

MINUTES OF THE HEALTH SELECT COMMITTEE
Thursday, 13th December 2007 at 7.00 pm

PRESENT: Councillor Leaman (Chair) and Councillors Crane, Fox (alternate for R Moher), Jackson and Moloney.

Apologies for absence were received from Councillor R Moher.

1. Declaration of Personal and Prejudicial Interests

There were none.

2. Minutes of Previous Meetings

RESOLVED:- that the minutes of the meeting held on 23rd October 2007 be received and approved as an accurate record.

In respect of the Acton Lane Surgery item, Councillor Moloney advised that he was a patient of the surgery.

3. Matters Arising

The Chair informed those present that James Sandy (Policy and Performance Officer) had left the Council to take up employment elsewhere. He noted that he had extended his thanks to Mr Sandy for the excellent support he had provided to the Health Select Committee during his time at Brent.

Mansukh Raichuria (Chair, Brent tPCT Public and Patient Involvement Forum (PPIF)) also sought to draw attention to outstanding concerns raised at a previous meeting that the North West London NHS Hospitals Trust Overseas Visitor Policy might be being applied to minority ethnic patients living locally, and it was agreed that the matter would again be followed up with the Trust following the meeting.

4. Dentistry in Brent

At the previous meeting of the Health Select Committee, members had agreed that it would be useful to focus the current meeting on dental service provision in Brent. Thus, Mr Jamil Choglay (Contracts Manager, Brent Teaching Primary Care Trust (Brent tPCT)) attended to provide a presentation on this issue, outlining the key aims of the new three year contract for dental services in the borough.

Members were informed that a new pricing system had been established based on three payment bands. Particular emphasis was placed on the fact that the Trust had been successful in achieving an one hundred percent NHS sign up rate for the new contract, and that

the introduction of an emergency out of hours service had led to a reduction in the number of patients presenting at Accident and Emergency wards for dental services. With reference to a diagram illustrating the distribution of practices in Brent, the Committee were also reminded that the borough had one of the highest numbers of dental practices in London.

The funding and patient charging systems were further outlined, and members were reminded that the current shortfall of approximately £300k was indicative of a wider national problem rather than specific to the local area. Emphasis was also placed on the fact that 25 dental practices within the borough had been audited, with all of them passing the inspection.

Following an invitation from the Chair to comment, Mansukh Raichuria (Chair, Brent tPCT Public and Patient Involvement Forum (PPIF)) welcomed the introduction of an out of hours dental service, and acknowledged that the new patient charging system provided a more simplified process than the previous regime. Nevertheless, he highlighted that feedback received through the PPIF indicated that patients found the criteria for free service entitlement confusing, and that waiting times still represented an area of concern. Overall, it was stressed that the effect on patients was not evenly spread, with a disproportionate impact being borne by marginalised sections of the population who could not afford private care.

Jo Ohlson (Director of Primary Care and Community Commissioning, Brent tPCT) responded that when the tPCT had taken over the community dental service earlier in the year, a lack of mix of specialities had resulted in higher waiting times in some areas than in others. With this in mind, she was of the view that a joint review of dental services should be carried out by the local authority and tPCT, with one area of enquiry being whether any areas of work currently carried out by the community service could be transferred to the general dentistry service. It was additionally stressed that funds had not been taken out of community dentistry under the recent tPCT Turnaround Plan.

There followed a discussion about the out of hours emergency service, whereby if a patient could not be seen by their own dentist they would be able to access services elsewhere. Whilst one individual sought to draw attention to the problems associated with residents living on the outskirts of Brent who were registered with dentists in neighbouring boroughs, it was pointed out that all primary care trusts had similar arrangements for out of hours treatment.

