HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 1 October 2007.

PRESENT: Councillor Dryden (Chair), Councillors Lancaster and P Rogers.

OFFICIALS: J Bennington, K Campbell, P Clark, T Moody and J Ord.

PRESENT BY INVITATION:

Dr J Canning, Secretary, Local Medical Committee
Dr M Knapton, National Director of Prevention & Care, British Heart Foundation
Val Billingham, British Heart Foundation.

PRESENT AS AN OBSERVER:

Councillors Carr, Clark, Dunne, Jones, Lowes, McPartland, Porley, J Walker, Williams.

Councillor Collins (Redcar & Cleveland Council).

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Bishop, Biswas and Elder.

**** 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 11 September 2007 were taken as read and approved as a correct record.

LIFE EXPECTANCY AND CARDIOVASCULAR DISEASE- CLEVELAND LOCAL MEDICAL COMMITTEE

The Scrutiny Support Officer submitted an introductory report to the evidence to be sought from the Cleveland Local Medical Committee (CLMC). As part of its current review the Panel had requested information on the role of General Practice in the prevention, management and treatment of CVD.

The Chair welcomed Dr John Canning, Secretary of the Local Medical Committee and member of the BMA General Practitioners Committee who gave a broad outline of the role of general practitioners in preventing and identifying heart disease.

Most GPs were independent contractors focussing on four types of arrangement. The services provided by GPs were classified into 4 categories, namely: -

a) essential services - treating patients who were ill or believed themselves to be ill;
b) additional services – involving some health promotion such as screening and vaccinations;
c) enhanced services - which offered more specialised services not provided from above;
d) the GP contract offered financial rewards to practices for providing high quality care by using a points system known as the Quality and Outcomes Framework (QOF) an annual reward and incentive programme detailing GP practice achievement results. Achievement points were awarded for managing some of the most common chronic diseases such as diabetes and heart disease and took into account factors such as how a practice was organised and the views of patients.

Statistical information was provided which demonstrated that the average consultations per patient per year had increased from 4 in 1995 to currently nearly 5½ times. Dr Canning explained

the work carried out by GPs with particular regard to patients with heart disease, which included the checking and controlling of patient's blood pressure and cholesterol levels.

The QOF represented a major new venture, a world first for offering rewards for securing improvements in the quality of care delivered to patients. The system was based on professional opinion and evidence and was divided into four domains: clinical; organisations; additional services; and patient experience. The clinical domain covered diseases such as CHD, stroke and diabetes, which were closely linked to heart disease.

In terms of the QOF and Heart Disease the attention of the Panel was drawn to the major problems associated with smoking and an indication given of evidence which showed that many patients obtained cigarettes at a reduced price through sources other than by normal means at shops.

Further statistical information demonstrated the slightly higher percentage of CVD in the North East than Middlesbrough, which was explained as the Town having a large number of student population. The percentage of persons with diabetes in Middlesbrough was similar to the levels shown for the North East and in terms of high blood pressure, Middlesbrough was shown to be less than the North East which once again was considered to be attributable to the high level of student population.

Reference was made to the work undertaken with specific regard to heart disease, which included the following: -

- compilation of a register of patients with CHD;
- appropriate investigations carried out on diagnosis;
- blood pressure tests;
- satisfactory blood pressure control;
- cholesterol measured;
- appropriate drugs administered ;
- flu jabs carried out.

Information was also provided on the work undertaken in relation to diabetes, which had a major link with heart disease. Such work included: -

- register of patients with diabetes;
- weight/height ratio recorded;
- measurement of diabetic control;
- level of control;
- specific examinations;
- blood pressure measured;
- kidney testing and appropriate treatment;
- cholesterol measured;
- cholesterol level satisfactory;
- flu jabs given.

For each of the above areas of work an indication was given of the points attributed to levels of achievement. Such areas of work were assessed every year to demonstrate the level of achievement of each GP practice.

Other indicators within the clinical domain included high blood pressure for which a register was compiled. Blood pressure was measured and monitored in order to ensure satisfactory levels. The significant problems associated with smoking were once again reiterated and in terms of the QOF indicators related to the recording of smoking status and the percentage of smokers advised or referred.

The Panel was advised of the following table relating to the percentage achievement against targets by year and Domain:

Achievement	Heart Disease	High Blood Pressure	Diabetes
2004-2005	97.8%	98.4%	93.9%
2005-2006	95.9%	96.5%	93.9%
2006-2007	97.3%	96.8%	97.3%

In response to Members' comments on the potential correlation between the ban of smoking in public places in Scotland in March 2006 and recent evidence which showed reduced incidence of heart attacks Dr Canning indicated that it may be too soon to make any assumption. However, reference was made to other possible contributory factors especially work carried out over the past three or four years associated with reducing cholesterol levels.

As previously indicated there were significant differences in the percentage of persons experiencing heart attacks, with higher levels in the Town Centre and East Middlesbrough in comparison with South Middlesbrough. Reference was made to major risk factors including high blood pressure, high cholesterol, smoking, obesity, diabetes which could be modified, treated or controlled by changing lifestyle.

Dr Canning referred to extensive work being carried out in health to reduce the risks, which included the use of such drugs as aspirin and statins to reduce the level of cholesterol. It was noted however that there were medical differences of opinion regarding the use of statins, which were not totally risk free for certain patients.

Members sought clarification on what work was being pursued to support the current directives to focus on more preventative work rather than just on traditional health care.

