

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, 8 June 2007.

PRESENT: Mr A R Chell (Chairman), Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A D Crowther, Mr D S Daley, Mr G A Horne MBE, Mr M J Northey (Substitute for Mr R Tolputt), Mr I T N Jones, DL (Substitute for Ms A Harrison), Mr J F London (Substitute for Ms B J Simpson) and Mr W V Newman, DL (Substitute for Mrs E D Rowbotham)

ALSO PRESENT: Mr G K Gibbens and Mr P W A Lake

OBSERVERS: Mr R Appadoo (West Kent Primary Care PPIF), Ms C Swann (Kent and Medway Mental Health and Social Care PPIF), Mr D Easton (East Kent Hospitals PPIF) and Mr J A Ogden DL (Chairman of KCC Standards Committee).

IN ATTENDANCE: Dr D Turner (HOSC Research Officer) and Ms D Fitch (Assistant Democratic Service Manager (Policy Overview))

UNRESTRICTED ITEMS

28. Membership change- Mr J A Davies for Mr C Hibberd and Mrs B J Simpson for Mrs P V A Stockell
(Item 1)

It was noted that Mr J A Davis had replaced Mr C Hibberd, and Ms B J Simpson had replaced Mrs P A V Stockell as Members of the Committee.

29. Minutes - 11 May 2007
(Item 4)

RESOLVED that the Minutes of the meeting held on 11 May 2007 were correctly recorded and that they be signed by the Chairman.

30. Matters arising from the Minutes

1. Business Plan for the Private Finance Initiative (PFI) – Pembury (Minute No. 25 of 11 May 2007)
 - (i) Mr Crowther stated that there was a chapel on this site that had served the hospital for many years. It was proposed to demolish this and use the space for car parking. English Heritage had now listed the building and he believed that the Committee should express its support for the retention and protection of this building. The Chairman said that clarification would be sought from the Trust and fed back to Members.

2. *Maidstone and Tunbridge Wells PPI Forum*

- (ii) Mr Fittock mentioned a letter from the Maidstone and Tunbridge Wells PPI Forum relating to the meeting on 11 May 2007 and asked how the Committee would be dealing with it. Mr Chell stated that he had not seen the letter but that he would talk to Mr Fittock outside of the meeting about this.

3. *Local Involvement Networks (LINKs)*

- (iii) Mrs Angell stated that it was important for the Committee to be kept informed about developments regarding the introduction of LINKs.
- (iv) Mr Chell confirmed that there would be a full report on LINKs on the agenda of the July meeting.

4. *Community hospitals in west Kent*

- (v) Mrs Angell expressed regret that a stakeholder meeting in relation to the review of community hospitals in west Kent had been held on the afternoon of the County Council meeting on 17 May and, therefore, it had been difficult for Members to attend. Mr Chell stated that the community hospitals review would be on the agenda for the next meeting of the Committee. The good news arising from the review was that it was planned to retain

31. Urgent Business

The Chairman stated that he was of the opinion that the committee should receive representations about the renaming of the Minor Injuries Unit at Edenbridge and District War Memorial Hospital as a matter of urgency, as this change had already been made and, therefore, it was not appropriate to leave this item until the next meeting.

32. StourCare – Out of Hours Service*

(Item 5)

(Peter Robinson, Eastern and Coastal Kent Primary Care PPIF, Jayne MacDonald, Head of Primary Care and Community Contracts, and Lynne Selman, Director of Citizen Engagement and Communications, Eastern and Coastal Kent PCT, were in attendance for this item)

- (1) Mr Robinson set out the background to the StourCare Out-of-Hours service and the change to the contract, which had been the subject of a recent review after six months of operation. He stated that joint working between the Forum and the NHS Overview and Scrutiny Committee had led to a satisfactory outcome. He made the Committee aware that there would be a full review of the Out-of-Hours Service in late 2007 or early 2008 for the PCT area and the existing contract had, therefore, been extended to the end of May 2008. He stated that he believed the PPIF and the NHS Overview and Scrutiny Committee should be involved in this review at an early stage.

