



South Bucks
District Council



Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 7 DECEMBER 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.30 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)
Mrs P Wilkinson MBE, Mrs P Bacon, Mr H Cadd and Mrs A Davies

District Councils

Mrs W Mallen	Wycombe District Council
Mrs M Royston	South Bucks District Council
Mrs L Rowlands	Aylesbury Vale District Council

Officers

Mrs C Gray, Senior Democratic Services Officer
Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Ms K Chaudry, Assessor, South West Region, Healthcare Commission
Ms K Dew, South West Region, Healthcare Commission
Mr R Mills, Director of System Reform, Buckinghamshire PCT

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence were received from Mrs M Aston, Mr R Woollard and Sir J Horsburgh-Porter (Chiltern District Council).

The Committee welcomed Lindsay Rowlands, the new District Council Member from Aylesbury Vale.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The Minutes of the Meeting held on 2 November 2007 were agreed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions.

5 BUCKINGHAMSHIRE PRIMARY CARE TRUST

Richard Mills, Director of System Reform gave a presentation on the PCT's strategic objectives for the next 3 to 5 years. The strategic objectives focus on addressing the health needs of the local population by improving average life expectancy, reducing health inequalities, enhancing quality and safety of patient services and enabling local people to have a greater voice in shaping local health services and managing their own healthcare.

Following the presentation the following points were made during discussion:-

- Whilst the situation had improved, the PCT were still forecasting a deficit of £10m overspend in 07/08. There had been some underlying problems in Buckinghamshire for a while which were not easy to resolve quickly. When the PCTs merged there was not enough financial control, which had led to increased expenditure. Now there were clear financial processes in place and cost savings had been made through reducing management posts and rationalising office accommodation. The PCT were also looking at how to use resources more effectively with no effect on services e.g different prescribing methods, using staff more effectively by reducing their travelling time, raising income through providing beds for social care. Improved work streams would result in better care and a reduction in expenditure. With a budget of £550 million, the current deficit represents approximately 2% of the budget.
- The five areas that would contribute to achieving financial balance were:-

Acute Care

In Buckinghamshire by March 2008 it was planned that patients would not have to wait more than 18 weeks from a GP referral to the end of their treatment. An experiment was also taking place with a GP in A&E to treat people who did not need to be admitted to hospital. The GP would be used to assist junior doctors with their local knowledge of services and where the patient should be referred or which care package should be put in place, rather than admit them unnecessarily to hospital.

Contracting

The out of hours services would be re-tendered in October 2008. This was a good opportunity to make improvements, particularly making sure community services were being utilised more effectively e.g Buckingham Community Hospital. The PCT were looking at the quality of the service; the primary aim was to stop people being admitted to hospital unnecessarily.

Prescribing

Generic drugs were being used as opposed to branded drugs, which were more expensive. Blood pressure checks were being undertaken more frequently and medicine prescribed to reduce the number of hospital admissions due to heart attacks.

Provider Services

Currently care was provided in hospital and through primary care; there were not many services in the middle. Community Hospitals were previously used as a rehabilitation centre but these now would be used as an assessment centre to get patients back to their own homes, and also for diagnostic and outpatient work. Many of the Community Hospitals had GP practices next door to them and this link would be strengthened so that the GPs would be involved in the running of the Hospital, making decisions and using its resources.

Non acute services

Long term conditions would be managed through a primary care setting rather than a hospital setting eg diabetes, obesity.

- The Chesham Healthzone is currently in the planning stage and was being entirely funded by the NHS, with only the building being developed by a private company. It was emphasized that the funding was not PFI based. This was the normal way GP premises were built as small businesses. The GP would own his premises or contract with a company. There was not much advantage in the NHS owning their own assets in relation to GP surgeries. Work was being undertaken to link community hospitals with GP practices. A major primary care centre was being opened in Berryfields and the PCT was working with local GPs in Wycombe to improve provision, particularly not re-providing single-handed services. Primary Care hubs were described as a key concept for linking together local services and an initiative that the PCT wish to advance, for example primary care links with children's centres are being considered. The PCT had no control over moving GP practices and if for example a GP surgery was on top of a hill which was difficult to access, the PCT and Members would need to lobby the practice to move. Any new premises had to meet planning requirements, ideally having purpose built premises.
- With regard to provision of services in rural areas, Richard Mills reported that he was chairing the Access to Health Strategic Partnership Group, which was run jointly with the Council and the PCT to improve services.
- Some surgeries were operating poor appointment systems and guidance was being tightened up to allow patients to pre book appointments when required. The PCT welcomed information from residents if this was occurring with their surgery.
- There would be a one-stop assessment clinic at the hospitals in Wycombe and Aylesbury. The clinic would be introduced first at Wycombe. An example was given of prostrate problems to how this clinic would operate. A nurse would undertake all the tests and assessments, which were straightforward. Then he/she would make a recommendation to the doctor who would place the patient on a surgical list. Therefore, the first time the patient would see a doctor at the hospital would be the day of the operation. This approach is designed to dramatically simplify the patient pathway.
- Larger GP practices would have extended opening hours to ensure better access to healthcare e.g commuters who were unable to take time off work. Initiatives were also being looked at such as dual registration, so that people could sign up with a GP near their work place although current evidence has not demonstrated that this is entirely successful.
- A question was asked about continuing care and care for the elderly in their own homes. An update would be given outside of the meeting on the Continuing Care Working Group.

