

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 19 April 2006.

PRESENT: Councillor Dryden (Chair); Councillors Lancaster and K Walker.

OFFICIALS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** Dr J T Canning, Secretary of Cleveland Local Medical Committee.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Biswas, Mawston and Mrs H Pearson.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 27 March 2006 were submitted and approved.

OUT OF HOURS SERVICE – CLEVELAND LOCAL MEDICAL COMMITTEE

The Scrutiny Support Officer submitted an introductory report regarding the information to be provided from a representative of the Cleveland Local Medical Committee, which were statutory bodies, established to represent the views and positions of local general practitioners.

The Chair welcomed Dr J T Canning, Secretary of the Cleveland Local Medical Committee (LMC) who addressed the Panel and focussed on the undermentioned aspects as indicated in a written response circulated at the meeting. As part of the new GP contract, GP's were able to opt out of providing Out of Hours (OOH) service to their patients.

General Impact of Changes to OOH on GP's

One of the general concerns of British general practice was the relatively low number of practitioners and lack of recruitment. Whilst in the past 10 years there had been a 155 increase in the number of general practitioners nationally, it was noted that this actually represented only an 8% increase in whole time equivalents, as general practitioners were increasingly working part time. In the same period, there had been a significant increase (70%) in the number of whole time consultants working in hospitals.

It was noted that the ability of GPs to work OOH had been constrained since 1990 when the GP contract had been revised and had led to an increase in daytime work. Although changes to OOH in the 1990's provided more time off for GPs during the day if they undertook OOH there were still problems with providing the day time service.

It was also noted that an increasing number of new recruits were women who had chosen not to undertake OOH.

The LMC had sought the views of GPs on the changes to the OOH for which there had been universal acclaim that the lack of responsibility for providing OOH services had led to an ability to concentrate more on providing high quality day time services and preventative work.

Impact on Patient Care

It was considered that there was no apparent significant impact on patient care although some respondents had suggested that it provided a more consistent and structured approach to managing OOH problems.

Positive Aspects of the Current Service

It was considered that the current system would assist with recruitment and provided improved monitoring arrangements, which was undertaken by the PCT's.

Evidence suggested that patients appeared to like the offer of transport and the triage arrangements of the current system.

It had also been pointed out that the provision of OOH from improved premises had been welcomed.

Concerns of the Current Service

The major concern regarding the current OOH service was that the service was being used frequently for inappropriate consultations and also the volume of work of the service which reflected more than emergency care as patients felt they had the ability to access a 24 hour service.

During the ensuing discussion the following additional points were raised: -

- a) the system provided more planned, structured working practices which included the training of staff who were able to give appropriate advice thus reducing the number of unnecessary admission to hospitals;
- b) from a personal perspective Dr Canning felt that although there hadn't been any significant change in volumes of work changes had occurred in the delivery of the service in that more patients received advice not just in their home but in a variety of facilities which provided a safe environment;
- c) although there was less continuity, as patients did not always see the same GP the current OOH arrangements provided more safeguards;
- d) Panel Members reiterated recent difficulties in respect of the process when dealing with severely ill patients with prolonged complex needs likely to result in hospitalisation;
- e) reference was made to current discussions both locally and nationally regarding records system of patient's medical history and the extent to which basic crucial information could be released and made more widely available with the patient's consent;
- f) the possibility of a patient retaining a basic summary of their medical history by means of a chip and pin type card was one option currently being investigated;
- g) specific reference was made to the hospital discharge policies which had been the subject of a review by the Panel and a number of recommendations which had been made including a form to be given to a patient upon discharge giving contact details should they experience any problems;
- h) detailed information about a patient utilising OOH was faxed to the GP the following morning.

AGREED as follows: -

1. That Dr Canning be thanked for the information provided which would be incorporated into the overall review.
2. That the Cleveland Local Medical Committee be asked to identify any suggestions for:-
 - a) improving the current links and communication between the various organisations, Primecare, GP's, hospitals and the Ambulance Service;

- b) changes to the current protocols that would facilitate an earlier outcome when dealing with severely ill patients with prolonged complex needs likely resulting in hospitalisation.

SCRUTINY REVIEW – IMPLEMENTATION OF RECOMMENDATIONS

In a report of the Scrutiny Support Officer the Panel was advised of the progress achieved with the implementation of agreed Executive actions resulting from the consideration of scrutiny reports since the last update to the Panel.

The four of the 46 actions, which had not been implemented, related to national NHS arrangements.

AGREED as follows: -

1. That the information provided be noted.
2. That an update be provided on the progress of implementation of the actions in respect of Emergency Admissions into JCUH.

**** OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 29 March 2006.

NOTED

ANY OTHER BUSINESS – MEETINGS – TIMINGS

The Chair sought Members' preferences as to the timings for meetings of the Health Scrutiny Panel.

Members acknowledged that a degree of flexibility needed to be exercised given the nature of the work of many of the external witnesses invited to the Panel meetings.

AGREED that as a general rule meetings of the Health Scrutiny Panel be held early to mid afternoon wherever possible.