

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 17 July 2006.

PRESENT: Councillor Dryden (Chair); Councillors Biswas and Harris.

OFFICIALS: J Bennington and J Ord.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Mawston and Rooney.

**** 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 14 June 2006 were submitted and approved.

OUT OF HOURS SERVICES – DRAFT FINAL REPORT

The Panel considered the draft findings following the review into the Out of Hours Service.

The Panel concluded that the recent changes to the Out of Hours Service had been beneficial to the local health economy and considered the following suggested conclusions for inclusion in the draft final report:

- a) Firstly, it is a positive development that the PCT now has statutory responsibility for the service. The Panel believes that the PCT is much better placed to ensure that the service is provided consistently across Middlesbrough and much better resourced than General Practice to ensure that the service provider meets their contractual requirements.
- b) Secondly, the Panel concludes that the recent changes to the Out of Hours Service are of benefit to General Practitioners. The fact that General Practice can now 'switch off' at a certain point every day is a positive development. The Panel holds the view that exhausted General Practitioners seeing 'day time patients', having being awake and seeing patients throughout the night would not be of benefit to anyone.
- c) The Panel concludes that during the triage process, there is a potential danger of there being too many 'hands-offs' until the caller can speak to the professional most appropriate for their complaint. The Panel is concerned that this may lead to people short-circuiting the system and engaging directly with Accident & Emergency, which would cause stress on Accident & Emergency services, as well as extra expenses for the PCTs, especially given the advent of Payment by Results.
- d) The Panel is concerned that at this stage, there does not appear to be any specific provisions in place for the Out of Hours Service when dealing with patients with a long term chronic condition. The Panel understands that safeguards have to be in place to protect the integrity of the system, nonetheless the Panel feels that some regard should be paid to this cohort's expertise in relation to their own illness. The Panel does not feel that treating this cohort in an identical fashion to all other Out of Hours callers is productive or desirable.
- e) The Panel is aware that the Out of Hours contract is due for renewal in 2007. The Panel concludes that it would be a welcome development for the Patients Forum attached to the PCT to be involved in the discussions about the criteria to be set for any bidding organisations in relation to the new contract and its eventual awarding.

The Panel considered the following suggested recommendations: -

- i) That the PCT, together with partner organisations, considers whether it can make any changes to the triage process to eliminate any 'hand-offs', (unless strictly necessary) a

caller may receive before accessing the necessary service. It is recommended that this be considered as vital when considering the desired criteria for a successful bid for the new Out of Hours contract in 2007.

- ii) That the PCT, together with partner organisations, reconsiders how the Out of Hours Service manages its contract with patients suffering from long term chronic conditions. The Panel holds the view that this cohort represents a different group of patients, which has specific needs and knowledge in relation to their condition. Accordingly, those needs and that expertise should be taken into account by the service. It is recommended that a plan for dealing with those long-term chronic conditions be required to be included in any bids for the new Out of Hours contract in 2007.
- iii) That the PCT, together with partner organisations, proactively engages with the Patients Forum and other appropriate groups to get their input in relation to the criteria needed for a successful bid for the Out of Hours contract when it is renewed in 2007.
- iv) It is recommended that in moving towards the establishment of a process for the awarding of the contract in 2007, the PCT conducts its own survey of Out of Hours users to establish the levels of satisfaction. This will ensure that the PCT is more aware of service performance ahead of the contract being due for renewal.

AGREED that the draft final report into the Out of Hours Service be approved together with the conclusions and recommendations as outlined subject to the following: -

- i) that conclusion (b) above include a reference that from the evidence received the current Out of Hours Service was regarded as being safer than previous arrangements and provided a better service;
- ii) that in respect of recommendation (ii) above:-
 - a) that 'knowledge' be replaced with 'expertise';
 - b) that the last sentence includes a reference that appropriate patient pathways and safeguards be put in place.

HEALTH SCRUTINY PANEL – WORK PROGRAMME

Further to the meeting of the Panel held on 14 June 2006 the Scrutiny Support Officer submitted a report, which provided additional background information to the suggested topics for inclusion in the 2006/2007 Work Programme for the Health Scrutiny Panel.

Given the determinants on community health all the suggested topics were considered to be national priorities although Cancer Services had received significant attention on a national level and had been given increased funding as part of the National Cancer Plan.

It was also noted that the topic of Healthcare Acquired Infections was a high profile public issue that received much media attention and was of great public concern. The South Tees NHS Trust was currently very active in combating the prevalence of Healthcare Acquired Infections and had suggested that the local health economy and the community as a whole would benefit from a scrutiny review into Healthcare Acquired Infections.

As requested by the Panel the Further Education Colleges had been contacted but to date no comments had been received so far regarding the potential work programme. Age Concern had confirmed their support to the suggested topics but indicated that there was scope for additional mental health issues.

Specific reference was made to an article which had been publicised in the Evening Gazette following which a response had been received expressing concerns regarding the potential financial implications as a result of the impending reconfiguration of the PCT's.

AGREED that the 2006/2007 Work Programme for the Health Scrutiny Panel be as follows: -

- i) Healthcare Acquired Infections;
- ii) Impact of 'Choose and Book' initiative;
- iii) Middlesbrough's Sewerage System and its impact on public health;
- iv) Cancer Services in particular the waiting times for treatment.

**** 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 meetings of the Overview and Scrutiny Board held on 12 and 27 June 2006.

NOTED

SCRUTINY REVIEWS – RECOMMENDATIONS IMPLEMENTED

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

Since the implementation of the monitoring system, the Health Scrutiny Panel had produced a total of 58 recommendations, of which 49 should have been implemented by May 2006. It was confirmed that 38 recommendations had been implemented, 7 partially completed and 4 which had not been implemented.

The agreed Executive actions, which had not been implemented by the proposed target date and the reasons and/or proposed action, were outlined in Appendix A of the report submitted.

NOTED