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, 13 June 2008.

PRESENT: Lord Bruce-Lockhart (Chairman), Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A R Chell, Mr B R Cope, Mr A D Crowther, Mr J Curwood, Mr D S Daley, Ms A Harrison, Mr J F London, Mr R A Marsh, Mr M J Northey, Dr T R Robinson, Mrs E D Rowbotham and Mrs E M Tweed

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager), Mr D Oxlade (Head Of Policy), Mr M Ayre (Senior Policy Manager) and Mr G Bridgland (Staff Officer to Cabinet Members for Adult Services and Children & Family Services)

UNRESTRICTED ITEMS

22. Minutes – 9 May 2008
(Item. 3)

RESOLVED that the Minutes of the meeting held on 9 May 2008 are correctly recorded and that they be signed by the Chairman.

23. Monitoring of outcomes from conclusions and recommendations of previous Health Overview and Scrutiny Committee meetings
(Item. 4)

(1) The Chairman informed the Committee that he had written to the Leader seeking resources for the Committee. He had sought agreement to appoint an additional Research Officer and Administration Officer to support the Committee.

(2) The Chairman suggested the formation of an Informal Sub-Group to consider these rolling monitoring reports.

(3) RESOLVED that the report be noted.

24. Application for Foundation Trust status by Kent and Medway NHS and Social Care Partnership Trust
(Item. 5)

(Item 5 - Report by Research Officer, Health Overview and Scrutiny Committee)
(Mr E Millar, Chief Executive and Mr J Sinclair, Director of Social Care, Kent and Medway NHS and Social Care Partnership Trust and Mr S Leidecker,

Director of Operations: Kent Adult Social Services were in attendance for this item)

(1) Mr Millar gave a brief presentation to the Committee on the application by the Trust to achieve Foundation Trust status before answering questions from Members of the Committee.

(2) Questions included:-

(a) Whether there was any option not to go down the Foundation Trust route. Mr Millar responded that it was unlikely there would be NHS Trusts and Foundation Trusts. He referred to the possibility of other Trusts taking over Mental Health Trust and he cited an example in Shropshire. He and his Chairman were ensuring that the Trust were fit for purpose and ready for Foundation Trust status;

(b) Responding to a question about what improvements would there be to services Mr Millar said there would be improved Government arrangements. He spoke of the partners involved as governors which included the County Council, Medway Council, voluntary sector organisations, PCTs and probation. The second improvement concerned the finance arrangements whereby if a surplus is now made by the Foundation Trust it was possible for that surplus to be retained;

(c) Responding to a question about the existing Trust and a Foundation Trust working in tandem and the model for Mental Health Mr Millar said there was a 'healthy model' for Mental Health. He added that what was important was adding value; and

(d) In answer to a question about cleanliness Mr Millar said in the Patient Environment Action Team report two facilities were under-performing which the HOSC will wish to take an interest in. One of the facilities had subsequently closed.

(3) RESOLVED that the report be noted.

Mr M J Fittock assumed the Chair for the remainder of the meeting.

25. GP-led Health Centres
(Item. 6)

(Item 6 – Report by Research Officer, Health Overview and Scrutiny Committee)
(Lynne Selman, Director of Citizen Engagement and Communications, Eastern and Coastal Primary Care Trust; Julia Ross, Director of Primary Care, and Bill Millar, Assistant Director of Primary Care West Kent Primary Care Trust were in attendance for this item. They were accompanied by Paul O'Brien and Michelle Ford, Dr R Hart, Maidstone Division of the British Medical Association, Dr Jenny Gill and David Barr, (Secretary) and Dr A Doyle, representatives of the Kent Local Medical Committee)

(1) Dr Robinson said that as a believer in the NHS which was free at the point of delivery, he was concerned at the prospect of private companies entering into health care. He added that there was widespread confusion over whether there was a difference between GP-led Health Centres and polyclinics. He asked whether there was any truth to the suggestion that GPs would lose their jobs as a result of the implementation of this initiative. He had recently attended an open meeting in Sittingbourne and discovered that there were several single-handed GP practices on the Isle of Sheppey, that no less than 6 GPs in the area were shortly due to retire, whilst 26% of the local population were not registered. The establishment of a GP-led Health Centre in the Swale District would be an excellent idea.

