

NHS OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of A meeting of the NHS Overview and Scrutiny Committee held at Woodville Halls, Gravesend DA12 1DD on Friday, 9th March, 2007.

PRESENT: Mr A R Chell (Chairman), Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A D Crowther, Mr J Curwood, Mr D S Daley, Ms A Harrison, Mr C Hibberd, Mr G A Horne MBE, Mrs E D Rowbotham, Mr M V Snelling (Substitute for Mrs P A V Stockell), Mr R Tolputt and Mrs E M Tweed.

OTHER MEMBERS PRESENT: Mrs A D Allen, Mr L Christie, Mr G K Gibbens, Mr I T N Jones and Mr R J E Parker.

ALSO PRESENT: Councillor T Smith, Dartford Borough Council, Councillor B McGarrity and Mr D Finch, Corporate Policy Officer, Gravesham Borough Council, Councillor J Lankester, Sevenoaks District Council, Mr J Ogden, KCC Standards Committee, Mr J Beadle, Mr G Steele and Mr D Hills, PPIF representatives, Mrs A Aldous-Dunn, Senior Manager Age Concern Northfleet, M A Larkin, Ms G Emerson, Mr P Easterby, Mrs G Collins, S Badiani, Mr and Mrs Graham, Mr and Mrs Thompson, Mr and Mrs Hills, Mr L Cashman, Mrs J Henderson and D Bennet, members of the public.

IN ATTENDANCE: Paul Wickenden, Overview, Scrutiny and Localism Manager and David Turner, HOSC Research Officer.

UNRESTRICTED ITEMS

11. Minutes - 12 January 2007

(Item 2)

(1) RESOLVED that the Minutes of the meeting held on 12 January 2007 are correctly recorded and that they be signed by the Chairman.

(2) Matter Arising – Maidstone & Tunbridge Wells NHS Trust – A new direction for surgical and orthopaedic care

(3) Mr Daley asked whether the Minutes had been electronically recorded. The Overview and Scrutiny Manager informed the Committee that the Minutes had been recorded by hand and had been prepared on the basis that they may be required as evidence at a future date should the Committee decide to refer the reconfiguration proposals to the Secretary of State for Health.

12. Minutes - 9 February 2007

(Item 2)

(1) The Overview and Scrutiny Manager informed the Committee that if they wished to approve the Minutes they would need to be declared as urgent business as the requisite legal notice had not been given because the Minutes were still being

prepared. The Committee were happy for the Minutes to be dealt with as urgent business.

(2) RESOLVED that the Minutes of the meeting held on 9 February 2007 are correctly recorded and that they be signed by the Chairman.

(3) Matters Arising – Health Service Visitors Review

(4) Mrs Angell sought the outcome of the review of the Health Visitors service. The Overview and Scrutiny Manager said he would seek further information on the outcome of the review which was due to be completed by the end of March 2007.

Mental Health Services

(5) Mr Fittock asked that the provision of Mental Health Services across the County should be the subject of a future debate for the Committee.

13. Dentistry

(Item 3)

(Bill Millar, Assistant Director of Primary Care, West Kent Primary Care Trust and Jayne Macdonald, Head of Primary Care – Dentistry, Eastern & Coastal Kent Primary Care Trust were in attendance for this item)

(1) The Committee had before them a briefing note on the provision of NHS Dental services across the county following the introduction of the new dentistry contract in 2006. A letter from the Local Dentist Committee was tabled at the meeting.

(2) The Committee asked Mr Millar and Ms MacDonald a range of questions which covered issues such as:-

- a) The average salary for a dentist which the committee acknowledged covered the premises, equipment and staffing of the dental practice. It was noted that the average salary was £140,000 per annum;
- b) The number of dentists in each PCT area who were still in dispute over the new dental contract and how the PCT were seeking to resolve these disputes;
- c) recognising that there were many parts of the County where it was difficult to find any NHS provision what efforts were being made by each Primary Care trust to increase the number of NHS dentists available; and
- d) The number of units of dental activity purchased by Primary Care Trusts as some dentists were indicating significant increases in activity for which they were not funded. The Committee noted that the average cost for a unit of dental activity was £20.