(2) Ms Jones stated that, as a result of the work of the PPIF, there had been a renegotiation of the contract between the PCT and StourCare and a satisfactory result for the public in the area had been achieved. She highlighted the fact that the PCT was part of the national pilot for the Urgent Care Review programme. Work on this had started and the PPIF had a representative on the Project Board.

(3) In relation to engaging with the public and organisations, Ms Selman stated that the PCT was setting up a “virtual panel” across the PCT area to use for consultation for the Urgent Care pilot. This was a key part of their ongoing work.

(4) The Chairman expressed the Committee’s thanks to Mr Robinson for the detailed piece of work that the PPIF had undertaken and stated that this was a good example of PPIFs being the “eyes and ears” of the NHS Overview and Scrutiny Committee.

(5) RESOLVED that the update on StourCare Out-of-Hours Service be welcomed and noted.

33. Renaming of the Minor Injuries Unit at Edenbridge and District War Memorial Hospital

(Item)

(Dr A Russell, Chairman of the League of Friends of Edenbridge and District War Memorial Hospital, and Julian Ross, Director of Public Engagement and Sharon Jones, Director of Community Services, West Kent PCT, were in attendance for this item)

(1) A petition from the League of Friends of Edenbridge and District War Memorial Hospital regarding the Minor Injuries Unit at the hospital (attached as Appendix 1 to these Minutes) was tabled, along with information supplied by West Kent PCT (attached as Appendix 2). The Chairman welcomed Dr Andrew Russell to the meeting and invited him to address the Committee. Dr Russell made the following points:-

- The Minor Injuries Unit at Edenbridge had been a nurse-led unit for the past nine years and had worked satisfactorily.
- On 24 May the West Kent PCT at their Board meeting had decided, on safety grounds, that the unit should be renamed a “Treatment Clinic” with immediate effect.
- A consultation period on the future of the Clinic was due to run from 2 July for three months and he expressed concern that the name change had occurred one month before the official consultation period had started.
- The PCT had given the reason for the renaming as the low throughput of patients, which did not give staff adequate exposure to all types of case for the safety of patients.

- He made the point that there had never been any question of poor safety; the unit had a 100% safety record, with no complaints.
- He highlighted the important support given to the unit by Dr Julian Webb, the A&E consultant who covered this unit and others in the area. He audited the unit's work regularly and visited the unit weekly to discuss the work with nurses; in the view of Dr Webb, the unit was safe.
- The nurses at the unit rotated with colleagues at the Sevenoaks Hospital Minor Injuries Unit and, therefore, saw the same case-mix.

(2) In conclusion, Dr Russell stated that he believed that the name change at this time, before a consultation on possible closure of the Unit, would lead people to believe that the Minor Injuries Unit had already ceased to exist. This would prejudice the consultation that was about to take place and, therefore, was unfair. He suggested that the question of the final closure of the Unit might be a subject for further consideration by the NHS Overview and Scrutiny Committee.

(3) Ms J Ross was invited to speak and stated how disappointed she was that the good news in relation to community hospitals had been overshadowed by more minor issues. She made the following points in relation to the Minor Injuries Unit at Edenbridge:-

