

## **HEALTH SCRUTINY PANEL – Meeting held on Monday, 29<sup>th</sup> October, 2007**

**Present:-** Councillors Plimmer (Chair), Dhillon, Maclsaac, O'Connor, Shine and Small.

**Also present:-** Dr Sadhana Bose and Viki Wadd (Berkshire East PCT), and Nasreen Bhatti (Non-Executive Director, Berkshire East PCT)

**Apologies for absence:-** Councillors Dodds and Eshaq Khan.

### **PART I**

#### **23. Declarations of Interest**

None.

#### **24. Minutes**

The minutes of the meeting of the Panel held on the 25<sup>th</sup> September, 2007 were approved as a correct record.

#### **25. South East England Health Strategy**

Members of the Panel expressed concern that there were no senior Council Officers present to comment on how the five themes of the South-East England Health Strategy could be adapted into the Local Partnership Agreement to effect improvement in health care in Slough. Panel Members felt that this was a really significant item for the Borough and that Council Officers should be present to contribute to the debate.

Dr Bose introduced the item and explained that the Health Strategy had been developed for all organisations and groups that had a role to play to ensure that the region became the healthiest place to live in the UK and one of the healthiest regions in Europe by improving the health and wellbeing of the whole population, addressing the underlying causes of ill health in a sustainable way and reducing inequalities in health that exist between different geographical areas and population groups across the region. The Strategy had been shared widely to promote discussion and was a working document. There were five key themes in the strategy:-

- Reducing health inequalities.
- Promoting healthy, sustainable communities and sustainable activities.
- Increasing the positive relationship between employment and health.
- Improving outcomes for children and young people,
- Improving outcomes for older people.

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The Panel agreed that it would be useful to have a detailed debate around the five key themes and joint working towards key objectives. The Panel was particularly interested in how the five themes of the South-East England Health Strategy could be adapted into the Local Partnership Agreement to effect improvement in health care in Slough.

The Panel felt that due to the non-attendance of a Council officer who could contribute to the debate in this matter it could not progress this any further at this particular meeting and it was agreed that the Chair would write to the Chief Executive to explain that the Panel considered this to be an unacceptable position and asking that a senior Officer attend the meeting of the Panel in December so that this item could be debated fully.

**Resolved** - That the Chair write to the Chief Executive in the terms detailed above and this item be rescheduled for the meeting in December 2007 with appropriate Officer representation.

### 26 Practice Based Commissioning – A GP's View

Dr O'Donnell from the Farnham Road surgery attended the meeting and the Chair invited him to address the Panel.

Dr O'Donnell explained that he was from the largest practice in Slough which served 23,000 patients and that he was the locality lead representing GPs in Slough.

Practice Based Commissioning (PBC) was about service redesign to give better care to patients closer to home in an efficient and cost effective manner with the aim of improving the level of care. In order to achieve PBC there was a need to do things differently and get people to change and this in itself could cause difficulties. There was a need to identify and phase out what was inefficient. GPs were in an ideal position to identify what was in a patient's best interest both individually and collectively.

Dr O'Donnell believed that the PCT had difficulty with the acute trust in dismantling barriers. He believed that whilst there had been pilot schemes placing GPs in A&E to triage patients these schemes had been opposed by those with vested interests. In his view patients could be looked after more effectively by better trained staff at GP level rather than at A&E. The PCT had tried to work with the acute trust but as the trust was powerful and had vested interests the PCT was not being able to make a difference and money was being spent unnecessarily.

Dr O'Donnell explained that PBC had been slow to get off the ground as the Government documentation had not been well thought through and there had been a failure to involve GPs at the formative stage.

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GPs had 'day jobs' and this made it difficult for them to get involved without having their day jobs backfilled. Proper resources needed to be allocated and this had held up progress. This was not down to the PCT and in his view the PCT had been plagued by the failure to retain good quality staff. The Government had "foisted" management consultants on the PCT which was in fact a misdirected resource when what was needed was money to backfill GPs to enable GPs' time to get involved in PBC.

A number of good things had come out of PBC which included:-

- An excellent pharmaceutical advisory department within the PCT which provided cost effective prescribing without limiting clinical freedom unduly.
- Good work in chronic obstructive pulmonary disease prevention and reduced hospital admissions.
- Reducing unnecessary A&E admissions.