(2) Lynne Selman and Julia Ross said that the purpose of setting up GP-led Health Centres was to target under-doctored areas and provide equitable access to primary medical services. It would involve investment in bolt-on services. Surgeries would be open from 8 am to 8 pm seven days per week and would be able to treat unregistered patients. There would be one such Centre per PCT, requiring an additional 600 new GP posts in the UK (3 or 4 per PCT). As a result, there would be no redundancies resulting from this initiative.

(3) Ms Harrison welcomed the initiative, saying that the population of the Isle of Sheppey tended to double during the summer months as a result of tourism. There was a considerable number of single-GP practices on Sheppey which were open at times which did not necessarily suit all concerned.

(4) Lynne Selman said that the location of the Centre on the Isle of Sheppey was still being considered. A number of consultation meetings had been arranged with the aim of gathering the views of as many members of the public as possible. Members of the Committee were most welcome to attend. She noted Ms Harrison's view that all HOSC Members should automatically receive invitations.

(5) Dr Gill said that as a Swale GP she was well aware of the problems faced in the District. This initiative represented a new model of a general practice with additional services included. It was nevertheless very important to ensure the maintenance of continuity of care which was valued by older patients in particular. The question was whether the current holistic, generalist approach to primary care would be jeopardised by the new centres. The creation of 2 or 3 new GP posts in Swale would not address the problems of the District where there was a shortage of up to 20 GPs.

(6) Mr Millar said that the service in West Kent was being developed within the community by expanding the service offered to a significantly increasing population. They were looking to build on the current pattern of general practices locally and identifying the needs of continuity.

(7) Dr Hart said that the BMA had identified a threat to doctor – patient relationships. GPs got to know the families they treated very well and became responsible for their welfare. This was a priceless asset. There was also a threat arising out of privatisation. It was quite possible that private companies could run a chain of polyclinics and seek to make profits, thereby taking away money that should be spent on improving healthcare.

(8) Mr Barr, the Clerk of the Gravesend Medical Committee said that Gravesend had a walk-in centre, an A & E and a co-operative of GPs. The addition of another centre could result in confusion and problems of providing continuity of care. To this day, there was no electronic communication system to enable the transfer of records. In West Kent, 75% of medical practices already offered extended hours. One of the consequences of this was that when blood tests were taken at 8 pm, the samples were not collected until the next morning. Gravesend wanted to extend the model of general practice to provide long term continuity. This had not proved possible as the PCT had not been able to provide the necessary finance. Now it was funding an untested initiative. A further problem lay in the fact that the Government set the bidding rules. As a result, it was possible that private companies could be successful, putting long term care in jeopardy.

(9) Mr O'Brien from the West Kent Primary Care Trust said that local practices had been successful in the notional bidding process. In GP-led Health Centres, local Members would be part of the Evaluation Panels, whilst the focus of Scrutiny would be on quality rather than price. The PCT Board had approved a three year investment programme of improvements for 31 practices. This would be complemented by the extended hours brought in by the Centres. This was an opportunity to address the health needs of the community through additional investment. The major issue was accommodation. It was possible that temporary accommodation would need to be used to provide an interim solution.

(10) Mrs Tweed noted that funding of £790,000 was being made available per Health Centre. She asked whether there was a danger of a private company setting up a walk-in clinic and then withdrawing from the project. Were there sufficient GPs available to put the plan into practice and was it really possible for the new GP-led practices to come on line by March 2009?

(11) Mr O'Brien replied that a detailed analysis had been undertaken which had led the West Kent PCT to the conclusion that resources would reflect the cost. Companies who put in bids would be subjected to a vigorous validation process. It was never easy for the Health Service to match the requirements of the Service to the needs of the population. It involved identifying local needs and gaps in order to improve access and outcomes and reduce health inequalities. A key factor in this process was local integration. An example of this was outside hours local diagnostic testing. As a result of technological advances, it was now possible to make this available on site.