Action – Angela Macpherson

Richard Mills was thanked for his informative presentation and Members welcomed the plans for the future and looked forward to seeing them being delivered over a relatively short period of time.

6 HEALTHCARE COMMISSION - ANNUAL HEALTH CHECK

Kouser Chaudry and Kate Dew gave a presentation on behalf of the Healthcare Commission, an independent watchdog for healthcare in England. The Annual Health Check is one of the most important of the Commission's activities and is aimed at driving improvements in healthcare for the public. The Commission measures the performance of each NHS Trust in England by assessing the quality of care and the management of resources. This Committee and Patient and Public Involvement Forums are invited to contribute to the Annual Health Check from evidence gathered during the previous year relating to the designated 24 core standards and 13 developmental standards.

Following the presentation the following points were made:-

- A data analyst looked at the information supplied by organisations and linked this to the core and developmental standards – either in a positive or negative way. The information was assessed by the strength of relationship to the standard e.g information relating to the PCT scored 1 High, 7 Medium and 3 Low.
- One high rating was linked to a comment made regarding 3 visits looking at the quality of hospital food. This was a good comment because 3 visits were made and provided robust evidence regarding the standard of food. A high quality comment was representative of the whole County, gave good detail, good evidence and related to the standards set by the Commission.
- The Commission would provide information about where Buckinghamshire was positioned in relation to other Committees.

Action: Kouser Chaudry

- A Member commented that this information soon became out of date. In response to this Kate Dew informed Members that these commentaries helped improve healthcare. Government had laid down the core standards and it often took along time to affect change.
- Members noted the suggested areas for comment for 2007/8.
- No details had yet emerged about how the Commission would merge with CSCI but the formation of the new watchdog that combined the Healthcare Commission, CSCI and the Mental Health Act Commission would be formed in 2009. The Annual Healthcheck would then invariably change.
- It was agreed that the Chairman would meet with representatives of the Commission to look at how improvements could be made to the Annual Health Check.

Action: Kouser Chaudry / Mike Appleyard

Kouser Chaudry and Kate Dew were thanked for their presentation.

7 PATIENT AND PUBLIC INVOLVEMENT FORUMS

There would be a report at a future meeting.

8 COMMITTEE UPDATE

The Chairman updated the Committee on the recent Meeting of the Overview and Scrutiny network for the South Central Strategic Health Authority Region. He informed Members that the network had grown in importance and that the Strategic Health Authority were keen to get involved with the network.

A written update on the meeting of the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust Board was presented by Pam Bacon and would be circulated to Members.

Action: Angela Macpherson

The following areas were raised by Aylesbury Vale to be discussed at the next meeting:-

- Older People's Chiropody Services/foot care in the home (it was thought that this was being looked at by Age Concern)

Action: The Vice-Chairman would check this at her next meeting with them)

- Missed appointments/transport issues - the Chairman referred to missed appointments and commented that generally there were real concerns about communication between GPs and patients. This was something that the Committee wanted to address in the future.
- Elderly patients and care in hospitals eg diet (this had been looked at previously when visits had been made to hospitals to sample their food)
- Dementia care provision, particularly early dementia (this was being looked at by the Continuing Care Working Group)
- Young mothers support (this was undertaken by PACT)

- Under use of Buckingham Hospital
- Air quality versus traffic generation and growth

It was noted that the PPIF was visiting the Primary Care Trust on 17 December 2007 and they would provide feedback on their visit to the Committee. The Policy Officer would liaise with the Forum about their work programme.

Action: Angela Macpherson/PPIF

The Chairman and the Policy Officer would look at the issues raised above and take forward one/two issues at the next meeting, which were not currently being addressed in other forums. Two areas that would be prioritized were Buckingham Hospital and the growth agenda.

Action:Angela Macpherson/Mike Appleyard

9 DATE AND TIME OF NEXT MEETING

Friday 1 February 2008 at 10am at the Winslow Centre.

CHAIRMAN