In addition to such work as the monitoring of blood pressure, cholesterol, recent developments included the compilation of CHD registers provided at all GPs in the Middlesbrough PCT area. Reference was also made to the healthy living targets in order to tackle the problems of obesity especially in the young. An increasing major risk for heart disease related to diabetes.

Members referred to and supported a number of PCT based initiatives to encourage people to have health checks with particular regard to blood pressure and levels of cholesterol.

AGREED that Dr Canning be thanked for the information provided which would be incorporated in the overall review.

LIFE EXPECTANCY AND CARDIOVASCULAR DISEASE – BRITISH HEART FOUNDATION

The Scrutiny Support Officer submitted an introductory report on the views to be sought from the British Heart Foundation (BHF). As part of its current review the Panel had indicated its interest in receiving information on many perspectives including that of the BHF.

The Chair welcomed representatives of the BHF. Dr Mike Knapton, National Director of Prevention and Care with BHF thanked the Panel for the invitation and opportunity to highlight some of the work being undertaken to tackle the problems associated with heart disease.

Since the establishment of the BHF, a major national charity, there had been major advances in the treatment and prevention of heart disease. The BHF played a vital role in heart research in the UK and currently focussed on three major areas, namely; investing in pioneering research; supporting and caring for heart patients; and producing and circulating health information.

From the outset it was stated that there was a need to focus on prevention and the importance of tackling issues such as that of obesity, encouraging people to eat less 'junk food' and increase the consumption of fresh fruit and vegetables and increase the amount of physical activity were highlighted.

From the evidence available it was suggested that there was a north-south divide with heart disease being more prevalent further north.

It was acknowledged that the Government, local authorities, NHS and individuals all had a role to play in tackling the major risk factors. The BHF had recently published a document the European Heart Health Charter, which was aimed at reducing the rates of avoidable CVD and address health inequalities across the EU countries. The three main areas were considered to be the development of co-ordinated policies to create a healthier environment; support individuals and encourage them to make better lifestyle choices; and support health professionals in identifying people at high risk.

In commenting on the involvement of the Council to improve the situation it was suggested that as part of its planning role, health impact assessments should be carried out in relation to new buildings in terms of accessibility to physical activity and availability of fresh fruit and vegetables. In relation to Government involvement, one example was given of Finland where agricultural subsidies had been shifted away from dairy products to fruit production with the aim of encouraging people to eat less fat. It was considered that more detailed information should be provided in terms of the labelling of food products.

Details were given of the current activities and projects being pursued by the BHF in Middlesbrough which included: -

- provision of 1 defibrillator;
- 17 Heartstart schools, an initiative related to simple life saving skills;
- Community Emergency Life Skills training via the fire brigade;
- 1 Community Resuscitation Co-ordinator;
- 3 funded BHF Arrhythmia nurses;
- 2 BHF shops;
- Fundraising and Volunteer Manager working closely with the Local Authority.

Dr Knapton referred to a number of drivers for change, which included: -

a) long term conditions - although the preventative deaths from heart disease were decreasing the number of people living with the disease continued to increase and now totalled around 2.6m in the UK ;

b) social deprivation and inequality- there was a need to focus activities on people living in socio-economic groups;

c) lifestyle- 80% of heart disease could be prevented if there were changes to lifestyle;

d) prevention of disease;

e) external environment;

f) medical environment – genetic factors played an important role;

g) changes in NHS structures including increases in practice based commissioning;

h) self care- raising awareness to the high risk factors and promoting information in an accessible way to improve people's;

i) lifestyle choices;

j) patient/carer involvement.

Reference was made to effective work, which had been undertaken with regard to the following aspects: -

- lifestyle factors: cessation smoking campaigns, diet, physical activity;

- reducing risk factors: hypertension, cholesterol and diabetes;
- improved access to emergency care;
- National Defibrillator Programme funded by National Lottery.

The Panel's attention was drawn to a number of areas where further work needed to be undertaken which included the following:

i) more work on prevention;

ii) Cardiac Rehabilitation and long term conditions;

iii) end of life care;

iv) better arrangements in relation to NSF Chapter 8 on arrhythmia ;

v) Genetics.

Members sought clarification on a number of areas especially with regard to the necessary change of emphasis to prevention rather than just the presented health problem. This was considered to be of significant importance given the evidence so far which demonstrated that CVD posed a massive health risk to communities in Middlesbrough and other areas in the Tees Valley.

The difficulties in effecting major changes in the NHS within a short period of time were acknowledged.

Dr Canning explained work how routine checks such as well man well woman health screening programmes were incorporated into the overall work at GPs. Whilst such work inevitably secured improvements in early detection of a number of diseases it was acknowledged that extensive work was required to address the many high risk factors and the need to consider ways of accessing 'hard to reach' groups. It was acknowledged that further joint partnership working was required to secure the necessary lifestyle changes especially in socially deprived areas to tackle and reduce the risk factors to heart disease.

AGREED that the representatives be thanked for the information provided which would be incorporated in the overall review.

LIFE EXPECTANCY AND CARDIOVASCULAR DISEASE – TERMS OF REFERENCE

Further to the meeting of the Panel held on 20 August 2007 the Scrutiny Support Officer submitted a report which outlined the redrafted terms of reference for the Panel's current review of Life Expectancy with a particular focus on Cardiovascular Disease.

RECOMMENDED that consideration of the draft terms of reference for the Health Scrutiny Panel's review of Life Expectancy with a particular focus on cardiovascular disease be deferred to the next meeting of the Panel.