(3) RESOLVED that:-

- (a) Mr B Millar, Assistant Director of Primary Care and Ms J MacDonald, Head of Primary Care - Dentistry be thanked for their attendance; and

- (b) The impact of the new Dentist contract and the provision of NHS dentists across Kent be kept under review and a further report be made available to the November 2007 meeting of the Committee.

14. Provision of Clinics at Gravesend Community Hospital and Darent Valley Hospital

(Item 4)

(Mark Devlin, Chief Executive, Dartford & Gravesham NHS Trust and Karen Jeffries, Deputy Director of Provider Services, West Kent PCT were in attendance for this item)

(1) The Committee had before them:-

- a briefing note;
- some letters and correspondence from the former Dartford, Gravesham & Swanley Primary Care Trust (DG&S PCT) and the Dartford & Gravesham NHS Trust;
- a media statement published by the DG&S PCT in April 2006; and
- some correspondence between the two Trusts and the NHS Overview and Scrutiny Committee.

(2) The Committee were still receiving a number of concerns from local Members about the changes to some services being provided at the Darent Valley Hospital and the Gravesham Community Hospital.

(3) In attendance for this item to answer the Committee's questions were Mark Devlin, Chief Executive of the Dartford & Gravesham NHS Trust and Karen Jeffries, Deputy Director of Provider Services and Monica Blake, Head of Primary Care for Dartford, Gravesham and Swanley of the West Kent PCT.

(4) Mr Devlin acknowledged that there was some confusion in the public as to which of the two Trusts provided services and where. He made specific reference to a number of services provided at the Darent Valley Hospital and those where it was more appropriate in the community i.e. anti-coagulant.

(5) Ms Jefferies informed the Committee of the services, either currently being provided at the Gravesham Community Hospital or planned for the near future.

(6) Members of the Committee expressed the concerns being expressed in the press about the services available, recognising that there needed to be a core provision of services available locally.

(7) Ms Blake responded that there was some misunderstanding locally and she cited the example of 34 out of 39 general practitioners in the area had volunteered to provide anti-coagulant clinics. Ms Blake added that some of the information and perceptions of the public were unfounded.

(8) Mr Devlin acknowledged that it was a fair analysis that acute hospital services were being consolidated and there were a number of people who presented to acute

hospitals for services where it would be much more appropriate for those people to be dealt with in the community much closer to their home.

(9) Several Members expressed their concern at the ability of the public to access the services when transportation was not as good as it might be.

(10) Ms Blake informed the Committee that GPs locally would be making a decision shortly on the services that would be provided locally. Ms Blake added that in theory there could be the provision of a range of services at each of the 39 GP sites throughout the area. However, there were issues concerning whether the GP practices, the estate, staff etc were available.

(11) Specific concerns were raised relating to the cataract service and the new Emergency Care Centre being provided at the Darent Valley Hospital.

(12) The Committee noted that there continued to be a robust discussion taking place with regard to the cataract service. Ms Jefferies said that she would keep the Committee informed.

(13) With regard to the establishment of the Emergency Care Centre (EEC) at the Darent Valley Hospital Mr Devlin informed the Committee that the new EEC was operated by the Primary Care Trust. This was a 'twin service' which complemented the Minor Injuries Unit (MIU) at the Gravesham Community Hospital.

(14) The Emergency Care Centre at the Darent Valley Hospital also complemented the Accident and Emergency Service and was able to deal with a number of minor injuries.

(15) The Committee noted that a PCT nurse triaged those presenting at the Accident and Emergency Unit at the Darent Valley Hospital which had had a significant impact on both units because it allowed patients with minor injuries to be streamed straight into the new PCT unit.

(16) The Committee noted that there was a very active and effective practice-based commissioning group who were continually looking at all patient pathways to see whether there was the opportunity to provide other services. However, these services could only be provided if they were affordable, safe and within good governance arrangements.

(17) The Committee noted that not all services could be provided by local GPs. There were services which required medical expertise for example respiratory care. New services need to be funded and the Committee were aware that the PCT were not without financial challenge.

