

minutes



Meeting HEALTH SELECT COMMITTEE

Date Tuesday, 21st March 2006 (commencing at 10.30am)

membership

Persons absent are marked with 'A'

COUNCILLORS

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

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

CO-OPTED MEMBERS

Barbara Venes
2 Vacancies

MINUTES

The Minutes of the last meeting of the Select Committee held on 7th February 2006 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillor V H Dobson

- " Mrs Nellie Smedley (on other County Council business)
- " Parry Tsimbiridis

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.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE)

Dr Mary Corcoran, Director of Public Health, Gedling Primary Care Trust spoke to the Select Committee. She explained that the responses to the questions from the different Primary Care Trusts may be because they had interpreted the questions differently. She explained that the Department of Health set national policy but that protocols and policies in individual hospitals and primary care trusts were agreed locally. An example of this was handwashing policy. She explained the process for obtaining a licence for a particular drug. She stated that for a drug to be marketed it did not have to be better than an existing drug but it had to be effective, safe and consistent in its manufacture. She indicated that once a drug had been shown to be safe and effective it could be licensed for a particular condition which would be set out in the drug company's application. Some drugs are then also found to be helpful for other conditions, but they may or may not be licensed for these indications. She added that if a drug was unlicensed the drug company was not liable but a patient could sue the doctor or the Primary Care Trust. When some specialist drugs were licensed NICE would make an assessment as to whether the drug was good value for its cost and clinically effective. She explained that in the 4 Primary Care Trusts in the south of the county there was a traffic light system with the prescribing of drugs using red, green and amber. Red was where only hospital consultants could prescribe, amber was split where a hospital consultant would recommend start of the treatment which the GP would continue. Green could be issued by any prescriber. There was an area prescribing committee – one in the north of the county and one in the south and met each month. This updated the traffic light system and reviewed advice from NICE.

In response to a question from Councillor Bullivant, Dr Corcoran stated that NICE had a set way of assessing the health economics of drugs using quality adjusted life years (QALYs). She pointed out that drug companies can set prices at a level agreed with the Department of Health and that they were keen to recoup their development costs. She agreed there was a tension between the Government and the pharmaceutical companies to maintain a robust pharmaceutical industry in this country and what the NHS can afford.

In response to a question from Barbara Venes, Dr Corcoran stated that all GPs were encouraged to report comments about side effects from drugs. She added that the four primary care trusts in Greater Nottingham spent £80m on prescribing in primary care and cost effectiveness was encouraged and an evidence based prescribing list was produced and GPs were visited in a supportive way to deal with changes.

In response to a question from Councillor Mrs Cutts, Dr Corcoran stated that the Health Service was structured differently in Wales and Scotland. She pointed out that there were different allocation of funds between Primary Care Trusts in England and that the current allocation was based on historical spend not need. She explained that NICE was set up to ensure that evidence was carefully reviewed. She added that there was a system for orphan drugs but the problem was licencing. She added that for some drugs it was not worth the company getting a licence as there was likely to be very little profit and/ or the market was small.

In response to a question from Councillor Alan Rhodes, Dr Corcoran stated that some drugs took longer to be approved as there were needs to follow up people for a number of years and check mortality rates. She added that, for example, an antibiotic for pneumonia could be done quicker but, for example, high blood pressure may need a longer period. She added that it could be 10 years before costs were recouped. She added that companies were keen to extend patents for that reason.

Councillor Steve Carr commented that there was a lot of marketing of drugs being carried out by drugs companies. In response to a question from Councillor Mrs Cutts, Dr Corcoran stated that if a drug was unlicensed, a consultant would have to get approval from the chair of the drug and therapeutic committee. She added that if it was used on a named patient basis it would suggest that not enough people had used it for potential side effects to be assessed. They would encourage people in such situations to be part of a clinical trial so that evidence can be collated. She pointed out that when there were round table discussions there was a high skill level to assess trials and that people were able to bring out the good and bad points.

Councillor Saddington asked why statins were not given at an early stage to prevent heart disease and asked whether there were any side effects. Dr Corcoran stated that there were side effects although these were usually mild. She explained that charts were produced so that the risks could be calculated which would enable GPs to assess whether statins should be prescribed. She stated that they were not stopping people prescribing statins.

Councillor Napier expressed concern at the variety of approaches to NICE locally. Dr Corcoran explained that if NICE produced guidelines this was looked at across the four PCTs in the south of the county and used to update local guidelines. She added that nothing would make GPs respond in the same way as they were all individual decisions.

HEALTHCARE COMMISSION – ANNUAL HEALTH CHECKS

Councillor Napier felt that all the papers presented to the Select Committee for today's meeting should form the background to the comments submitted to the Healthcare Commission.

Councillor Mrs Cutts expressed concern at the comments coming back. She was particularly disappointed that district councils had not been involved to the extent which had been expected. She thought they should be encouraged to be involved in the future.

Councillor Napier thanked the Chief Executive for Ashfield and Mansfield PCT for her response but noted there were no facts or figures concerning core standard C7.d "that healthcare organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources".