- The PCT had taken legal advice and they had the right to change the name of the unit.
- Out of the 11 patients a day that were seen in the unit, 50% were sent by GPs for re-dressings or Electrocardiograms (ECGs). ECGs had actually already been paid for in the General Medical Services contract and did not need to be provided in a Minor Injuries Unit.
- The issue was not the safety of the current service. Rather, there was a risk in retaining the name "Minor Injuries Unit" that, if a patient were to present with a serious injury, the service would not be able to cope, given that it was not used to such cases. The name "Treatment Clinic" was a more accurate reflection of the service actually being provided.
- The PCT would be going out to consultation on the future of the renamed Treatment Clinic.
- The PCT had data from 2004 and the numbers using the unit had not changed. Although it had the support of the local community, it was not a well-used facility.
- It should be noted that the outcome of the review of community hospitals was: to keep all six hospitals; to re-open those beds that had been closed in recent years; and to bid for national capital funding. This new investment would include modernising the x-ray facilities at Edenbridge.
- Another contentious issue that had arisen was the matter of possibly transferring the Renal Dialysis Unit to Tonbridge Cottage Hospital. This

would be going out to consultation. On the whole, the outcome of the community hospitals review was very good news – and the controversy around the small changes at Edenbridge and Tonbridge should not be allowed to obscure this.

(4) Ms S Jones stated that she had a clinical background and a passion for community hospitals. She corrected the statement made by Dr Russell regarding Dr Webb, the A&E consultant. Dr Webb was not clinically in charge of the Minor Injuries Unit at Edenbridge: he only audited clinical notes, not the actual work of the unit. Only 9–11 patients a day used the unit, and 50% of them attended to have their dressings changed; this was not a proper workload for qualified nurses. There was not the throughput of patients at Edenbridge to consolidate training and there were problems getting nurses to work there. She said, from a personal point of view, that if she were a Nurse Practitioner she would not stay in that unit. There was actually only one member of staff who rotated between Edenbridge and Sevenoaks Hospital. She stated that there was no one definition of a Minor injuries Unit. When the Healthcare Commission and PriceWaterhouseCooper had audited emergency units, they had broken them down into three types. Type 1 was a full A&E unit; Type 2 saw at least 20,000 patients a year; and Type 3 saw at least 10,000 patients a year. Edenbridge was seeing just 3,000 patients a year and, as such, did not even count as a Type 3 facility. In changing the name of the unit at Edenbridge, the PCT was merely calling it what it really was – which was a Treatment Clinic.

(5) The Chairman stated that he welcomed the result of the community hospitals review overall. Members made a number of points in response to what they had heard and Ms Ross responded.

(6) RESOLVED that

- (i) the presentations and discussions be noted;
- (ii) the next meeting of the NHS Overview and Scrutiny Committee would consider West Kent PCT's community hospitals review in its totality.

34. Vice-Chairman in the Chair

(Item)

Mr Fittock, Vice-Chairman, took the Chair for the remainder of the meeting, as the Chairman had to leave early, for which he apologised.

35. General Pharmaceutical Services

(Item 6)

(Mike Keen, Chief Executive of the Kent Local Pharmaceutical Committee, Professor John Butler, the Chairman of Kent and Medway Pharmaceutical Regulations Committee, Julia Ross, Director of Civic Engagement, West Kent PCT, Jayne Macdonald, Head of Primary Care and Community Contracts, Eastern and Coastal Kent PCT and Anne Bretherton, Chief Pharmacist, West Kent PCT, were in attendance for this item)

(1) The Chairman welcomed Mr Keen to the meeting and invited him to give his presentation. Mr Keen's presentation (attached as Appendix 3) covered the following:-

- What is a Local Pharmaceutical Committee?
- Where does it draw its powers from?
- How does pharmacy help to improve services to patients?
- How does pharmacy help public health?
- What is control of entry?

(2) Professor Butler from the Kent and Medway Pharmaceutical Regulations Committee, the body responsible for awarding contracts to applicants for pharmacies, explained that the number of pharmacies in Kent and Medway over the past 15 years had remained approximately the same. However, the location of the pharmacies had changed; and large pharmacy companies had taken an increased share of the market. There was a tendency to have more pharmacies in supermarkets and also to move pharmacies out of high streets and to co-locate with doctors' surgeries, which ran in parallel with the increase in the redevelopment/relocating of doctors' surgeries. Professor Butler explained that in rural areas under regulations it had been possible since 1982, with consent, for doctors to dispense, as often in these areas it was not commercially viable for pharmacists to operate.

