

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Friday 18th July, 2008.

PRESENT: Mr M J Fittock (Vice-Chairman in the Chair), Mrs C Angell, Mr B R Cope, Mr A D Crowther, Mr J Curwood, Mr D S Daley, Ms A Harrison, Mr C Hibberd (substitute for Lord Bruce Lockhart), Mrs S V Hohler, Mr G A Horne, MBE, Mr R A Marsh, Mr W V Newman (substitute for Mrs E D Rowbotham), Mr R J Parry, Dr T R Robinson, and Mrs E M Tweed.

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

IN ATTENDANCE: Mrs A Tidmarsh, Head of Adult Services (East Kent); Mrs D Fitch, Assistant Democratic Services Manager; Mr T Godfrey, Research Officer to the Health Overview and Scrutiny Committee; and Mr A Tait, Democratic Services Officer.

UNRESTRICTED ITEMS

28. Minutes

RESOLVED that subject to recording that Mr Northey was substituting for Mrs Hohler and that the figures quoted by Mr Chell in Minute 25 (12) being 1 Doctor per 1000 patients, the Minutes of the meeting held on 13 June 2008 are correctly recorded and that they be signed by the Chairman.

29. Monitoring of outcomes from conclusions and recommendations of previous Health and Overview Scrutiny Committee meetings

(Item 4 – Report by Overview, Scrutiny and Localism Manager)

(1) Mr G K Gibbens informed the Committee that Kent and Medway Networks (KMN) had been appointed as host organisation for the Kent Local Involvement Network (LINK).

(2) Dr T R Robison reported his attendance together with Mr Fittock at a meeting with colleagues from the West Kent PCT and the Maidstone and Tunbridge Wells NHS Trust. This meeting had considered the conclusions of the Independent Reconfiguration Panel, including a Consultant-led A and E Service at Maidstone Hospital and a Centre of Excellence for Acute Orthopaedics and a Trauma Centre at the Kent and Sussex Hospital. These recommendations had the approval of the Secretary of State and the HOSC's role would be to monitor the recommendations and actions to ensure that they were carried out in the set timescales.

(3) RESOLVED that the report be noted.

30. East Kent Older People's Mental Health Strategy

(Item 5)

(John Carey, Director of Capital Planning and Acting Director of Facilities, Andy Oldfield, Deputy Director of Public Health), Kent and Medway NHS and Social Care Partnership Trust; Linda Caldwell, Joint Development Manager, Eastern and Coastal Kent Primary Care Trust; and Anna Tidmarsh, Kent Adult Social Services were in attendance for this item)

(1) Mr Carey outlined the three Options for the redesign of Inpatient Services for Older people with mental health problems in the Eastern and Coastal Directorate of the Kent and Medway Partnership Trust. These would incur capital costs of between £8 and 13 million which would sit alongside the cost of the new unit on the St Martin's site in Canterbury (£20 to 25 million) and the redesigned Medway Hospital Inpatient Services (£12 to 15 million). He asked for comments from Members of the Panel.

(2) Dr Robinson welcomed the significant investment in community services. This had resulted in dramatic improvements to St Martin's Hospital. He believed that the service should be based on need rather than age and that this principal would be best served by Option 3 which involved locating 15 beds for Older Inpatients at St Martin's in addition to the new unit.

(3) Mr Marsh spoke in favour of an additional Option which would increase the overall number of beds to 121. This was because there could be an increase of up to 100 Older people in need of beds in the next 2 to 3 years as the population increased and aged. He did not agree that the capital costs should be capped at £13 million, and believed that the approach should be more ambitious and caring.

(4) Mrs Tweed gave an example of a family who had recently been unable to access help for an older person with mental health problems and schizophrenia who had suffered a crisis in the late evening. It needed to be evidenced that this would not happen as a result of the redesign. There was a need for additional carers and resources needed to be provided to support the families of those older people being cared for at home.

(5) RESOLVED that the report be noted.

31. Audiology

(Item 6 – Report by John Beadle, Former PPIF Member)

(Lynne Selman, Director of Citizen Engagement and Communications, Alison Davis, Assistant Director Delivery and Performance, and John Ransome, Eastern and Coastal Primary Care Trust; Bob Deans, Deputy Chief Executive, and Julia Ross, Director of Civic Engagement, West Kent Primary Care Trust were in attendance for this item).

(1) Mrs Angell noted that the total Audiology Waiting List for West Kent PCT now stood at 608 with no patients waiting longer than 6 weeks to be seen. The total figure for East Kent PCT was 1091. The target was that no one should wait longer than 18 weeks from referral to treatment. A breakdown of waiting times was needed to assess how long patients were waiting for a correct fitting. She also asked what information about the necessity of returning unneeded hearing aids was given to patients at the time of fitting.

