

minutes



Meeting HEALTH SELECT COMMITTEE

Date Tuesday, 27th September 2005 (commencing at 10.30am)

membership

Persons absent are marked with 'A'

COUNCILLORS

J T A Napier (Chair)
A Mrs K Cutts (Vice-Chair)

A	John Allin	Alan Rhodes
	Kenneth Bullivant	Mrs Nellie Smedley
	Steve Carr	A Lynn Sykes
	Yvonne Davidson	Parry Tsimbiridis
	V H Dobson	A Kevan Wakefield

CO-OPTED MEMBERS

A Mandy Richardson
Barbara Venes
1 Vacancy

MINUTES

The Minutes of the last meeting of the Select Committee held on 11th July 2005 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillor Kenneth Bullivant
“ Mrs K Cutts

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

AGENDA ORDER

The Chair with the agreement of the Select Committee altered the order of the agenda.

HEALTHCARE COMMISSION – ANNUAL CHECK

Mark Morgan, Chief Executive and Simon Harris, Head of Governance from Rushcliffe Primary Care Trust spoke to the Select Committee about the Annual Healthcare check for NHS Trusts. It was explained that this had taken over from the star rating system in the Health Service and was considered to be a more comprehensive approach. A detailed submission had to be made and a copy of Rushcliffe Primary Care Trust's draft submission had been circulated with the agenda. Primary Care Trusts were expected to submit supporting comments from a range of stakeholders – patient forums, local authorities and scrutiny committees. Simon Harris stated that Internal Audit had interviewed managers in the Trust and validated the findings.

In response to a question, Mark Morgan explained that the Healthcare Commission wanted the annual check to be comprehensive which was why the views of stakeholders were included whereas this was not the case with the star rating system. He added that the Committee did not have to do anything until April and it was not expected to be a rubber stamp exercise.

In response to a question from Barbara Venes, Mark Morgan stated that Occupational Health screened all new staff when they started and there was routine inoculation for hepatitis B and TB.

Councillor Napier referred to Core Standard 1 and commented that if the Trust was compliant the number of incidents should decrease and he wondered how the public would know this was the case. Simon Harris commented that clinicians had found incident reporting difficult but that they were now more proactive in recording errors and mistakes. He saw the increase in the numbers of reported incidents as a positive. Councillor Napier commented that the number of incidents reported in the long term should fall and that there should not be repeats. Mark Morgan agreed that there was a need to ensure that there was transparent ways of avoiding incidents. A lot of these were caused by system problems which could be resolved. He added that the Health Service had actively encouraged reporting of near misses as these were important for learning lessons and making improvements. He referred to how this approach was followed in the airline industry.

Councillor Napier referred to Core Standard 2 in relation to protecting children and asked whether there were any difficulties in obtaining information. Mark Morgan explained that there was an information sharing protocol with all the agencies to ensure that the safety of the child was paramount.

In response to a question from Councillor Napier, Simon Harris explained that in Core Standard 3 it was compliant with Clinical Negligence Scheme for Trusts which was an external assessment. With regard to Core Standard 4(B) in relation to risks associated with the acquisition of medical devices, he pointed out that one could not eliminate risk completely.

Councillor Rhodes referred to Core Standard 14 and asked what alternative formats information was available in. It was stated that this was available in languages other than English and that a more detailed response would be given. Councillor Rhodes

referred to Core Standard 16 and commented that it was sad that “your guide to your local health services” was not available in alternative formats and felt that more might need to be done on this.

Councillor Napier referred to Core Standard 18. He added that GPs turning people away was an issue where patients were asked to leave one surgery and go to another. Mr Morgan explained that there was a countywide system for patient allocation and that the Select Committee could be provided with information about this. This was hosted by Rushcliffe PCT and patients were compulsory allocated if necessary. He added that there was a new White Paper “Choosing Health making healthy choices easier” and consultation was beginning on this and it was likely that the Government planned to change the current arrangements. He added that in Rushcliffe there was less than a handful of compulsory allocations although this was higher elsewhere in the County. Barbara Venes asked what happened when a patient had challenging behaviour and the doctor removed them from their list. Mark Morgan explained that there were 2 processes – one of which was by the allocation system already described. He added that GPs received additional allowances for people with additional needs. He explained that if a patient was violent they could be removed from the list and there was a special way of providing for these patients which is called an enhanced service. They still had access to GP and local health services but it was run by a GP practice for all Nottingham Primary Care Trusts.