(3) Ms Bretherton stated that in Kent the PCTs were looking at formally setting in place a Clinical Governance Framework based on the national programme. East Kent PCT had the responsibility to carry out the performance monitoring visit. In West Kent every pharmacy had a visit and pharmacist would go on the visit with a lay Member. This visit would be pre-arranged and anything arising from it would form part of an action plan. PCTs gave pharmacies help and support so that they could address any issues identified as requiring action. In relation to a question on counterfeit drugs, she stated that the PCT had no influence as this was a national problem. In relation to unused drugs, Ms MacDonald and Ms Bretherton stated that they headed teams of Prescribing Advisors who visited GP practices and supported GPs. Members asked a number of questions, and received responses, regarding the following points:-

- As regards the regulation of pharmacists, it was explained that they had a professional code of ethics and that their professional body, the Royal Pharmaceutical Society of Great Britain, played a regulatory role (although the regulatory and representative functions of the Society

were to be separated under planned reforms to the regulation of healthcare professionals).

- All pharmacies had to agree their opening hours with the contracting PCT. New pharmacies had to specify their total opening hours and their core contract hours, which had to be at least 40 hours per week. When the Pharmaceutical Regulations Committee received an application, the applicant usually offered to open in excess of 40 hours, but contractors were able to withdraw from any commitment to provide additional hours (with three months' notice). The Committee could only accept the hours that were being offered – if the pharmacy did not offer to open on Saturdays or Sundays, or in the evening, then they could not be forced to do so. Given a choice of applicants in the same area, the Committee would choose the one offering the greater coverage, other things being equal.
- One of the problems with the regulatory system was that it was reactive. Pharmacists chose where they wished to provide services and there was no direct means of directing provision at underserved areas. PCTs worked to try and develop local pharmacy services where there were gaps. There were certain areas where pharmacists would not find it attractive to open up a pharmacy; on the other hand there were others areas that were “over-pharmaced” – for example, Westwood Cross Retail Park in Thanet, which did not necessarily need the four pharmacies that it had.
- The Galbraith Inquiry, which was looking at the NHS pharmacy “control of entry”, was due to report before the end of June (although the report itself might not actually be published). This could lead to further reforms in the “control of entry” mechanism.
- The provision of “advanced” and “enhanced” services by community pharmacists was a cost-effective way of providing medical help and advice in the community.
- PCT prescribing advisors went round to every GP practice, to provide unbiased evidence on drugs, thereby acting as a counterweight to the targeting of GPs by pharmaceutical companies. GPs valued this advice.

(4) The Chairman thanked the presenters and representatives from the PCTs for attending the meeting and giving Members an interesting overview. He stated that the NHS Overview and Scrutiny Committee hoped to be able to contribute to the discussion about the future of the “control of entry” regulations following the Galbraith Inquiry.

(5) RESOLVED that the presentations and discussions be noted.

36. Infection Control**

(Item 7)

(Rose Gibb, Chief Executive, Amy Page, Service Improvement Director, Maidstone and Tunbridge Wells PCT, James Nash, Director of Infection Prevention and Control, East Kent Hospitals NHS Trust, Mark Devlin, Chief Executive and Iris Smith, Director of Infection Control, Dartford and Gravesham NHS Trust and Helen Goodwin, Head of Governance and Risk with Kath Hughes, Modern Matron for Infection Control, Medway NHS Trust were in attendance for this item)

(1) The Committee received presentations from each of the Acute Hospital Trusts across Kent and Medway regarding the processes and procedures that they had put in place concerning infection control and the incidence of hospital-acquired infection within each Trust (attached as Appendix 4). Members' questions were answered by PCT colleagues.