(2) Mr Deans said that the West Kent PCT had spent an additional £0.5 million in 2007/08 in order to ensure that no one waited longer than six weeks to be seen and that they were able to choose their preferred provider. The PCT also undertook follow-up work after fitting took place.

(3) Mr Ransome said that in December 2007, patients had been waiting for as long as 85 to 93 weeks. By the end of March 2008 this had been reduced to the point where 1000 patients were waiting on an 18 week pathway for assessment and fitting. In Swale there were 4 GP practices, offering greater choice and reducing the wait from referral to assessment to 4 weeks. Patients were followed up by phone after fitting and again after 3 years. The PCT aimed to reduce the time between referral and fitting to 10 weeks.

(4) Mrs Hohler expressed concern over the incomplete nature of the data available and on the sustainability of the improvements made. She asked whether the figures included conversion from analogue to digital and whether the system was sufficiently robust for automatic recall.

(5) In response to Mrs Hohler, Mr Ransome said that routine recall was not yet taking place and that there were still a considerable number of analogue aids. On the other hand, additional audiologists had increased availability in the market place. East Kent PCT was very confident that the improvements were sustainable.

(6) Mr Deans said that in West Kent there was also no automatic recall. Although staff had been working hard, there was only anecdotal evidence to suggest that there had been high levels of overtime. There were only a small number of people waiting for an upgrade to their aids. He was confident that the right levels of resources were available.

(7) RESOLVED that the report be noted.

32. Dentistry

(Item 7)

(Lynne Selman, Director of Citizen Engagement and Communication, Jayne MacDonald, Head of Primary Care and Community Commissioning, Eastern and Coastal Kent Primary Care Trust; Bob Deans, Deputy Chief Executive, Bill Millar, Assistant Director of Primary Care and Julia Ross, Director of Civic Engagement, West Kent Primary Care Trust were in attendance for this item).

(1) The Chairman asked whether money for Dentistry was ring-fenced, whether there were any staff skill shortages and for statistical details to be made available to the Committee. Mr Millar replied that the resources for Dentistry were dedicated to that particular branch of medicine and that there was no intention to take any resources away from it.

(2) Mr Horne said that NHS patients did not believe that the planned improvements had been achieved. The number of complex treatments had fallen for a number of reasons. For example, remuneration for root canal work did not cover cost. Many Dentists were not carrying out any NHS work at all. He asked how the public would be informed when and where NHS service was provided, and what would happen when it became the responsibility of the PCT.

(3) Mr Millar said that the department of Health's new dental contract had been brought in with difficulty. Its purpose was to ensure that PCTs fulfilled their obligations. In East Kent, cost per unit had previously depended on historic arrangements. This was being replaced by an incentive scheme to ensure a level playing field. The public was kept informed of the PCT's work through publications and the media.

33. Diabetes Services

(Item 8)

(Pamela Akhurst, Head of Physical Disabilities, Eastern and Coastal Kent Primary Care Trust; Bryndon O'Connor, West Kent Primary Care Trust; and Valerie Gooding, Secretary, Diabetes UK Maidstone and District Office were in attendance for this item).

(1) Mr O'Connor and Ms Akhurst informed the Committee that the education service only applied to newly-diagnosed diabetics at this time. GP surgeries provided a screening programme for Under 40s. They were looking for coronary heart diseases and obesity rather than high blood sugar levels, which already affected a substantial percentage of the population.

(2) Mr O'Connor said that most care took the form of primary care or GP surgeries. About 5% needed specialist services with a further 15% needing a mixture of specialist and integrated primary care support.

(3) In response to a question from Mr Horne, Mr O'Connor confirmed that there would not be a diabetic centre at Pembury Hospital. This was not the best location from either a clinical or service delivery perspective.

(4) Mrs Gooding said that the concern of Diabetes UK was where this service would be provided in West Kent. Mr O'Connor replied that this was still under discussion. It would be located near a population centre and to other medical practices.

(5) Mr O'Connor said that there would be a need to adequately resource the ageing population. Work on smoking, lifestyle, blood pressure, preventative provision would tie in with this. Diabetes had also been targeted for health inequalities, both in terms of access to medical care and incidences of the illness.

(6) Mrs Angell suggested that there should be a report to a future meeting of the Committee on combining resources and strategies of all the relevant agencies throughout the County.

(7) Mrs Gooding stressed the need for education for everyone with diabetes. This needed to be achieved by expanding upon the work of the local self-help groups.

(8) RESOLVED that the report be noted.