NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 27 May 2011 at Camden Town Hall, Judd Street, WC1H 9JE

Present Councillors: Alison Cornelius and Graham Old (L.B Barnet), Peter Brayshaw and John Bryant (Vice-Chair) (L.B Camden), Alev Cazimoglu and Anne Marie Pearce (L.B Enfield), Gideon Bull (Chair) and Dave Winskill (L.B Haringey), Kate Groucutt and Martin Klute (L.B Islington)

Officers: Melissa James (L.B Barnet), Rob Mack (L.B Haringey), Katie McDonald and Hannah Hutter (L.B Camden) and Linda Leith (L.B Enfield)

1. WELCOME AND APOLOGIES FOR ABSENCE

Councillor Gideon Bull (Chair) welcomed everyone to the meeting and introduced Councillors Alev Cazimoglu and Anne-Marie Pearce from the London Borough of Enfield as new members of the Committee.

An apology for absence was received from Cllr Maureen Braun, who was being substituted by Cllr Graham Old (L.B Barnet).

2. URGENT BUSINESS

There was none.

3. DECLARATIONS IF INTEREST

Councillor Gideon Bull declared that he was an employee at Moorfields Eye Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

Councillor Alison Cornelius declared that she was a Chaplaincy at Barnet Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

Councillors Peter Brayshaw and Kate Groucutt declared that they were Governors at University College London Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

4. MINUTES

The minutes of the meeting held on 25th March 2011 were agreed, subject to the following:

- Councillor Peter Brayshaw was absent and not present as stated;
- The amendment of the first sentence of paragraph four , Item 6, Vascular Surgery, to read, 'The Committee noted that if a mapping process considered Barnet and Enfield, and the areas north of the

boroughs together, the required minimum population size would be achieved.'

It was

RESOLVED

THAT the minutes of the meeting held on 25th March 2011 be approved.

Matters arising

The Chair suggested that no action be taken to invite the MP for Enfield North as stated in Item 9, Barnet, Enfield and Haringey Clinical Strategy.

5. QUALITY INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PLAN

Liz Wise, QIPP Director and Ann Johnson, Director of Finance, NHS North Central London (NCL) gave a presentation to the Committee providing an update on commissioning plans that had been developed across the NHS in North Central London and the current financial position across the cluster.

The presentation, as attached at appendix A to these minutes, outlined:-

- The financial position
- History
- Current QIPP programme
- Brief overview of the population
- Challenges
- Healthcare landscape
- Balance of spend and services
- Historical financial performance
- Root causes and lesson learned
- Current position – PCT run rate
- 2011/12 NCL deficit before QIPP
- QIPP work streams
- Governance and Oversight; and
- Delivery

The Committee noted if the productivity levels of all local acute providers were brought up the top half of performers on a national basis, approximately 500 less hospital beds would be needed within the sector. Areas with better primary care services tended to spend less money on acute care. Over 50% of PCT expenditure in Barnet and Enfield was on acute services.

The Committee raised questions and concerns relating to budgets. In response to questions, it was noted that the Department of Health determined the funding formula. There were no issues in balancing the books for Camden and Islington, who both had stable finances and had better funding

levels – approximately 15% more - than the other boroughs in the sector. Barnet, Enfield and Haringey had a £60million deficit in 2009/2010 and £81million in 2010/2011. Approximately 30% of procedures had a national pricing formula. Pricing tariffs were not known until January/February and therefore the signing of contracts for procedures were often delayed outside of the financial year.

It was requested that a training seminar be put on for Committee Members to get a better understanding of the national and local pricing mechanisms and contracts.

Discussion took place regarding the QIPP work streams and it was noted that the budget projection by the end of 2011/12 was a deficit of £16.1million across the NCL. The Committee requested a progress report of the previous three months at its September meeting on each of the projects of the QIPP.

The Committee noted that Liz Wise and Ann Johnson would be reporting to every NCL Cluster Board on the QIPP and would ensure details would be passed to the Committee.

The Committee requested that at future meetings any presentations made were circulated in advance of the meeting with the agenda.

It was

RESOLVED

(i) THAT the report be noted;
(ii) THAT a seminar be put together for the Committee to understand the context of national pricing funding formulae and contracts; and
(iii) THAT a report be brought to the September meeting summarising the three month performance of the QIPP projects.

