

## OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 15 November 2012 commencing at 10.00 am and finishing at 1.40 pm

### **Present:**

**Voting Members:** Councillor Dr Peter Skolar – in the Chair

District Councillor Rose Stratford (Deputy Chairman)  
Councillor Jenny Hannaby  
Councillor Jim Couchman  
Councillor Gill Sanders  
Councillor Lawrie Stratford  
District Councillor Martin Barrett  
Councillor Susanna Pressel  
District Councillor Alison Thomson  
Councillor Tim Hallchurch MBE  
Councillor David Nimmo-Smith

**Co-opted Members:** Dr Keith Ruddle

**Other Members in Attendance:** Councillor Hilary Hibbert Biles (for Agenda Item 6)

### **Officers:**

Whole of meeting Claire Phillips

Part of meeting Jonathan McWilliam  
Angela Baker

### **Agenda Item**

6

### **Officer Attending**

Jane Herve

Andrew Stevens

Tony MacDonald

7, 8

Stephen Richards, OCCG

7

Ginny Hope, NHS Oxfordshire

Dr Geoff Payne, Thames Valley Local Area Team, NHS  
Commissioning Board

Dr Prit Buttar, Oxfordshire Local Medical Council

Dr Paul Roblin, Local Medical Council, Thames Valley

Angie Eachus, NHS Oxfordshire

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.*

**65/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Councillor Gearing (Councillor Hallchurch substituting), Councillor Strangwood (Councillor Nimmo-Smith substituting). District Councillor Hood, Dr Harry Dickinson and Mrs A Wilkinson.

**66/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 2)

Cllr Dr Skolar declared that when practising he had been the Chair of the LMC for his area in London.

**67/12 MINUTES**

(Agenda No. 3)

The minute were approved with the following amendment:

The first sentence of the second paragraph of item 61/12 should read: *“Alan Webb explained that the visit had focused on a defined list of Key lines of Enquiry which by the end of the day over 90% were rated green”*

Matters arising:

59/12 Health and Wellbeing Strategy

Cllr Pressel asked if the Committee’s request that the strategy include priorities for providers should be an action point. The Director of Public Health, replied that all comments had been logged and will be taken into account when the strategy is refreshed for the next year.

A&E waiting times

The committee asked OUHT to provide them with updates on A&E waiting times and delayed transfers of care.

**68/12 SPEAKING TO OR PETITIONING THE COMMITTEE**

(Agenda No. 4)

Dr Ken Williamson of Keep our NHS Public (Oxford) addressed the committee. He asked about statements by the OCCG that it was obliged to adopt tendering of services under the ‘Any Qualified Provider’ (AQP) framework. He said that government policy and the law are different, as a press release by the Health Minister to the Stroud group has shown, and that the NHS is not legally required to put

services out to tender. He said that AQP and competitive tendering gives GPs no guarantee of control over the service or control of quality.

The committee asked Dr Williamson if there was any case law supporting this interpretation of the law. He said that it came from a press release issued by the Minister. He will circulate the references and evidence to the committee. The committee will ask OCCG to respond under item 8.

## **69/12 PUBLIC HEALTH**

(Agenda No. 5)

The Director of Public Health, Jonathan McWilliam provided the committee with his regular report on matters of relevance and interest to the committee.

### Obesity

The Director of Public Health was asked if the committee should write to the Government asking for tighter regulation of the food industry to combat obesity. The Director said that new food labelling rules are being introduced, providing the public with the information necessary to make sensible and informed decisions about their diet.

### Tuberculosis

Angela Baker, Consultant in Public Health, NHS Oxfordshire presented an update (JHO5) on work to address Tuberculosis in Oxfordshire.

Tuberculosis is most prevalent amongst the homeless, drug or alcohol abusers, those with immunosuppressant conditions, and people from countries with a high level of the disease.

Cases in Oxfordshire are rare and stable.

There are three ways to combat it:

- Targeted screening
- Early detection
- Ensuring that patients complete the course of treatment
  - o This is especially important to reduce the risk of antibiotic resistance developing

In Oxfordshire, the following actions have been taken:

- Homeless Screenings
- Pharmacy campaigns
- Liaison with local language schools

The committee asked about the procedures for screening at ports of entry of visitors from high-risk areas. In the past, people were asked to complete a survey that was sent to the Health Protection Agency, but follow-up was difficult as people would move on from the UK address they gave. New regulations soon to come into force will require visitors from high-risk areas to provide a certificate of health or evidence of vaccination when they arrive.

The committee asked for an outline of how at-risk children are identified for vaccination. The decision on whether to vaccinate a baby is made if the parents are from high-risk countries or are either likely to visit one or have guests from them within the first six months of the child's life. Surveys, in various languages, are also given to parents during both the reception year of school and in year seven.

Control of the disease is passing to the Clinical Commissioning Group from April 2013, but public health will have a monitoring role.

The Director of Public Health emphasised that tuberculosis is very difficult to catch.

