MINUTES of a meeting of the NHS Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 24 October 2003.

PRESENT: Dr T R Robinson (Chairman), Mrs A Allen, Mr A R Chell, Mrs F Dick, Mr M Fittock, Mr R W Ford, Mr R Kenworthy, Mr G Rowe, Mr K Sansum, Mr J D Simmonds, Mr M Snelling and Mrs P Stockell (substitute for Mr R Tolputt).

IN ATTENDANCE: The Committee Manager (Overview and Scrutiny), Mr P D Wickenden; Mr M Ballard, Staff Officer to the Cabinet Member Social Care and Community Health; and Mr P W A Lake, Cabinet Member for Social Care and Community Health

UNRESTRICTED ITEMS

24. Minutes - 16 October 2003
(Item 2)

The Committee Manager Overview and Scrutiny Committee tabled the Minutes of the meeting of the NHS Overview and Scrutiny Committee held on Thursday, 16 October 2003. Subject to:-

(a) the correct spelling of Mrs Cook’s name; and
(b) in draft Minute 23(15) recording that Mr J D Simmonds was the Member supporting Option 1 the Minutes be approved as a correct record and be signed by the Chairman.

25. East Kent Hospitals Reconfiguration Plan - Public Consultation Document
(Item 3)

(1) The Committee received a presentation from Ms M Dinwoodie, Chief Executive, Ashford Primary Care Trust, Mr D Astley, Chief Executive of the East Kent Hospitals Trust; Mrs M Griffiths, Director of Strategic Development; Kent and Medway Strategic Health Authority and Dr Stewart, East Kent Hospitals Trust on the decision of the four Primary Care Trusts and the future involvement of the County Council’s NHS Overview and Scrutiny Committee in monitoring the implementation strategy.

(2) The Committee Manager tabled at the meeting the following:-

(a) the response of Concern of Health in East Kent;
(b) the final report of the University of Health Service Studies University of Canterbury; and
(c) a document entitled Involving the Public Patients in the Community in East Kent Hospital Reconfiguration Plan and the final summary of responses received to the consultation.

(3) The Committee were informed that at its meeting on 16 October 2003 reference
had been made to a mistake on page 6 of the consultation document relating to the
description of Option 2. Also tabled at the meeting was the supplementary report of
the follow-up analysis which had been undertaken once this mistake had come to
light. The Committee noted that this confirmed the support for the each of the three
Options was mediated by locality. Statistical analysis had also confirmed the findings
that none of the Options commanded clear support. One clear view was that Option
2 was not supported.

(4) Meetings of the four Primary Care Trust (PCT) Boards in East Kent had also
taken place since the meeting of the Overview and Scrutiny Committee on 16
October 2003. Three of the four had indicated their preference for Option 3 and
Canterbury and Coastal PCT Option 1.

(5) Ms Dinwoodie then informed the Committee of the process which had taken
place on 23 October 2003. At that meeting the four Primary Care Trusts for East
Kent had reached a unanimous decision on the way forward and their preferred
Option – Option 3.

(6) To reflect the issues raised by Canterbury and Coastal PCT around
orthopaedics and breast care the four PCTs had agreed that:-

(a) The four PCTs will commission research into future models of breast care
encompassing all aspects of diagnosis and treatment, taking into account
likely future national and international developments in terms of clinical
practice and technology. The expectation is that the research findings
should be available by September 2004. This will inform the future
direction for these services. Since this work is likely to be of wider benefit
we would seek the assistance of the Department of Health in carrying out
this research.

(b) Planned orthopaedic surgery will continue to be provided from the William
Harvey Hospital, Ashford and the Queen Elizabeth the Queen Mother
Hospital, Margate. There were concerns expressed regarding protection
of elective capacity and the achievement of waiting times standards under
this model. These will be addressed by agreement with the East Kent
Hospitals Trust of an effective clinical model which will ensure that elective
theatre, workforce, intensive care and inpatient bed capacity are available
when they should be. This will include work to improve the management
of emergency admissions to reduce disruption of elective services. There
was also support for all centralisation of inpatient neurology, clinical
haematology and dermatology services at the Kent and Canterbury
Hospital, Canterbury. The re-provision of services currently provided at
the Mary Sheridan Centre in an appropriate environment on the
Canterbury site was endorsed.

