



Buckinghamshire County Council

Minutes Overview & Scrutiny Committee for Health

AGENDA ITEM:

MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE FOR HEALTH HELD ON FRIDAY 27 SEPTEMBER 2002, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00AM AND CONCLUDING AT 12.25PM

MEMBERS PRESENT

Buckinghamshire County Council

Mr M C Appleyard (Chairman)
Mr M Colston, Mr C Jones, Mrs P Wilkinson and Mr H Wilson

District Councils

Mrs G Smith	Aylesbury Vale District Council
Mrs L Clarke	Wycombe District Council
Mrs J Kverndale	South Bucks District Council

Others in attendance

Mrs J Woolveridge	South Bucks District Council
Mrs E Young	Vale of Aylesbury Community Health Council

Officers

Mrs C Capjon
Mr R Edwards
Ms J Hall
Mrs M Yates

APOLOGIES FOR ABSENCE

Apologies for absence were received from Mrs P Bacon, Mrs M Hamilton and

Mrs J Hunt

DECLARATIONS OF INTEREST

There were none reported

1 MINUTES

The minutes of the meeting of the Overview and Scrutiny Committee for Health held on Friday 26 July 2002, copies of which had been previously circulated, were confirmed subject to the following addition:

- Item 2, page 4, paragraph1, include 'District Councils' to the end of the last sentence.

2 VALE OF AYLESBURY PRIMARY CARE TRUST

The Chairman welcomed and introduced Avril Davies, Chairman of the Vale of Aylesbury Primary Care Trust (PCT).

Mrs Davies outlined the role of the PCT both locally and nationally within the new health structure of the Thames Valley Strategic Health Authority that replaced the Bucks Health Authority on 1 April 2002. It was noted that all three PCTs within Buckinghamshire worked closely together taking lead roles in specific areas.

Mrs Davies explained that the Vale of Aylesbury was a mid-range PCT with a population of 196,000 people, managing a total budget of £150.5m, spending £92m on commissioning, £19m on providing services, £19.5m on drugs, £17m on GP's and £3m for miscellaneous. Large amounts of the budget were spent on primary care.

She explained that as Chairman of a PCT it was important to balance local needs against National 'must do's, and the overlaps in area services with neighbouring Authorities.

The structure of the PCT was explained, in particular the following were highlighted:

1. the PCT is a mix of directly provided services, independently provided services via 26 GP practices, and services commissioned and paid for by hospitals.
2. The PCT directly provides many services such as District Nursing, Health Visiting, Physiotherapy, Podiatry, Head Injuries and Stroke Rehabilitation.
3. The PCT also runs 2 community hospitals in Buckingham and Thame.
4. Risk Management and Clinical Governance
5. Guidance on a new complaints system to merge current working practices were expected out shortly from central Government.
6. Performance Management, Controls Assurance and Estate Management were becoming hot issues particularly with developments within Aylesbury.

7. Funding was available for Research and Development (R & D). An R&D project into heart disease in under 16's had been developed.

Members noted the success achieved in addressing waiting list pressures through the setting up of the Waiting List Bureau, a team of three dedicated staff who regularly liaised with GPs to monitor Changes in patients conditions. In response to a comment regarding access to information, it was noted that the Bureau had complete access to waiting lists and to GPs who in turn valued the service highly.

The Local Modernisation Review, Public Involvement Plan and the Clinical Investment Plan all formed part of the business plan together with the Health Improvement and Modernisation Plan (HIMP) which included work with partners. It was noted that through working with the Community Health Council (CHC) a Shadow Patients Forum had been established.

Mrs Davies explained that there were two important factors that would change the way services at local level were delivered

Doctors were being consulted on a new contract. It was noted how this could change the way some services were delivered in the future, for example, out of hours.

A Member was concerned that simple procedures were no longer available at some GPs Surgeries and therefore impacted on Accident and Emergency Departments. In reply it was noted that through training programmes many nurses were expanding their skills and specialists were shared across whole teams.

In response to comments on Accident and Emergency Units, Mrs Davies explained the need to establish minor injuries units and other alternative means of alleviating pressures and waiting times. Members discussed the use of Community Hospitals taking on this role. In reply it was noted that in the PCT area there were currently two Community Hospitals in Buckingham and Thame. The PCT was exploring a strategy for Community Hospitals to identify how and what services they could provide. Members discussed the current issues around intermediate care and how Health and Social Services were addressing the situation. In reply it was noted that both service providers were currently looking at pooled budgets through the Commissioning agreements. With regard to fines being levied on Social Services for delays in discharge it was agreed that some mechanism to avoid fines was needed. It was suggested that pooled budgets may be one option. At present the PCT is providing intermediate care in 2 community hospitals with an additional 56 patients receiving this care at home every day.