(2) In response to a question from a Member, Ms Hughes undertook to provide Members with data showing the numbers of patients that had contracted *Clostridium difficile* and MRSA, expressed as a proportion of the total number of patients treated.

(3) RESOLVED that health colleagues be thanked for their informative presentations.

37. Public Health Strategy for Kent

(Item 8)

(Meradin Peachey, Director of Public Health, and Mark Lemon, Policy Manager, KCC Department of Public Health were in attendance for this item)

(1) Mr Gibbens introduced the latest draft of the Public Health Strategy for Kent, which had been circulated to key stakeholders for comment and discussion before being taken to a meeting of the full County Council on 24 July 2007. Ms Peachey stated that she was pleased the Committee were looking at this. It was an opportunity for the PCTs and KCC to clarify what they meant by public health. The strategy set out six key outcomes for all partners to focus on. Some of the targets were already part of the Local Area Agreement for Kent. Mr Lemon emphasised that the document was work in progress and, even when agreed, it would still be work in progress, as the strategy would continue to evolve and develop. After the County Council meeting on 24 July 2007 the document would go out to public consultation.

(2) Members made the following comments on the document:-

- It would be helpful to have more discussion in the document on food – for example, the importance of adequate information being shown on food packaging, so that informed choices could be made; and also the need for information about how to find healthy, local food.
- In relation to obesity, the “pleasure principle” was important: a healthy diet and lifestyle needed to be presented as enjoyable.

- It was noted that KCC's Environment and Regeneration Directorate had set a good example of encouraging staff to take exercise in an enjoyable way.
- The Healthy Schools programme was acknowledged as another good example of promoting healthy lifestyles.
- The Alcohol Abuse Select Committee's recommendations would feed into the next version of the Strategy, which was due to be published in October 2008.
- Members were pleased to see that mental health was included in the document.
- It was noted that a lot of work had been done to reduce teenage conception rates.
- Members who sat on Local Strategic Partnership Boards would find it helpful to have advice about how to challenge other organisations to ensure that they were working along the lines set out in the strategy. It was noted that once the document had been agreed, there would be discussions with the Local Strategic Partnerships and district authorities.
- The challenges around health inequalities were starkly illustrated by the different life-expectancy rates found in geographically adjacent wards in some parts of the county.
- It would be useful to have a map of the county illustrating the different indices, so that the various aspects of health inequalities could be visually presented.
- It was noted that Environmental Health, which was a district council function, was key to public health – but it was important to look at major public health issues where all local authorities could make a big difference to a large number of people. One of the main issues that district councils wanted action on was air-quality improvement.
- It was noted that the County Council was a major player in relation to public health and had the opportunity to have a very powerful lobbying voice but it was important to be very careful about which issues were selected for lobbying.
- It was suggested that establishing “excellence in public health” awards for organisations could be considered.

(3) An undertaking was given that as part of the consultation on this document, it would go to PPIFs.

(4) RESOLVED that the latest draft of the Public Health Strategy for Kent, and comments made by Members of the Committee, be noted.

38. Fit for the Future update

(Item 10)

(1) Tabled at the meeting was a paper from Ms J Ross, Director of Civic Engagement for West Kent PCT, which set out the current situation regarding Fit for the Future (attached as Appendix 5). Work on Fit for the Future was continuing, with the health economy across Kent and Medway on track to deliver a formal update for all stakeholders in July. At an extraordinary County Council meeting on 24 July 2007, the PCTs would have an opportunity to share more detail about next steps regarding Fit for the Future and there would be an opportunity for Members to speak to a range of clinicians and staff about the service improvements that were planned. Once the public document was published, there would be the opportunity for a full discussion with the Committee and to discuss in detail about what would happen next in West Kent.

(2) RESOLVED that the report be noted.

39. Date of next programmed meeting – Friday 20 July 2007

(Item 9)

It was noted that the next programmed meeting of the Committee would be held on Friday 20 July 2007 at 10.00 am, with the venue to be confirmed.