
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	2 APRIL 2007
PRESENT	COUNCILLORS CUTHBERTSON (CHAIR, FROM 5.15PM AND IN THE CHAIR FROM 5.20PM), FRASER, GREENWOOD (VICE CHAIR, IN THE CHAIR UNTIL 5.20PM), KIND (FROM 5.35PM), LOOKER (UNTIL 7.20PM) AND BRADLEY
APOLOGIES	COUNCILLOR MOORE
IN ATTENDANCE	COUNCILLOR KIRK

53. 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.

Councillor Fraser declared a personal non-prejudicial interest in agenda item 4 (Financial situation of North Yorkshire and York Primary Care Trust) as a member of the retired section of Unison.

54. MINUTES

RESOLVED: That the minutes of the meeting on the Health Scrutiny Committee held on 8 March 2007 be approved and signed by the Chair as a correct record, with an amendment to the attendance details to record Councillor Kind's apologies.

55. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

56. FINANCIAL SITUATION OF NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST

Members considered a report which introduced representatives of North Yorkshire and York Primary Care Trust (NYYPCT), who had attended to provide an update on issues discussed at the last meeting.

The following representatives from NYYPCT attended the meeting:

- Janet Soo-Chung, Chief Executive;
- Nick Steele, Director of Finance;
- Gary Hardman, Director of Nursing and Patient Care;
- John Brown, Director of Corporate Affairs and Communications;
- Kay Goodwin, Director of Strategic Partnerships and Localities (Selby & York);
- Denise Smith, Head of Primary Care Delivery (Selby & York).

Jim Easton, Chief Executive of York Hospitals NHS Trust, and Keith Martin, Assistant Director (Adult Social Services) at City of York Council also attended the meeting.

Jim Easton reported that the Hospitals Trust was continuing to consult with staff on plans to downsize the hospital, which would be implemented at the end of April. He reassured Members that disruption to patients would be minimised and that patients with life threatening conditions would always be treated at York. He reported that the PCT was developing an action plan to provide alternative care pathways, thereby reducing the number of cases treated by the hospital, and suggested that Members may wish to consider this plan and monitor its implementation. Members discussed the conflict between policies promoting patient choice of hospitals and the downsizing of York Hospital and diversion of work elsewhere. They also noted that there may be some cases where patients wished to wait, to allow adequate time for their decision making. Jim Easton concluded by reporting that the Hospitals Trust had recently gained foundation status and paid tribute to the work of staff in achieving this.

Kay Goodwin and Denise Smith provided an update on dental services in York and reported that none of the practices in York had used up their allocated units for dental activity before the end of the financial year and therefore had to cease treatment. Members noted that the PCT's Press and Communications Manager had confirmed at the previous meeting that 2 practices had been forced to cease NHS treatment on these grounds and requested that this issue be investigated further and additional information provided at a briefing after the end of June. Members expressed the view that the allocation of units needed to be refined and also raised concerns that information was no longer available for monitoring on the percentage of the population receiving dental treatment, as registrations no longer existed under the new contract. Members and the PCT agreed on the need to feed these concerns back for consideration at a national level. Members proposed to continue reviewing the situation regarding dental services in York.

Janet Soo-Chung and Gary Hardman updated Members on podiatry services, in the light of their concerns about waiting times. They reported that they were developing a new care pathway for the muscular-skeletal service with community based podiatrists and physiotherapists treating patients, rather than them attending out-patient appointments at hospital orthopaedic departments. They highlighted that this would allow treatment to be delivered more quickly and closer to patients' homes. They also explained that investment would be required in the community based podiatry team, including assistant practitioners to deal with basic treatment, such as toe nail cutting. Given that the service was due to start in September, Members queried what would happen between the downsizing of the hospital at the end of April and the introduction of the service, and also questioned what would happen to the existing waiting lists. Members requested that detailed figures relating to the waiting list be circulated to them, including numbers waiting and recent trends. Members agreed that they needed to review this issue further at subsequent meetings. They requested that the PCT provide them with planning forecasts for the new

service and details of the planned expansion of resources to review, and decided that they would then monitor the implementation of the service, in terms of its impact on waiting times and the patient experience, particularly during the transition phase.

Janet Soo-Chung and Gary Hardman briefed Members on the PCT's plan to provide alternative care pathways for patients with an unplanned care need. This involved supporting them in their own home, avoiding the need for them to go to hospital as a medical emergency when that was unnecessary, ensuring they saw the primary care practitioner with the best skills to treat their ailment or injury, and ensuring that necessary hospital stays were only for the length of time that the acute illness required. Specifically the action plan included aligning the skills of Accident & Emergency and out of hours staff to ensure that the right type of assessments took place, working with the hospital to view short term patients as assessments rather than admissions, and supporting patient discharge home at the time best suiting their needs. Alternative care pathways, such as the community based podiatry service, would also be introduced for patients with a planned care need. Members highlighted the need for all interested parties to be kept as up to date as possible regarding these changes and for the new pathways to be in place by the end of April when the hospital downsized. Keith Martin updated Members on joint health and social care work that was taking place to support the introduction of the new pathways.

Nick Steele reported that a debt of £48m was being carried over into the 2007/8 financial year, including £13m owed to the Strategic Health Authority, and explained that the PCT aimed to repay this in one year if possible, from the £100m growth planned over the period. He assured Members that schemes from the previous Financial Recovery Plan were still being considered and highlighted the need to invest in alternative care pathways.

- RESOLVED: (i) That a briefing be provided after the end of June on the situation regarding the two dental practices which had allegedly ceased NHS treatment before the end of the financial year having run out of units for dental activity;
- (ii) That a watching brief continue to be kept on the issue of dental services in York;
- (iii) That a review of the planning and operation of the new podiatry service be included on the workplan for the next municipal year at an appropriate time;
- (iv) That the creation of a draft workplan to be considered by the new Health Scrutiny Committee at its first meeting in the new municipal year be delegated to the Chair and Opposition Spokesperson.

REASON: To ensure that a workplan was drafted for the new Committee and that key issues identified by Members were taken forward for further review.

COUNCILLOR I CUTHBERTSON, Chair
[The meeting started at 5.00 pm and finished at 7.30 pm].