6. QIPP MEDICINES MANAGEMENT; AN OVERVIEW

Liz Wise, QIPP Director, NHS NCL, introduced the report which summarised a review of relative performance against prescribing practices across Barnet, Camden, Enfield, Haringey and Islington which had been undertaken as part of the QIPP process.

The Committee raised questions and in response the following points were noted, namely:-

- Although some drugs were expensive to provide, it was about prescribing them appropriately, for example, using antibiotics at the right time;
- Drugs for rare conditions were being looked at through the review;
- If a patient required expensive and specialised drugs, there was a separate budget;

- There was an extreme price differential between different drug formats. For example, some medicines were only commonly available in tablet form. For those patients who required the medicine in liquid format, special manufacturers had to be used whose charges were not regulated. In some cases, the charges were one hundred times higher than the more commonly available format. There was a procedure in place to ensure the prescribing of such "specials" were only made for those with the greatest need; and
- It was thought that when GP consortia come into being they would take over the responsibility for managing medicines. However, there would be medicine management advisors who would continue to provide guidance/advice.

Discussion took place regarding the pricing mechanisms of drugs and the pricing of prescriptions. The Committee noted that there was a British Drug Formulae and there were three types of prescriptions available; over the counter, prescription only medicines (the charging for which was a political decision set by the Treasury) and controlled drugs.

Further discussion took place regarding the advisory role for medicine management and concerns surrounding a possible postcode lottery on drug prescriptions once GP Consortia was in place. The Committee agreed that a letter would be written to the Secretary of State for Health highlighting the Committee's concerns regarding the large disparity in charges made to PCTs for medicines

It was

RESOLVED

(i) THAT the report be noted; and
(ii) THAT a letter be sent to the Secretary of State for Health highlighting the Committee's concerns regarding the large disparity in charges made to NHS commissioners for medicines.

7. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY

The Committee received a verbal update from Nigel Beverly, NHS NCL and Enfield Borough Director in respect of Barnet, Enfield and Haringey (BEH) Clinical Strategy. The Committee noted that the Secretary of State had asked the Independent Review Panel (IRP) to review of the recent proposals set out by the London Borough of Enfield as well as NHS London's review of strategy and its compliance with the Secretary of States four tests for proposed reconfigurations. The IRP was due to report back to the Secretary of State by 4th July.

In the meantime the implementation of the clinical strategy was continuing; the business case was to be approved and the critical path agreed. The strategy was timetabled for completion by 2013. However, if no final decision

was taken soon, there was likely to be slippage. In addition, Barnet and Chase Farm Hospitals were having to prepare two options appraisals as part of its application for foundation trust status in order to take account of possible outcomes of the current review of the strategy.

Of particular concern were the implications for North Middlesex University Hospital if the strategy was not implemented. The PFI funded improvements to the hospital were based on the assumption that there would be additional levels of activity stemming from the implementation of the strategy. Further delay in implementing the strategy would cause financial challenge that could threaten its long term viability.

Representatives from Enfield stated that their submission had included a number of innovative solutions and stressed that they had no wish to undermine the position of the North Middlesex Hospital. They wished to ensure that the issue was finally resolved.

Concerns were raised by the Committee in relation to the impact that a further delay on a decision could have on health services in the area and agreed that a letter would be sent on its behalf to the Secretary of State requesting that the current uncertainty be ended and that a final decision be made as soon as possible.

It was

RESOLVED

THAT a letter be sent on behalf of the Committee to the Secretary of State requesting that the current uncertainty be ended and that a final decision be made as soon as possible.

8. VASCULAR SURGERY

Dr Nick Losseff, Medical Director - Secondary Care, NHS NCL was joined by Nicholas Law, Consultant Vascular Surgeon, Barnet and Chase Farm Hospitals NHS Trust. He informed the Committee that there had been wide spread clinical input into the proposed service model and it was agreed that larger numbers of people going to a single unit would have better outcomes.