## **70/12 TEMPORARY SUSPENSION OF BIRTHS AT THE COTSWOLD MATERNITY UNIT, CHIPPING NORTON**

(Agenda No. 6)

Public addresses were made by:

Cllr Hibbert-Biles

Kim Murray, Susannah King mothers

Sarah Boyd, user representative, Maternity Services Liaison Committee

Oxford University Hospitals Trust were represented by:

Jane Herve, head of the OUHT midwifery service,

Andrew Stevens, the director of planning,

Tony McDonald, General Manager, Children's and Women's Division

Cllr Hibbert-Biles requested that this item be held in camera, but the committee decided to remain in public session. Due to the nature of some of her concerns, Cllr Hibbert-Biles will write to the chairman privately.

Cllr Hibbert-Biles raised concerns about mothers being discharged two hours after giving birth, of accounts of poor treatment requiring transfers to Banbury, that the service had broken down after the departure of two senior midwives, and new-born babies were not receiving the early health checks they require. She wanted a full independent enquiry and asked the HOSC to request this of OUHT. The Royal College of Midwives should be involved in any enquiry to ensure objectivity.

Kim Murray, a mother, addressed the meeting with her experiences of the unit. She had experienced poor treatment by the management and poor service by one of the mid-wives. She is aware of similar incidents from other women

Susannah King, a user representative for the MSLC, detailed her experiences of poor management and lack of confidence in the current midwives. She wants an extensive and independent enquiry.

Sarah Boyd, the Midwifery Services Liaison co-ordinator, said she had surveyed local women for their experiences over the last year. 30 responses were received, some positive and some negative. Many reported the lack of an overnight service, inconsistency of staffing, a mother having to be let in by the cleaner, and mothers receiving poor attention from the midwives. However, the unit itself was highly valued.

Jane Herve, the head of the OUHT midwifery service, Andrew Stevens, the director of planning, and Tony McDonald, General Manager, Children's and Women's Division addressed the meeting on behalf of OUHT.

The trust highly values the maternity unit and is absolutely committed to reopening it as soon as possible. There are issues surrounding the unit and its staff which cannot be discussed in public.

The unit was suspended in view of comments received, mostly about working practices rather than one single incident, and as a result of other evidence such as benchmarking the service against both the other three midwifery led units in the county and national targets. There were particular concerns about the high level of transfers which were far above the expected levels. There has been no evidence of poor clinical provision or adverse outcomes, however. Mothers can stay for up to 24 hours and it is not the Trust's policy to discharge women after two hours, although they can voluntarily discharge themselves if they wish.

OUHT are happy to take external advice on the review, including from the Royal College of Midwives. They are open to agreeing who should be involved with the Committee, and to having independent representation on the panel. The committee felt that three months was an excessive amount of time for the review. OUHT want a three month review to ensure thoroughness and that all key stakeholders are involved.

Dr Ruddle was concerned that keeping the unit closed for so long would raise questions about its viability, and that after re-opening it would take time for the unit to regain the confidence of the local population. Cllr Hannaby asked why external staff could not be used to keep the unit open during the review. OUHT said that using outside staff raises issues about keeping the service open overnight.

It was AGREED that OUHT would liaise with the Chairman about the independent involvement in the review and to report back to the HOSC with the findings of the review as soon as possible in 2013

## **71/12 PRIMARY CARE IN OXFORDSHIRE**

(Agenda No. 7)

Stephen Richards, Chief Executive, OCCG

Ginny Hope, Head of Primary Care Contracted Services, NHS Oxfordshire

Dr Geoff Payne, Medical Director, Thames Valley Local Area Team, NHS Commissioning Board

Dr Prit Buttar, Chair, Oxfordshire Local Medical Council

Dr Paul Roblin, Chief Executive, Local Medical Council, Thames Valley

Angie Eachus, Programme Manager, Primary Care, NHS Oxfordshire

Primary Care

The Chairman introduced the discussion by explaining that about 90% of the public's contact with health services is through primary care, but this committee has not examined it before.

Ginny Hope gave the committee a short overview of Primary Care in Oxfordshire. The NHS is currently undergoing its most radical reorganisation in sixty years. There are new functions and new relationships that have to be developed. Under the new structure there will be a single performance model and single set of performance data. There will be an increased role for local government through Health & Wellbeing Boards.

#### GPs

The chairman asked about the future of the various GP contracts currently in existence (GMS/PMS/APMS).

GP contracts will be negotiated at the national level, although APMS contracts will still continue. There will be reductions in the resources and funding available for GPs, although the exact figures are currently unknown. The committee will be informed once the amount becomes available.

Oxfordshire is considered a wealthy and healthy county, so will face greater funding pressures than elsewhere. The expectation is that most practices will lose several thousand pounds, but some will see six figure reductions. These losses will inevitably impact the services provided and staffing. However, whilst funding has shifted to secondary in recent years, the introduction of GP commissioning and the move to community-provided services (mirroring in a way the old out-patient clinics) means GPs have faced an increased workload. There is a requirement for a mix of clinical and managerial skills in the service, but variation in the quality of management across the county's 83 practices needs to be addressed.