(12) Mr Chell said that funding for GPs was based on population density at a rate of 10 Doctors per 1000 patients. The danger of providing GP-led Health Centres was that if they resulted in the optimum rate being exceeded, the local community would become "over-doctored" thereby jeopardising local surgeries. Lynne Selman replied that the locations for the Centres were chosen in those areas where there was a demonstrable lack of GPs.

(13) RESOLVED that the report be noted.

26. Accessing Healthcare – establishment of Select Committee

(Item. 7)

RESOLVED to note the report and approve the establishment of an Accessing Healthcare Select Committee and the terms of reference.

27. "Fit for the Future" Workstreams – including decision on joint scrutiny of Urology plans with Medway HOSC
(Item. 8)

The Committee agreed Dr Robinson's suggestion that (on behalf of the Committee) he together with colleagues from Medway Council should be briefed on Stage 2 of the Commissioning process, to determine the site from which the core case-mix for specialist urology will be developed in West Kent.

Urology Services

1. At the meeting of the Health Overview and Scrutiny Committee on 13 June 2008 the Committee agreed that Dr Robinson should, together with representatives of Medway Council's Health Overview and Scrutiny Committee, meet with Health colleagues regarding the proposed reconfiguration of Urology Services across Kent and Medway and in particular the potential proposed site for Urology Services in West Kent. This meeting took place at the offices of Medway Council on the evening of Thursday 26 June 2008. The meeting was attended by Dr Fiona Craig, Interim Director of Commissioning, Medway Cancer Network, Lynne Whiteford, Executive Support, Medway Primary Care Trust, Councillors Brake, Murray and Sheila Kearney, Medway Council Health and Adult Social Care Overview and Scrutiny Committee, Rosie Gunstone, Overview and Scrutiny Co-ordinator, Medway Council, Dr Robinson, Kent County Council Health Overview and Scrutiny Committee and Paul Wickenden, Overview, Scrutiny and Localism Manager, Kent County Council.

2. The meeting were informed that the Urology Commissioning Review was part of the Kent and Medway Fit for the Future Specialised Services Review. The Urology Review had now reached Stage Two in its process. Stage One concluded at the end of December 2007, which primarily focussed on the number of Multi-Disciplinary Teams (MDTs) in Kent and Medway. The Evaluation Panel agreed there should be two MDTs, one in East Kent (at the Kent and Canterbury Hospital, Canterbury and not subject to this discussion) and one in West Kent. The external surgical members of the Panel went further to state that in West Kent there should be one surgical site for highly specialised urology. It is this element that had lead to the creation of Stage Two in the process.

3. Stage Two commenced in February 2008 to determine the site from which the core case mix for specialised urology would be delivered to West Kent. Two providers, representing three organisations, completed the site feasibility questionnaire; Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust (jointly as MDU) and Maidstone and Tunbridge Wells NHS Trust (MTW).

4. The responses have now been reviewed and clarification questions raised. Interviews have taken place with the two respective providers so that the Evaluation Panel could receive clarification on any outstanding queries.

5. It was explained that the guidance of Kent and Medway Health Overview and Scrutiny Committees was being sort as to whether they supported the current process and procedures so far undertaken as part of the review.

6. All through the process the views of expert patients had been sought. Members from both Kent and Medway HOSCs concluded that they were content that no further more formal consultation needed to be undertaken.

7. It was agreed that the Primary Care Trusts would now take the recommendations of the Evaluation Panel to the respective Primary Care Trust Boards for approval *(since the meeting the recommendation has been made that specialist urology services in West Kent should be sited at the Medway Maritime Hospital)*.

8. Members are asked to note that the patients who are affected by these proposals are in the region of 150 per year. Although the specialist urological procedures across West Kent will take place at the Medway Maritime Hospital patients' pre and post operative care will take place in their nearest district general hospital i.e. patients would be repatriated as soon as possible after their procedure.

28. Date of next programmed meeting – Friday 18 July 2008 at 10.00 am
(Item. 9)