
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	12 FEBRUARY 2007
PRESENT	COUNCILLORS CUTHBERTSON (CHAIR), FRASER, GREENWOOD, LOOKER, NIMMO (Substitute) and King (Substitute)
APOLOGIES	COUNCILLORS KIND, MOORE and BRADLEY
IN ATTENDANCE	RICHARD BALDWIN, CHAIR OF HOME START JIM EASTON, CHIEF EXECUTIVE, YORK HOSPITALS NHS TRUST DR DAVID GEDDES, MEDICAL DIRECTOR, YORK AND NORTH YORKSHIRE PCT DR DAVID HARTLEY, JORVIK MEDICAL PRACTICE BILL HODSON, DIRECTOR OF HOUSING AND ADULT SOCIAL SERVICES, CYC BOB SUNLEY, PROJECT MANAGER, YAS IAN WALTON, DIRECTOR OF GOVERNANCE, YAS JOHN WARDLE, CHIEF EXECUTIVE, NORTH YORKSHIRE & YORK PCT

39. DECLARATIONS OF INTEREST

The Chair invited Members to declare at this point any personal or prejudicial interests they might have in the business on the agenda.

Cllr Fraser declared a personal, non-prejudicial interest in agenda item 5 (GP Services in York), as a patient of Gale Farm Surgery, and in any staff issues raised under agenda items 4 (Yorkshire Ambulance Service) and 6 (Ongoing Work on NY&Y PCT's Recovery Plan), as a retired member of UNISON.

40. MINUTES

RESOLVED: That the minutes of the Health Scrutiny Committee meeting held on 4 January 2007 be approved and signed by the Chair as a correct record.

41. PUBLIC PARTICIPATION

It was reported that John Yates had registered to speak at the meeting under the Council's Public Participation Scheme, on behalf of the Older People's Assembly.

Mr Yates repeated the two questions he had asked at the meeting on 4 January 2007, to which he said he had not yet received a reply. The Chair suggested that the second question, relating to clinical advisors in the new

Yorkshire Ambulance Service, could be answered by YAS representatives during their presentation under agenda item 4. The first question, relating to the ability of GPs to deal with more advanced clinical procedures, should be raised with the PCT at an appropriate time, either at the meeting or later in writing.

42. YORKSHIRE AMBULANCE SERVICE

Members received a report which introduced a presentation from representatives of the Yorkshire Ambulance Service regarding changes to the service affecting the City of York area.

On 1 July 2006, the Tees, East and North Yorkshire Ambulance Service (TENYAS) had become part of the reconfigured Yorkshire Ambulance Service (YAS). In January 2007, YAS had announced the intended closure of the current York Ambulance Station at Dundas Street, Hungate, and its replacement by alternative services. The Council required vacant possession of the Hungate premises by March 2008, as part of its office accommodation project, and were working with YAS to help them find a suitable new site.

The presentation, by Ian Walton, Director of Governance, and Bob Sunley, Project Manager, outlined the proposals to change from a 'Traditional' to a 'Hub and Spoke' model of operation. The Hub would be a central depot close to the hospital, while the spokes would be strategically placed temporary premises (portable cabins) providing 5-star standby facilities for ambulance crews. This would allow for the maximum use of the Trust's investment programme and improve the emergency response to calls from the public, as well as providing other service improvements. The option adopted by the Trust was to introduce a model featuring one Hub and three spokes, including a make ready team and an Emergency Planning Centre. The Trust did not consider the scheme to be a significant change in service provision, but recognised the need for consultation at appropriate stages in the development.

A handout detailing the information provided in the presentation was circulated to Members. In response to Members' questions, the YAS representatives confirmed that:

- Administrative control would remain at the Shipton Road site.
- The spoke sites, which had not yet been identified, would measure about 200 square metres, including space for vehicles to park and turn.
- The changes would not lead to a reduction in the number of ambulance crews, nor would they disadvantage any area of York.
- Ambulances would be deep cleaned and re-stocked at the Hub, then cleaned between each job. This system was being piloted in Hull.
- Current performance on call response rates was slightly lower than under TENYAS due to the inclusion of West Yorkshire services within YAS. The Trust was working with PCTs to maintain local performance.

- It was predicted that the changes would increase performance rates on Category A calls from 68.27% to 75.5%.
- A timetable for the plan was expected to be agreed within the next few weeks.
- It was the Trust's intention to carry out some consultation with local residents, in addition to the consultation that would be required as part of the planning process for the development of the new sites.

