hearing aids for new patients; and
(f) the cross-PCT procurement of services from Clinicenta and how this procurement related to the government's previously announced plan to procure centrally 300,000 independent sector audiology pathways per annum over five years.

(5) Both East Kent Hospitals Trust and Medway NHS Trust responded to questions relating to how they were implementing the approach recommended by the Department of Health in Transforming adult hearing services for patients with hearing difficulty: a good practice guide (June 2007), encompassing: use of new technology, streamlining systems and processes, new models of care and re-profiling the workforce. The Committee was also anxious to hear how soon fitting of hearing aids occurred after diagnostic testing.

(6) Following the question-and-answer session with representatives from the Primary Care Trusts and acute hospital Trusts, the Committee invited Mr Beadle, the Patient and Public Involvement Forum representative for Darent Valley Hospital, to address the Committee in support of the paper which he had submitted.

(7) In his paper Mr Beadle had pointed out that the following were the basic causes of current problems in some areas:-

(a) failure to adhere to best practice standards in audiology, published by the Department of Health in 2002;

(b) failure to identify the number of patients expected to require digital hearing aids or even set up a data collection system for that purpose;
(c) failure to adequately fund the Modernising Hearing Aid Services programme, with funding unrelated to catchment area size;
(d) failure to monitor performance of audiology departments by the Healthcare Commission, either in the star rating programme or in the current Annual Health Check;
(e) failure to review management of audiology departments and relationships with ENT departments as identified in Audiology in Crisis, published by the Royal National Institute for Deaf people (RNID) in 2001;
(f) total indifference to the "postcode lottery" situation by a succession of Health Ministers;
(g) too great a concentration on the issuing of digital hearing aids for new patients by the RNID and the Department of Health; and
(h) introduction of a telephone hearing test by the RNID without discussion with NHS audiologists, which had greatly exacerbated existing capacity problems.

(8) Having heard what health colleagues, and Patient and Public Involvement Forum representatives had had to say in response to all the Committee's questions, the following conclusions were reached by the Committee.

Conclusions

The Committee concluded that:-

(a) further work needed to be done to inform the public of the new services being provided by Clinicenta;
(b) work needed to be undertaken on transport issues in relation to accessibility of healthcare services (the Committee noted that this was a piece of work that it had set aside for a Topic Review Select Committee to undertake early in the New Year);
(c) the issue of the Joint strategic Needs Assessment should be picked up by the Health Overview and Scrutiny Committee in conjunction with both Health and Adult Social Care colleagues;
(d) Public Health colleagues should ensure (possibly using Kent TV) that the public were made aware of the risks to their hearing posed by prolonged exposure to loud music;
(e) data collection and collation for audiology services must be improved, to enable commissioners to commission services effectively;
(f) it needed to be recognised that dealing with a patient with audiology needs was about more than just fitting a hearing aid;
(g) patients were entitled to copies of their audiograms;
(h) audiology should be recognised as an important service in the strategic plans of the Primary Care Trusts;
(i) Hi-Kent Kent provided a valuable and well-respected service;
(j) further work should be undertaken by the Primary Care Trusts and others to see whether it might be feasible to provide audiology services through "High Street" practitioners (along the same lines as dental and optical services);

(k) the Healthcare Commission Annual Health Check should take account of RTT waiting times for audiology services;
(l) a written report on audiology services should be received by the Health Overview and Scrutiny Committee every four months;
(m) audiology patients should be subject to an automatic recall;
(n) as there had been no audit of audiology needs across the population of Kent, this needed to be undertaken as a matter of urgency;
(o) patients should be encouraged to return hearing aids where they were no longer required or are not being used;
(p) PCTs and others needed to consider carefully the mental health needs of people with hearing impairment.

RESOLVED that:-

(a) the conclusions of the Committee be conveyed to all those identified as having matters to take forward; and
(b) the Committee would expect an update on how these issues were being dealt with when it received the first written review of audiology services in four months' time.

73. Dentistry
(Item 6)

(Michelle Ford, Assistant Director of Commissioning, Jayne MacDonald, Head of Primary Care and Community Commissioning (NHS Dentistry), Eastern & Coastal Kent Primary Care Trust, and Bob Deans, Deputy Chief Executive, West Kent Primary Care Trust, were in attendance for this item)

(1) The Committee had last looked at the issue of dentistry on 9 March 2007.

(2) The Primary Care Trusts had been invited, in advance of the meeting, to submit to the Committee written evidence in response to questions which covered the following issues:-

(a) whether the commissioners had a clear and reliable picture of the extent and distribution of unmet need for NHS dentistry, and what data sources they were using for this purpose;
(b) what steps the PCTs were taking to ensure services were provided to address that unmet need;
(c) whether the current General Dental Services contract was sufficiently attractive to dentists to allow commissioning of adequate levels of provision in all areas – or whether dentists still felt they are having to work "on a treadmill" because of the target-driven nature of the contract (based on Units of Dental Activity);
(d) whether salaried provision had been considered as a possible means of commissioning NHS dental services for underserved communities;
(e) to what extent the PCTs were experiencing shortfalls in expected patient charge revenue and whether this was affecting their ability to provide adequate dental services;
(f) whether, if PCTs had experienced shortfalls in patient charge revenue, the investment of additional funds (£30 million nationally) by the