(18) Mr Snelling, speaking as a local Gravesham Member, said that the population of Gravesham felt that a number of services that had been available locally were being transferred to the Darent Valley Hospital. He added that this presented particular difficulties for the frail and elderly in travelling from Gravesend to Dartford.

(19) Mr Snelling also asked some specific questions about what was known as the "M Block" adjoining the Gravesham Community Hospital which was currently vacant and what was going to happen to that building. He made reference to his

understanding that Gravesham Borough Council were given to understand that this would always be available for the reinvestment in 'health services' for the local population.

(20) Mr Devlin responded to the issues that were before the NHS Overview and Scrutiny Committee in July last year when both Liz Cracknell and he had attended the meeting. There were a number of issues that needed to be addressed including service models, financial challenges and recognising that within the area both the Darent Valley Hospital and the Gravesham Community Hospital were PFI Hospitals. He added that health colleagues had a duty to provide services which were affordable.

(21) In response to the question relating to the use of the "M Block" adjoining the Gravesham Community Hospital Ms Jefferies said that this was an issue for the West Kent PCT Board and she would report back the concerns expressed by the Committee to the Chief Executive of the PCT.

(22) In response to a series of questions about:-

- the availability within the timetable for additional clinics to be provided at the Gravesham Community Hospital;
- what services were available at the Community Hospital relating to preventative services; and
- what social care services were provided at the Community Hospital.

Ms Jefferies responded that a number of these gaps were being filled with clinical assessments for Ear, Nose and Throat (ENT), psychiatric clinics and fracture clinics. With regard to the issue of prevention she said that they were continually looking at services to be brought into the Hospital relating to public health e.g. family planning etc.

(23) Mr Parker, as one of the local Members, raised with the Committee a number of concerns relating to the services provided at the Gravesham Community Hospital and Darent Valley Hospital. He referred to the meeting of NHS Overview and Scrutiny Committee last summer which he said he had left quite content because he was lead to believe that no service apart from orthopaedics would move to the Darent Valley Hospital. He added that clearly this was not the case.

(24) More recently of local concern was the provision of GP services and in several cases their potential relocation to a health centre. Mr Parker referred to two particular sites and asked for some comments about what would happen when GPs relocate to locations out of town which are not accessible by the GP's patients.

(25) Mr Parker made particular reference to the potential relocation of GPs in the Northfleet area to the Gravesham Community Hospital in advance of the new housing at Ebbsfleet.

(26) Mr Christie, another local Member, asked that the table presented to the Committee last summer setting out the division of services between the Gravesham Community Hospital and the Darent Valley Hospital should be made available to the Committee and all local Members.

(27) Mr Christie said that in response to other concerns that he had heard about transportation he wanted to make it clear that Fastrack travels both between Dartford and Gravesham and vice versa.

(28) Of particular concern relating to the Gravesham Community Hospital was a perception by the public that it was being emptied to allow GPs to relocate there. Mr Christie raised particular concerns about a number of GP surgeries where he felt this might be an issue including Coldharbour and Lawrance Square.

(29) Mr Hills on behalf of the Coldharbour Residents Association presented a note to the Chairman setting out the Coldharbour Residents Associations concerns. He added that people were disappointed and disillusioned and upset with the Primary Care Trust. He said that he felt that people had been told that they would have a new surgery at Lawrance Square about two years ago and now they were being told that surgeries are being relocated to the Gravesham Community Hospital. Mr Hills mentioned that many of the patients were elderly and frail who had to wait for buses which often did not materialise in the cold and wet. He said surely it was not fair that patients who were not feeling well would have to bus into town to see a doctor. He raised issues if a patient was disabled.

(30) Also of concern to the Residents Association was that there is already a health centre close by but if patients try to register with that health centre they have been told it is full and that another doctor would have to be found. He said that none of the proposals currently made any sense. He understood that there would be a new Ebbsfleet surgery but he said that would be even more difficult to reach than a GP surgery in Gravesend town centre because of the lack of transportation.

(31) A Gravesham Borough Council Member then made it clear that he had been involved in the original signing-off of the undertaking for the "M Block" adjacent to the Gravesham Community Hospital and was of the same opinion as a previous speaker that this would continue to be used for health services.