Discussion took place regarding the concept of the single centralised arterial vascular surgery hub and how it would have support from day case and out-patient care in appropriate locations closer to patient's homes. The Committee noted that, on average, within three days of a routine aneurysm operation the patient would be transferred back to the location closer to the patient's home. The Committee were informed that it was expected there would be approximately 300 procedures carried out in the central hub per year. The vascular surgeons would be on an on-call rota and would be based at the hub when on-call.

In response to the Committee's questions regarding location of the hub it was noted that the Chief Executives of the Trusts would be written to, to start

discussions about which Trust would be best placed to deliver the services in the NCL. Once a location had been chosen, there would be specific criteria requirements the Trust would have to meet. Currently no one site in the NCL fulfilled the requirements. If the decision could not be reached co-operatively, there would be a designated process in place to find the appropriate location. It was hoped that by the end of August 2011 a location for the hub would be found.

In response to further questions the Committee noted that, there would be few blue light ambulances going straight to the hub as most patients would be seen at local hospitals first and then transferred to the hub. The Committee noted that the NCL vascular working group met on a quarterly basis. The project strategy that had been adopted by the NCL vascular group had been through a small consultation exercise. The existing cardiovascular network was one of the consultees which consisted of somewhere between 100-150 people, including carers and previous patients. The Committee were assured that it was not just a management decision but was also clinically driven.

Following a detailed discussion, it was

RESOLVED

(i) THAT the report be noted; and
(ii) THAT a paper be brought to the Committee's meeting in September regarding how the site for the hub would be chosen and the reasons for choosing a specific site location.
(iii) THAT the needs of the population immediately north of London, in Hertfordshire and Essex, be taken into account in any final decision by commissioners.

9. QUALITY ACCOUNTS – CAMDEN AND LISINGTON FOUNDATION TURST

The Committee gave its consideration to a report of the Camden and Islington Foundation Trust which provided the draft quality accounts for 2010/11. Ian Diley, Head of Performance and Regulation, gave an overview of the report and stated that it was a mandatory document for NHS trusts in England which was produced annually to allow trusts to provide a public account of work towards improving the quality of service provision.

The Committee raised concerns about the performance figures in relation to compliance with physical health assessment policy included in the report. It was commented that as policy moved towards more patients being supported in the community, the current performance figures displayed for Community Mental Health Teams in 2010/2011 were concerning. The Committee wished to seek further reassurance surrounding the figures to check there would be sufficient capacity to assist service users in the community in 2011/2012. The Committee also suggested that the figures would be better understood in number rather than percentage form.

The Committee also raised concerns about the performance figures relating to advice and services to carers. The Committee asked whether a breakdown could be provided of, for example, the number of people who were getting an actual service as opposed to just information. Members of the Committee were also concerned that the targets stated seem low, especially when they included the provision of information, and were surprised that some of the targets were not being met.

The Committee were of the view that that all carers (where identified) should be offered information, although clearly a much smaller number will receive a service. It might therefore be easier to distinguish between the two and have separate targets.

During the discussion the Committee suggested that next years quality accounts should also include a section on questions put to the board of governors, and requested that the Committees comments to be included in the report.

Following discussion it was

RESOLVED

(i) THAT the report be noted; and
(ii) THAT the Committee's comments be sent in a letter to CANDI signed by the Chair

10. CAMIDOC

Martin Machray, Associate Director, Communications and Engagement, NHS NCL, updated the Committee on its request for access to the report commissioned by Camden PCT into the circumstances leading to the demise of Camidoc. He informed the Committee that the front of the report had included assertions that it could not be released. A letter had been sent to the report authors asking whether these still applied and, if so, to which sections. It was stressed that NHS NCL were trying to get the document released as soon as possible and would get legal advice if the report authors still refused to authorise the release of the report.

The Committee were of the view that the report should be in the public domain as there were crucial questions which needed to be asked and lessons needed to be learnt.

11. NEW ITEMS OF URGENT BUSINESS

There were no items of urgent business.

The Chair requested that Camden's Health Scrutiny Committee's letter to the Secretary of State responding to the "listening exercise" on the Health and Social Care Bill be circulated to the rest of the Committee.

12. DATE AND VENUE OF NEXT MEETING

The Committee noted that the date and venue of the next meetings would be:

15th July 2011 at Islington

23rd September 2011 at Enfield

GIDEON BULL
Chair