In respect of Bassetlaw PCT, Councillor Napier thanked them for their response, noting their open response concerning numbers of staff and management costs.

With regard to Broxtowe and Hucknall PCT, Councillor Napier thanked them for their response and noted their comment that they were not required to declare the level of compliance with core standard C7.d as this would be measured by the Department of Health and Trent Strategic Health Authority. He thanked them for their open response concerning staff and management costs.

Turning to Gedling PCT, Councillor Napier thanked them for their response and noted their comments in paragraph 2 of their response.

Councillor Napier thanked Newark and Sherwood PCT and their Chief Executive and suggested that their paragraph in bold print be included as part of the Health Committee's final comments.

Turning to Rushcliffe PCT, Councillor Napier thanked them for their comments.

Councillor Napier thanked Sherwood Hospitals NHS Trust for their comments. He acknowledged their concerns over his comments concerning non-compliance and insufficient assurance. He noted that they were compliant in 32 out of 48 core standards.

With regard to Doncaster and Bassetlaw Hospitals NHS Foundation Trust he noted that they were compliant in all areas. He expressed concern that once again an NHS organisation had provided no evidence concerning their compliance with core standard C7.d.

Councillor Napier noted that there had been no response from the Strategic Health Authority to the request for information. He commented that at a time of substantial change in the NHS with specific reference to the Strategic Health Authority and Primary Care Trusts, it was encouraging to note that the health checks indicated from a clinical perspective all Primary Care Trusts complied with the relevant core standards. There were concerns however about degrees of public involvement especially concerning elected members at local level. The evidence suggested that such involvement was patchy. The reasons why this was the case were not as important as identifying that the relationship between NHS bodies and publicly elected members was not as robust as it could be across Nottinghamshire. This issue needed to be addressed and was in fact being so. He commented that there were varying degrees of presenting "the facts" as illustrated by the health checks applied by the relevant PCTs and Acute Trusts. In particular there was a distinct lack of concrete information concerning core standard C7.d. In a time of substantial reconfiguration it was essential that elected representatives should have the necessary details concerning at least the financial situation of the PCTs and the Strategic Health Authority that provide the medical services to the people that we represented. To date Councillor Napier stated we had no idea in financial and resources terms what our people will gain or lose as a result of the proposed new reconfigurations. Would the current budget be maintained or would they be "top sliced" to "balance the books" elsewhere. If there is a "local health service" and if there is to be transparency then it needs to be a real transparency, warts and all otherwise it is our view that we will always be in an area of uncertainty. As elected members we support our local health service and see it grow with confidence in its management of services. Health checks were one step in the right direction but

reluctance to be open about financial resources and difficulties needed to be addressed.

Barbara Venes commented that many Primary Care Trusts were in deficit but that there was no information how they would change it round. She commented that the East Midlands had always been poorly funded for health services.

Councillor Mrs Cutts supported the comments from Councillor Napier on the health care checks. She was disappointed that we had not been more probing. She thought that the local MPs needed to get together to press for better funding for the East Midlands. Councillor Napier agreed that the Select Committee should look at the funding of health services in the area.

It was agreed

- (1) that the comments made during the meeting together with the reports circulated with the agenda be sent as the Select Committee's submission to the Trusts and Strategic Health Authority on the Healthcare Commission annual health checks.
- (2) that the Select Committee consider at a future meeting the funding for health services in Nottinghamshire compared with other areas.

FOOD IN HOSPITALS

Councillor Napier stated that there was a need to find out if there was a problem with food in hospitals. He suggested that the public be asked through the media.

Councillor Sue Saddington commented that people's expectations were different. She thought that people's view might depend on how ill they were in hospital. There were also issues around the quality of food and choice. In addition she pointed out that some patients needed help to eat the food. Councillor Alan Rhodes agreed that it was a matter of personal taste. He commented that choice of menus for Bassetlaw Hospital looked good. Councillor Steve Carr felt that the quality of food in hospitals was not the issue but the problem was there was not enough resources to help people eat. Barbara Venes commented on a visit by the Health Care Trust's Patient Forum to wards at Queens which had found that the food was bland. The units had a service level agreement with the main hospital. She added that the Forum had also looked at the food at Highbury and Lings Bar hospitals and commented that people appeared happy with the food there. She added that nobody was in control to check why food was not eaten. Councillor Sue Saddington commented that the question was if a patient could not eat who would help them as the nurses did not have time.

It was agreed that a study be carried out into food in hospitals in Nottinghamshire including care homes managed by the County Council and Highbury and Lings Bar Hospitals. The study would be led by a consultation exercise to identify concerns and experiences that the public have in relation to foods in hospitals. The study would cover who helps with those who have feeding difficulties and the quality of the food.

MRSA STUDY GROUP – INTERIM REPORT

The interim report was noted.

WORK PROGRAMME

It was agreed that the provision of NHS dentists should be looked at by the Select Committee.

Councillor Mrs Cutts commented that as part of the report on nursing outstations, there was a need to look at how heart disease and asthma were going to be treated at home as the Health Secretary had recently announced.

The meeting closed at 11.50 am.

CHAIR

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