(32) He said that he had also been involved in the negotiations relating to the proposed Lawrance Square surgery and expressed his disquiet that the Primary Care Trust were walking away from this proposed new GP surgery.

(33) Ms Blake responded that there was no intention of the Primary Care Trust to relocate any GP practice from Northfleet to the Gravesham Community Hospital. She said that any proposals for any relocation of GP practices would have to be formally consulted upon.

(34) Ms Blake added that with regard to the issue relating to the proposed Lawrance Square surgery she had met with Borough Councillors earlier on that week.

(35) Mr Parker said that it would be useful if the continued dialogue for the provision of health services was not only with Gravesham Borough Councillors but also with the local County Council Members as well.

(36) RESOLVED that:-

Mr Devlin, Ms Jefferies and Ms Blake be thanked for their attendance at the meeting and the information be noted.

15. Audiology Services

(Item 5)

(John Beadle, Patient and Public Involvement Forum Representative, Alex Willoughby, Head of Audiology of the Medway NHS Trust and Ingrid Cobourn, Commissioning Manager – Audiology of Eastern & Coastal Kent Primary Care Trust were in attendance for this item.)

(1) The Committee had before them a briefing note on Audiology Services which set out the background to the service in England, the modernising programme for NHS Audiology Services, current waiting times, national waiting time targets, issues relating to funding independent treatments centres and the future of NHS Audiology Services.

(2) The briefing note also covered the National Audiology Action Plan/Improving Access to Audiology Services in England. The Committee noted that the House of Commons Health Select Committee had recently conducted a short enquiry into Audiology Services in England and their report was expected soon.

(3) Ms Cobourn spoke on behalf of Eastern & Coastal Kent PCT of the strategy being deployed by the PCT for the provision of audiology services.

(4) Ms Willoughby indicated that the NHS had the capacity to meet the demand but what was not available was the funding.

(5) Mr Beadle then addressed the Committee and said that Kent was one of the worst areas in the country for audiology services. He informed the Committee that quite a few patients would not benefit from digital hearing aids. He said that digital hearing aids were more difficult to tune rather than an analogue hearing aid. As a result this often had an impact on those patients in the most deprived areas who were suffering the most.

(6) He referred to best Practice Standards and a document produced by the Royal National Institute for the Deaf entitled Audiology in Crisis. He said that digital aids had been introduced four to five years ago and at that time the National Institute of Clinical Excellence (NICE) had recommended that there should be an audit of all audiology departments to prepare for digital aids. However this had not taken place in many areas. Kent did not undertake an audit and therefore capacity problems had arisen.

(7) Ms Willoughby acknowledged that no audit had been undertaken in Kent when introducing digital hearing aids and as a result they had been inundated by patients who wanted to go 'digital' from 'analogue'.

(8) There were a number of people who had stopped using analogue hearing aids sometime before who were interested in receiving a digital hearing aid.

(9) Ms Willoughby also raised concerns around lack of staff and the lack of funding.

(10) The Committee were also informed by Ms Willoughby of a change in the qualifications to become an audiologist which required a four year degree course.

This had also had an impact on the number of audiologists available in the “job market”.

(11) Members of the Committee and those present then asked a whole range of questions relating to:-

- how well audiologists were paid;
- the difficulty in patients, particularly from rural areas such as Eynsford, accessing services in either Medway or Gravesend i.e. for audiology services;
- forward planning for dealing with young people who were currently potentially damaging their ears with the use of MP3 players and i-pods;
- whether there would be the use of independent treatment centres where they would be on guaranteed payment for a number of years for audiology services;
- the provision of hearing loops in public buildings where meetings were being held, such as the venue for the Committee’s meeting today and at Sessions House, County Hall, Maidstone etc;
- the number of hearing aids that had been allocated to patients which remained in drawers;
- the intolerable waiting times for audiology services vis-à-vis the national target;
- liaison with Hi-Kent and others to ensure that people attend the necessary follow-up check-ups when a hearing aid has been issued; and
- how information is made available to patients to ensure that they use the hearing aid properly.

(10) RESOLVED that:-

Ms Cobourn, Ms Willoughby and Mr Beadle be thanked for their attendance at the meeting and the Committee will continue to monitor progress on the provision of audiology services across the county.