In response to comments on Dentistry and the lack of NHS dentists, it was acknowledged that there were fewer dental practices offering an NHS service. The representative from the AVCHC reported that the CHC had been looking at a range of dental issues and statistics were available to show that through Dental Education there had been a marked reduction in childhood dental problems.

The committee discussed Government targets, in particular, access to GPs and nurses and the initiatives the PCT had put in place to achieve them. In reply it was noted that 14 practises were working on the Advance Access Initiative that looked at appointment systems and aimed at patients being able to fix appointments with their choice of Doctor and Nurses within 24 and 48 hours respectively. The target had already been achieved but did not show in last years report as the project was not complete. It was further noted that the quality of appointments had not been affected. Mrs Davies went on to explain that staff resources had also been addressed and through 'skills mix', for example, receptionists were being trained to take blood tests and Practice Nurses to look at minor illnesses.

Discussing budgetary issues and commissioning, it was noted that PCTs were directly funded from Government with most (75%) of the money for primary and secondary care spent on Aylesbury Vale people. As a result the PCT was responsible for the performance of everyone who provides that care. To do it is important to build respect and credibility with Clinicians and Managers of all healthcare providers, and develop a culture of openness.

In response to a comment regarding the PCTs and Hospital Trusts it was noted that these were very different organisations. The Vale of Aylesbury PCT represented and covered the same area as Aylesbury Vale District Council and was primarily concerned with providing primary care and purchasing secondary care. The hospital Trusts provide the secondary care commissioned by the PCT. It was also noted that to address difficulties with overlaps with other Authorities, Thame and South Oxford had set up a forum to raise and discuss issues.

Members further discussed Mental Health, and accessing skilled practitioners through their GP. In reply it was noted that although each PCT had its own commissioning teams, the Vale of Aylesbury led on Mental Health. A Corporate Group had been set up, led by a Doctor, that worked to ensure that both patient and Doctor received the help they need.

In response to comments on service mapping it was noted that the HIMP was a public document identifying services. GP services were currently being looked at to assess if access was equitable.

The Chairman and Committee thanked Mrs Davies for the very interesting and informative discussion.

A copy of the presentation is attached at appendix 1.

3 **FUTURE WORK PROGRAMME**

Members discussed future work topics and identified a number of areas, in particular the following subjects were raised:

- Equity of service – it was agreed that members should identify and talk to health professionals who have direct contact with clients to assess need and access.

- Arrange visits to the three PCTs to talk with the Commissioning teams, Clinical Services and Public Health.
- Identify how PCTs, Trusts and other agencies link together to improve the health of Buckinghamshire through Parenting, Drugs, Smoking and Diet etc. It was noted that the Overview and Scrutiny for Personal Care were currently looking at Drugs.
- Variance in causes of death in Buckinghamshire benchmarked against the United Kingdom, Europe and the 'Best'.
- Check on the progress of initiatives linked to Health:
 - Commission for Patient and Public Involvement in Health (CPPIH)
 - Patients Forums
 - Independent Complaints and Advisory Service (ICAS) – new service to support NHS complainants from April 2003
 - Bucks Healthier Schools
 - Message in a Bottle
 - Parents as First Teachers

and establish how partnership is actually working in terms of:

- Do partner agencies have one set of objectives in each area of health
- Have they set measurable outcomes
- Do they meet to discuss progress
- Do they have action plans which include actions from all partners
- Does each partner understand their part and are they actively taking action.

It was noted that as well as looking at service delivery as part of the regular programme, it was important to look at what the PCTs were doing in relation to the HIMP as well as receiving regular budget reports.

It was noted that at the next meeting of the Committee Rob Sheriff from the Thames Valley Strategic Health Authority was attending to discuss Health inequalities.

In conclusion it was agreed that members would arrange meetings with key senior people at the PCTs and talk to key health workers who directly work with the public to gain an overview of both service providers and, users views.

DATE OF NEXT MEETING

It was agreed that a meeting of the Committee would take place on 20 December 2002 at 9.30am in Mezzanine Room 1.

Members were also reminded of a half day seminar on Overview and Scrutiny 4 December 2002 to be held at Green Park, Aston Clinton.

CHAIRMAN