Consideration was given to how the Select Committee should respond to the annual health checks produced by the NHS Trusts. It was felt to be beneficial if the assistance of District Councils was sought in considering these documents with a view to the Select Committee considering the responses in due course. This would enable the Select Committee to draw out common themes and give Districts the opportunity to comment on healthcare in their area prior to any restructuring.

It was agreed that the assistance of the relevant District Councils be sought and that they be requested to let the Select Committee have their comments/observations on the draft submissions of the Trusts in their area by the end of December 2005. These responses would then be brought together and considered by the Select Committee at its February meeting to enable Trusts to include them in their final submission.

WORK PROGRAMME

Consideration was given to the proposed work programme for 2005/06. Councillor Carr referred to the current policy on only implementing road scheme improvements after casualties had occurred. He thought there was a need to review this policy.

It was agreed:-

- (1) That the work programme of the Select Committee be agreed.
- (2) That a study group be established on MRSA to look at the report and responses and in particular the one from Newark & Sherwood Hospital Trust. Subject to the approval of the relevant Whips this study group would comprise Councillors J Allin, V H Dobson and J T A Napier.

- (3) That a study group be established to look at the restructuring of the Primary Care Trusts. Subject to the approval of the relevant Whips this would comprise Councillors P Tsimbiridis, V H Dobson, J Allin and Barbara Venes.
- (4) That the Director of Environment be asked to report to a future meeting on the policy of implementing road schemes as a result of road safety issues which have been highlighted.

PAYMENT BY RESULTS

Councillor Napier commented that one of the concerns should be the impact of payment by results on the quality of provision. Councillor Carr felt there was very little time for hospitals to adjust to the new system. He pointed out that inevitably there would be difference in costs as for example the buildings were not the same.

Barbara Venes commented that independent hospitals only took relatively fit patients whereas other hospitals had to deal with more complicated cases. She pointed out that not everything went to plan in operations and there was a question of what happened to patients who took more time when there was a rush to get throughput. Councillor Yvonne Davidson asked for more information about the study by the Kings Fund about an increase in mortality rates when a similar system was introduced in the United States. This would be reported to a future meeting.

It was noted that the Joint Health Scrutiny Committee would be considering this. Members expressed concerns about the possible effect of payment by results on the quality of patient provision and wanted the Joint Health Scrutiny Committee to include this in their deliberations.

MRSA STUDY GROUP – FINAL REPORT – RESPONSES UP TO 27TH SEPTEMBER

Councillor Napier commented that there had been some excellent responses from the Acute Trusts but added that he was not happy with the response from Social Services. He felt there was a need for a further report on what action was actually being taken.

It was agreed that a further report be requested from the Cabinet Member on what action was actually being taken by Social Services to address the issue.

CONSULTATION PROJECT – BURNS INJURY

It was agreed that the Select Committee should not be involved in the consultation process at the present time but that they should keep a watching brief.

QMC/CITY HOSPITALS MERGER

The report on the proposals to merge were noted.

PRIMARY CARE TRUST RESTRUCTURING

Councillor Napier reported that the Trent Strategic Health Authority at its meeting on 20th September 2005 had agreed to put two proposals out for consultation in regard to Primary Care Trust restructuring. The first involved two Primary Care Trusts, one for the County and one for the City. The other option was for one Primary Care Trust for the whole of the City and County. Councillor Napier commented that the Strategic Health Authority was being reconfigured after the Primary Care Trust restructuring which seemed bizarre. He did not think that the one size fitted all was appropriate. He pointed out that the rationale of Primary Care Trusts was to have a local approach. He expressed concern about the situation in Bassetlaw which commissioned a lot of work from South Yorkshire. Councillor Rhodes agreed that this would be a big issue in Bassetlaw which did not relate to Nottingham. He thought there was a real danger of services in Bassetlaw being reduced and lost. He suggested that a letter be written to the local MP to get his views. Councillor Allin felt there was a need for at least 3 Primary Care Trusts in the County. Barbara Venes referred to the Health Care Trust which covered the whole County and referred to the logistics of travelling. She could not see how one Primary Care Trust would be able to cope with the size of the County.

It was agreed that a letter be sent to local MPs about this issue.

The meeting closed at 11.50 am.

CHAIR

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