RESOLVED: (i) That the information provided by the Yorkshire Ambulance Service be noted.

(ii) That the changes will not require a statutory consultation, but that consultation via the ward committees will be an adequate method of informing the public, in addition to any further consultation that YAS decides to carry out.

REASON: It is accepted that the reconfiguration does not amount to a significant change to service provision requiring a statutory consultation; however, it is essential that local people are kept informed as the changes progress.

(iii) That the YAS representatives be asked to return to a future meeting, to provide further details of the operation of the reconfigured service and its interface with this Committee.

REASON: In order to review performance following the changes and ensure that the service is being properly delivered.

43. GP SERVICES IN YORK

Members received a report which introduced Dr David Hartley, of Jorvik Medical Practice, who had been invited to speak to the Committee about practice-based commissioning and its impact on patients and GPs. Dr Brian McGregor, of Gale Farm Medical Practice, had also been invited but was unable to attend.

Dr Hartley was the Chair of York Health Group, the organisation representing all medical practices involved in practice-based commissioning. He outlined nine proposals likely to affect patient care which he had gleaned from recent letters sent out by the PCT, although he was unsure as to which of these would be progressed. They included:

- i. Restricting GPs' ability to refer patients for secondary opinions or to secondary care;
- ii. Restricted access to some drugs, including those used to treat rheumatoid arthritis;
- iii. Restricted access to hospital Accident and Emergency departments;
- iv. Hospital admissions to be via consultants rather than more junior staff;
- v. Discharging patients more quickly from hospital;
- vi. Slowing patients' progress through the hospital system in order to limit spend in the current financial year;

- vii. Patients to be followed up by GPs instead of out-patient clinics;
- viii. Restricting consultant to consultant referrals;
- ix. More effective use of the Cappio unit at Clifton Moor.

Dr Hartley expressed GPs' concern that the PCT's proposals would prevent them from referring patients in accordance with clinical need.

Dr Hartley then responded to Members' questions regarding the introduction of 'Prior Approval', as highlighted in the letter dated 15 January 2007 sent by the PCT to all GPs. He agreed that 'Prior Approval' appeared to have replaced the RACAS system, which was now restricted to orthopaedics services. He voiced concern that the pain and discomfort of the patient did not feature in the Prior Approval criteria. In response to further questions, he stated that:

- GPs accepted the need to deal with the deficit and had made a number of suggestions as to how this could be done, all of which they felt had been ignored by the PCT.
- There had been no GP input into the Prior Approval document issued in January.
- Some of the treatments prohibited to York residents under Prior Approval were available elsewhere in the region (such as Leeds and Poppleton) and were available in York to those from other PCT areas.

In response to Dr Hartley's comments, John Wardle, the Chair of the PCT, pointed out that North Yorkshire and York had achieved a greater reduction in patient waiting times than any other PCT. The excellent services provided in this area meant that resources had been used up faster than they had been allocated. There was now a need to repay the funding that had effectively been 'loaned' by more deprived areas.

RESOLVED: That the information provided by Dr Hartley be noted and that the matters raised be considered further at an appropriate time.

REASON: In order to carry out the Committee's duty to promote the health needs of the people they represent.

44. ONGOING WORK ON NORTH YORKSHIRE AND YORK PCT'S RECOVERY PLAN

Members considered a report which presented the outcomes of the recent Health Forum consultation and asked them to discuss the possibility of a related scrutiny topic. Some additional notes on the Health Forum had been prepared by the Scrutiny Officer and these were circulated at the meeting.

The Chair highlighted the issue of funding to voluntary organisations, which must be resolved before the next financial year. In the absence of the PCT's Finance Director, who had been expected at the meeting but was unable to attend, he proposed arranging another meeting of the Committee to discuss the financial aspects of the Recovery Plan. In the meantime, he invited contributions from those representatives of the PCT, the NHS and the voluntary sector who were in attendance this evening.

Jim Easton, Chief Executive of York Hospitals NHS Trust, stated that work was currently in progress to implement the in-year recovery measures. This was a complex process and there were still some clinical concerns. Progress had also been made on a contract between the Trust and the PCT for the next year. It was expected that the broad terms would be agreed within the next two weeks. The implications of the contract would be a subject for further discussion by the Health Scrutiny Committee.