Following Dr O'Donnell's presentation the Panel Members raised the following issues/questions in the debate:-

- There was a generally held perception that A&E was the best place to go if you were ill as that was the place that there was expertise and equipment. It was not generally felt that the GP was the best place to go and there was therefore a need to change this perception. Dr O'Donnell agreed that this perception was widely held. However people did not realise that when they went to A&E they were likely to see a junior doctor with much less experience than a GP. The level of expertise and testing available in primary care had come on in 'leaps and bounds' and the Out of Hours Care Service in East Berkshire was second to none. Many patients however were not aware of the telephone number to call.
- Dr O'Donnell had referred to the PCT losing talented staff and Members requested further information on this. Dr O'Donnell indicated that he had referred to the PCT 'failing to retain talented staff'. He advised that he had chosen his words carefully and had indicated that if people came to work for the PCT and saw barriers in place talented people chose not to stay. In his view PCTs were not really accountable other than to local people. He urged the Panel to ask the PCT and draw their own conclusions. The PCT representatives at the meeting reminded the Panel Members that the PCT had recently been reconfigured and three PCTs had been merged and were now working in localities. Talented staff were always likely to move on.
- Panel Members asked what the doctor had referred to as a resource shortage. Dr O'Donnell advised that the PCT budget for health care was £475m. The amount he had referred to was the £194,000 of this that was spent on funding the East Berkshire GP

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consortium which was the money available for redesigning care pathways for patients. The consensus of GPs across the patch was this needed to be nearer £600,000 to enable GPs to become fully involved in the PBC project. Viki Wadd advised that if funding of this order was to be found it would need to come out of patient care.

- Dr O'Donnell was asked what could be done to improve the relationship between primary/secondary care and deal with the vested interests to which Dr O'Donnell had alluded. Dr O'Donnell advised that the consultants were entrenched in their position although the number of people responsible was very small. He argued that the PCT felt that it was not strong enough to deal with the acute trust as it had foundation status and within the acute trust there was a lack of commitment. The Panel agreed that the Chief Executive of the Berkshire East PCT and the Wexham Park and Heatherwood Foundation Trust be invited to attend a future meeting of the Panel to discuss these issues further.
- Dr O'Donnell was asked how the Mental Health Service fitted in with PBC. Dr O'Donnell advised that Mental Health Services were supplied by a different trust. They would hopefully come within the ambit of PBC within the next 12 months.
- In answer to a question as to whether all GPs were on board with PBC, Dr O'Donnell advised that every GP realised that it was a good idea as long as there was expertise.
- Dr O'Donnell was asked whether GPs realised that it was often difficult to get appointments. Dr O'Donnell advised that it was a real challenge to have someone answering the telephone particularly in small GP practices. He acknowledged that training was essential.
- Dr O'Donnell was asked how it was proposed that quality would be maintained particularly with regard to those GPs who were perhaps not quite so competent. He advised that education and training to keep and raise standards would be critical. There would be teaching practices and practices would be audited.
- Working hours and the Out of Hours Service were discussed. Dr O'Donnell advised that doctors worked long hours but there was an exceptional Out of Hours Service in East Berkshire. His surgery alone accepted 300 new patients each month. Whilst immigration brought enormous benefits in the long term it stretched the services provided today.
- In answer to a question about the opportunity for PBC for paediatrics Dr O'Donnell advised that this was not one of the areas covered at present.

Following the discussion the Panel agreed:-

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- (a) That the Chief Executive of the Berkshire East PCT and the Wexham Park and Heatherwood Foundation Trust be invited to attend a future meeting of the Panel to answer specific questions on matters raised at the meeting with regard to Practice Based Commissioning.
- (b) That the Out of Hours Service number be advertised in The Citizen with an article advertising the Service.
- (c) That Dr O'Donnell be thanked for his time and for his contribution to the debate that evening which the Panel Members had all found very valuable and informative.

### **27 Forward Work Programme**

**Resolved** - That the Forward Work Programme be agreed.

### **28 Date of Next Meeting**

Noted that there would be a joint meeting with the Green and Built Environment Panel on Tuesday, 13<sup>th</sup> November, 2007 at 6.30 p.m.

Chair

(The meeting opened at 6.30 p.m. and closed at 9.00 p.m.)