#### Medicines Usage Review

There are far more medicines available now than in the past. Regular reviews ensure patients are taking the right medicines for their conditions. This is particularly important for those taking a variety of medicines as combinations can cause issues. There are benefits to working with community pharmacies to ensure reviews cover over-the-counter medicines and any herbal supplements people might be taking.

#### Rural dispensing

The committee asked about rural dispensing.

29 practices in rural areas can also dispense medicines. There are still gaps in provision, although rural dispensing is tightly-regulated to reduce potential conflicts of interest and impacts on other dispensers. No practice is allowed to dispense if there is a pharmacy within a radius of 1.6km.

#### Service commissioning

Primary Care will be commissioned by the Local Area Teams of the NHS Commissioning Board. Whilst there is a single operating model, they take a cross-Thames Valley approach. The relationship between GP commissioning and the local area commissioning team is an important issue for OCCG.

Cllr Pressel asked if the traditional model of general practice can survive.

Cheaper ways of providing GP services need to be found. There is an increasing reliance on salaried staff and locums, as well as a higher turnover of staff, which can impact on continuity of care. This also reflects the trend in new entrants moving away from traditional 365 GP work. Concerns also exist that contracts for health centres

like Deer Park in Witney are too easily dominated by big conglomerates and that local GP groups cannot compete. It was noted, however the commissioning boards cannot assist with bid preparation without risking legal challenge. The role of the commissioner it was noted is to hold under performing primary care to account in the way that happens with underperforming schools.

There are national rules on how large a tender has to be, and the commissioners have a range of contracts they can choose to employ depending on the situation. However, a provider's previous service history cannot be taken into consideration when assessing tenders.

The committee asked if Banbury Health Centre is value for money.

It is run by local shareholders and is a dedicated local provider. Although the creation of the centre was imposed from above and it receives three times more funding per patient than other practices, it is open for longer and provides services to groups that have been difficult to reach in the past. Whilst it means that funding is being distributed disproportionately to the north of the county, the experience gained could be used to provide a similar service in Oxford. The committee were keen to see that learning is shared across the county.

The committee asked about arrangements for patients using services in other authorities. Patients living on the county's borders have often used GP services in other counties, and there are long-standing processes to handle this which will continue under the new regime.

#### Learning Disabilities Services

The committee expressed concern about access to services for those with learning disabilities. There were now 79 practices signed up for the LD healthcheck scheme, and that they were still being supported by liaison nurses. Around 2000 people have been identified as requiring services. The Health & Well-being Board has said that the service should be offered to all those who require it.

The Local Medical Council said that as they were discretionary services not all practices were offering the services themselves although all had access to a register of where they were available so can refer patients.

## **72/12 CLINICAL COMMISSIONING UPDATE**

(Agenda No. 8)

Dr Stephen Richards, Chief Executive, OCCG

#### Keep our NHS Public

Stephen Richards repeated his commitment to meet with Keep our NHS Public. In response to Dr Williamson's address (item 4), they are only using Any Qualified Provider for adult autism, podiatry, and audiology services. The OCCG considers that there is room for growth in these areas. Ultrasound services were considered for AQP, but based on the central model would have been too expensive. They will report to the committee on the process.

#### Authorisation

OCCG are in the process of submitting five outstanding conditions to the NHS by December and expect to have authorisation in the new year.

Committee members expressed concerns about the complicated layers structuring involvement and engagement with the OCCG.

Dementia

OCCG applied for, and received, just under £500,000 of extra funding for dementia services along with partners.

## **73/12 OXFORDSHIRE LINK GROUP – INFORMATION SHARE**

(Agenda No. 9)

Adrian Chant, Mary Judge and Patricia Wells from LINK attended the meeting.

### **Chipping Norton Maternity Unit**

LINK expressed an interest to be part of the review of the maternity unit at Chipping Norton (item 6)

### **Maternity Review**

LINK have given presentations on maternity services to the Children's Scrutiny Committee and the shadow children's partnership. Key themes that have arisen are breast feeding, mental health during maternity, and the continuity of care. In answer to a question from the committee, it was noted that home birthing has also been mentioned. About 160 replies have been received so far. Their findings will feed into the commission's review.

### **District Nursing**

The district nursing service is currently undergoing a reorganisation. Patricia Wells said that it would have an effect on care homes as the service is very important to them. The Chairman will raise the matter with Oxford Health and request a report.

### **Mental Health**

A follow-up meeting on the mental health review will take place on 6 December at the Old Fire Station, Oxford.

LINK have concerns that residents at care homes are being labelled by staff as suffering from dementia despite lacking an official diagnosis. They have asked the Committee to be aware of this.

### **ME**

A survey of GPs suggested that they want more services for children and a single point of access in the county to direct people to, however it has been difficult to get a good response rate as many GPs expect to be paid for their time. The current pathway is not available on the PCT's intranet, so the OCCG should be asked to provide it once they take over.

## **74/12 CHAIRMAN'S REPORT**

(Agenda No. 10)



The Chairman has attended meetings of OUHT & CCCG

**75/12 CLOSE OF MEETING**

(Agenda No. 11)

The meeting closed at 13.40

..... in the Chair

Date of signing .....