Department of Health as a one off measure to offset shortfalls in 2007–8 was going to resolve the problem;

(g) whether they had sought, as some PCTs reportedly had, to link capital funding for dentists with a commitment to see more patients who were eligible to pay NHS charges, in order to reduce the risk of a shortfall in patient charge revenue;

(h) whether the PCTs had clawed back contractual payments to dentists failing to achieve the 96% threshold of contracted Units of Dental Activity and, if so, how many dentists this had affected;

(i) whether the PCTs could guarantee that dental budgets would not be raided after ring-fencing of those budgets ended in 2009;

(j) What steps the PCTs were taking to ensure that dentists provided more complex treatment where clinically appropriate; spent more time with patients, allowing a more preventative approach to oral health; and provided proper continuity of care for patients;

(k) whether the PCTs were putting into Dental Public Health the resources necessary to allow the identification of unmet need for dentistry and inequalities in oral health, so that dental services could be properly planned to address those issues.

(3) The Committee also had before it correspondence relating to issues of concern raised by the Eastern & Coastal Kent Patient and Public Involvement Forum Swale Locality Group. Having heard and received responses to its questions, the Committee reached the following conclusions:

a) The Committee welcomed the reported interest shown by dentists in taking up NHS contracts. The PCTs were asked to give further consideration to the way that they communicated with the public and patients, particularly around charges for dental services. It was felt by the Committee that there was a perception that the public did not know what they are expected to pay and this might be exacerbating health inequalities by discouraging the less well-off from seeking treatment.

b) The Committee would recommend that there was an independent audit undertaken of dentistry provision across the county. The Committee would also welcome quarterly reports being made available to it regarding NHS dentistry provision.

c) Details of unmet need for dentistry across the county should be made available in the Primary Care Trusts' Local Delivery Plans. The Committee would welcome details of how many NHS dentists there were in total and where they were situated across the county.

RESOLVED:-

(a) That the conclusions of the Committee be drawn to the attention of health colleagues; and

(b) that a progress report on how the Committee's views were being taken forward should be made available to the Committee in four months' time.

74. Response to the Department of Health consultation on the regulations for Local Involvement Networks (LINks)
(Item 9)

(1) The Overview and Scrutiny Manager informed the Committee that, regrettably, it had not been possible, due to other demands on resources, to finalise for the meeting a proposed response on behalf of the Committee to the Department of Health's consultation on the draft regulations for Local Involvement Networks. He therefore sought the Committee's approval for the Vice Chairman, in consultation with the Conservative and Liberal Democrat Spokesmen, to agree the response on behalf of the Committee prior to the deadline for receipt by the Department of Health on 21 December. In the first instance, he would make the draft response available to all Members of the Committee so that they could contribute to this process.

(2) Some Members expressed concern that this was not an ideal process and that the draft response should have been available to the Committee for its consideration.

(3) RESOLVED:- That the Overview and Scrutiny Manager, in consultation with the Vice-Chairman, and Conservative and Liberal Democrat Spokesmen, should agree a response on behalf of the Committee, having first sought the views of Committee Members.

75. Urgent Business

(1) The Overview and Scrutiny Manager sought the permission of the Committee to raise a number of items of urgent business that it would be appropriate to deal with immediately, rather than waiting until the next meeting of the Committee, in January 2008. This was agreed by the Committee.

Statutory Joint Health Overview and Scrutiny Committee "A Picture of Health for South East London"

(2) The Overview and Scrutiny Manager informed the Committee that Dr Robinson had been appointed to serve on a Joint Health Overview and Scrutiny Committee which was considering proposals for health services in South East London under the "A Picture of Health" initiative. This Joint Committee comprised the HOSCs for the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark; in view of the flows of patients from West Kent into outer South East London, the County Council had been invited to participate in this Joint Committee.

(3) The Overview and Scrutiny Manager would ensure that all Members in North and West Kent received regular updates on the activity of the Joint Committee and these Members would be able to submit information to either Dr Robinson or himself so that this could be shared with the Joint Committee.

Devolution of Health Overview and Scrutiny Committee powers to Borough and District Councils

(4) Some discussion took place with the Committee on the possible devolution of Health Overview and Scrutiny Committee powers to Borough and District councils. The Overview and Scrutiny Manager reported that this needed to be considered in the context of the Localism agenda, the establishment of a Local Involvement Network for Kent and proposals for Healthwatch. One Member did not see that this was an issue for the County Council's Executive and that the Health Overview and Scrutiny Committee should proceed with devolution and delegation of some of the Health Overview and Scrutiny Committee powers to Borough and District councils – as the Committee had discussed at its meeting on 7 September 2007.

Future meetings

(5) The Overview and Scrutiny Manager informed the Committee of the meeting dates for the first few months of 2008 and made it clear to the Committee that he anticipated that all the meetings would be all-day meetings as the issues to be discussed (including Local Delivery Plans, Mental Health and the Healthcare Commission Core Standards) were substantial and complex. Members expressed concern that the meeting scheduled for 11 January 2008 was due to take place in the Darent Room at Sessions House, County Hall, Maidstone, which Members found totally unacceptable as a venue. The Overview and Scrutiny Manager informed the Committee that he would ensure that, if at all possible, the meeting was switched to the Council Chamber.