(7) The Committee were advised of the outcome of the recent consultation on
Renal Vascular and Interventional Radiology Services which had resulted in the
proposal for two sites to provide Renal and Vascular Services in the County - one at
the Kent and Canterbury Hospital, Canterbury and the other at the Medway Maritime
Hospital, Gillingham.

(8) Members of the Committee then asked a series of questions including the work
being undertaken to locate a cardiac centre in the County.

(9) Mr J D Simmonds indicated that having heard the further information presented by colleagues from the NHS together with the decision of the four Primary Care Trusts he would be unable to support the Committee’s preferred Option 3. However, he said he would continue to be constructive in his support for the Committee and colleagues in the NHS in the development of Option 3.

(10) The Chairman then invited all the remaining Members of the Committee to indicate whether or not they were in favour of Option 3 and to ask any further questions of colleagues from the NHS. The remaining nine Members indicated their support for Option 3.

(11) The Committee resolved that:-

(a) they were satisfied that within the limited timescales the consultation process was thorough and robust; and
(b) with the exception of Mr J P Simmonds all other voting Members of the Committee reaffirmed their support for the decision of the four Primary Care Trusts (PCTs) for Option 3.

(12) Following this resolution the Committee then received a presentation from Mrs M Griffiths on the steps which will be required to implement this Option. This included consideration of the full Business Case by the Strategic Health Authority Board at its meeting on Wednesday, 29 October 2003. Mrs Griffiths advised the Committee of the main sections/headers of this report.

(13) Mrs Griffiths said she would welcome the continued input of the Overview and Scrutiny Committee. She proposed to report back to the Committee to enable the Committee to monitor progress on a quarterly basis.

26. NHS Overview and Scrutiny Committee - Annual Report
( Item 4)

(1) Consideration was given to the Chairman’s Annual Report on the work and operation of the Committee during the past year. The Report would be considered by the County Council at its meeting on 6 November 2003.

(2) The Committee raised a number of issues around the development of Overview and Scrutiny of the NHS for Kent and Medway. The issues included acknowledgement of what had been achieved with the limited resources available to support the work of the Committee. The Committee noted this would not be sustainable for the future.

(3) The Committee also noted the void which would arise with the winding up of the Community Health Councils on 1 December 2003 Patients Forums were to be established. These Forums would be able to refer issues in accordance with statutory provisions to the Overview and Scrutiny Committees with responsibilities for scrutinising the NHS if there remained unresolved problems.

(4) The Committee noted the ongoing work of a Working Party established to revisit the protocols for the operation of Overview and Scrutiny of the NHS in Kent and
Medway to reflect changes arising from the regulations published in July.

(5) There would also be a need to revisit the structure of the County Council’s NHS Overview and Scrutiny Committee with colleagues from the 12 District/Borough Councils in Kent. It was hoped that Patient Forums representatives could be included in the way forward for the Committee.

(6) Development of a two-year work programme and delegation of the issues to Borough/District Councils and working through a variety of Joint Committee arrangements was going to be the key to success of the Scrutiny and Overview of the NHS in Kent and Medway.

(7) These issues were presenting challenges for both colleagues in the NHS and local government across the country.

(8) Several Members expressed the need to build into the programme Overview and Scrutiny and the need at all local levels to concentrate this on PCTs. This had to be where much of the activity of Overview and Scrutiny Committees should be directed since it was the PCTs who were the Commissioners of services.

(9) The Committee also noted that work was currently underway to organise a major health conference in June 2004 to raise local government and the Health Economy awareness to the role of the various components of the Health Service in Kent and Medway and how it all fits together.

(10) RESOLVED:–

that the Annual Report be noted and submitted to the County Council for consideration on 6 November 2003.