John Wardle, Chief Executive of York and North Yorkshire PCT, agreed that Jim Easton had provided an accurate assessment of the current position. He confirmed that the NHS Trust and the PCT were working closely to resolve what was clearly a difficult situation for both organisations, but which must be addressed in order to achieve a sustainable future.

Dr David Geddes, Medical Director of York and North Yorkshire PCT, stressed the importance of examining in detail the work of clinicians across primary and secondary care, to ensure consistency and prevent duplication. Whilst recognising that limiting elective treatments was an emotive issue, the PCT had make its decisions on an evidential basis. The evidence showed that some treatments, such as facet joint injection and grommet insertions, were not effective and might even be harmful.

Bill Hodson, Director of the Council's Housing and Adult Social Services department, provided an update on the department's efforts to liaise with the PCT. He indicated that there was currently insufficient data to determine the effects to date of practice-based commissioning on services provided by the Council. However, a great deal of concern had been expressed locally about how the PCT's plan would impact on other services in the community.

Richard Baldwin, Chair of Home Start, spoke as a representative of a small voluntary organisation which provided vital services at a low cost and was jointly funded by City of York Council (CYC) and the PCT. Although CYC's contribution had kept pace with inflation, the PCT's had not. Without an increase in funding, Home Start would be unable to continue operating beyond November 2007, which would have a significant effect on the long-term cost of other services. However, Home Start had received no indication of the level of funding that the PCT intended to provide in the next financial year. Other voluntary organisations were in a similar position.

RESOLVED: (i) That the information from the Health Forum and from representatives at the meeting be noted.

(ii) That an additional meeting of the Committee be arranged, prior to its next scheduled meeting in April, to pursue financial issues relating to the Recovery Plan and receive an update on the PCT's contract with York Hospitals NHS Trust.

(iii) That authority be delegated to the Chair and Cllr Fraser, in consultation with the PCT, to arrange a suitable date and time for that meeting, which may be either formal or informal.

REASON: To enable the Committee to give proper consideration to the financial aspects of the Plan before the end of the current financial year.

45. DENTAL SERVICES IN YORK

Members considered a report which provided an update on NHS dental provision in the City of York area.

A revised version of the report was circulated at the meeting; this included an additional paragraph (paragraph 8) which read as follows:

“As at 2 February 2007, 8,983 York patients have been assigned to an NHS dentist and there are 3,019 people still waiting on the database. Reports on length of wait are not available at present as these are not recorded for separate parts of the PCT’s area.”

It was noted that, at the time of the first update in October 2006, there had been 4,170 people on the waiting list in York. At the second update, in January 2007, there had been about 3,000 awaiting allocation to a dentist.

RESOLVED: That the information from North Yorkshire and York PCT regarding the provision of NHS dental services in the York area be noted and that a further update be received at the meeting of this Committee to be held on 2 April 2007.

REASON: So that Members can carry out their duty to promote the health needs of the people they represent.

46. ANNUAL HEALTH CHECK 2006/07

Members considered a report which asked how they wished to respond to the Healthcare Commission’s annual health check process in 2007.

The annual health check had been introduced in 2005/06 as a new system of assessment for the NHS. It looked at a broader range of performance than the previous ‘star ratings’ system. The first year had concentrated on ensuring that basic core standards were being met. The second year would focus more on whether NHS bodies were driving improvement in commissioning and delivering healthcare. To demonstrate achievement of the core standards, NHS trust boards were required to make a self assessment and a public declaration, which could be supplemented by third party statements from partners such as scrutiny committees.

The former Social Services and Health Scrutiny Committee had participated in the 2005/06 health check via an informal seminar and consideration of the Trust’s draft declaration. This year, there would be no draft declaration and final declarations were due by the end of April 2007. Members were asked to decide whether they wished to make a

commentary on the Annual Healthcheck of the three NHS Trusts. In view of the short timescale, they might wish to delegate this task to the Chair and one or more other Members.

RESOLVED: That authority be delegated to the Chair and Cllr Fraser to create a commentary on the declarations of any of the NHS Trusts they consider appropriate, with a view to reporting back to a future meeting of this Committee.

REASON: To enable Members to provide a commentary within the required timescales and to carry out their duty to promote the health needs of the people they represent.

I Cuthbertson, Chair

[The meeting started at 5.05 pm and finished at 7.35 pm].