Following the admission that that Brent was likely to receive reduced levels of central government funding for dental services in future years, a point was raised about the borough's increasing population. In return, members were advised that whilst the funding levels for the year 2009/10 were not yet known, it was anticipated that population figures

would be taken into account in terms of the funding calculations. Given the likelihood of reduced funding levels, the Chair asked for clarification as to how the tPCT would approach reducing the number of dentists in the borough. In response, it was advised that this issue would be examined as part of the wider oral health strategy, and Ms Ohlson commented that it might be useful for the tPCT to present this strategy to the Health Select Committee at a future date. Overall, it was asserted that the new dentistry system would result in improvements to the oral health of the population.

5. Public and Patient Involvement Forum (PPIF) Update

With reference to the minutes of the previous meeting, Mansukh Raichuria (Chair, Brent tPCT PPIF) welcomed the forthcoming meeting on 21st December 2007 regarding the establishment of LINKs (Local Involvement Networks), and stressed the need for continued collaborative working. In response to a query raised about funding levels, Jacqueline Casson (Policy and Performance Officer) added that it was hoped that further information would be available in advance of this meeting.

6. Acton Lane Surgery

The Chair reminded that at the previous meeting of the Health Select Committee, a deputation had been received regarding the future of Acton Lane Surgery (85-86 Acton Lane Surgery). A subsequent tPCT statement outlined the circumstances through which a dispute between the two GPs working at the surgery had led to a change of services, and copies of this document were circulated to those present.

It was explained that following enquiries into the matter, it had become clear that the situation had been initiated by one of the GPs who had chosen to dissolve the partnership. Whilst recognising that the outcome would undoubtedly be disappointing for some of the patients at the surgery, the Chair expressed the view that the matter had been handled appropriately by the Trust. He added that on behalf of the Committee, he would write to the individuals who had put forward the deputation.

Highlighting that to date the tPCT had not provided a response to the petition regarding Acton Lane Surgery, one member felt that the letter failed to address the points that had been raised under the deputation. Additional concerns were raised about insufficient consultation with patients prior to service changes. Mark Easton (Chief Executive, Brent tPCT) responded by apologising for any error that had resulted in the Trust not having yet provided a response to the petitioners. However, in outlining the circumstances that had led to the current situation, he was clear that discussions had taken place with both doctors involved, as well as a number of patient representatives advocating for each side. Given that the surgery contract had been awarded to one of the

doctors on a temporary basis, it was also stressed that the Trust would consult with patients prior to awarding a permanent contract at the end of March 2008.

Mr Easton also explained that the Panel that had made the final decision regarding the temporary contract had comprised of two tPCT directors, an independent doctor and two other individuals. Overall, it was emphasised that the decision making process had been conducted in an appropriate matter, involving a formal minuted meeting.

7. Brent Birth Centre – Draft Response to Joint Consultation (North West London Hospitals NHS Trust and Brent tPCT)

Those present were reminded that a special meeting of the Health Select Committee had been held on 3rd October 2007 to give members the opportunity to discuss the consultation being carried out on the future of the Brent Birth Centre. A draft response from the Committee to this consultation had subsequently been produced and circulated. In the absence of any comments having been received regarding this document, members were asked to agree the final draft.

RESOLVED:-

that the formal response of the Health Select Committee to the consultation on the future of the Brent Birth Centre be agreed.

8. Joint Health Overview and Scrutiny Committee Update

As the Council's nominated representative, the Chair updated members on developments regarding the London-wide Joint Overview and Scrutiny Committee (JHOSC). Noting that this committee had been established to review the 'Healthcare for London' report by Professor Sir Ara Darzi, discussions that had taken place at the four meetings held to date were briefly outlined. In particular, attention was drawn to a presentation delivered by Dr Fiona Campbell, who had been asked by London Councils to report on the Darzi proposals from a local authority perspective.

In view of the potentially wide reaching implications of the 'Healthcare for London' report, the Chair emphasised that it would be essential for the Health Select Committee to develop a good understanding of this area of work. Whilst commenting that this would eventually enable the Committee to take part in the formation of local initiatives, those present were reminded that the current stage of the consultation focused on models of care rather than specific schemes. Members were further reminded that the second stage of the consultation would provide an opportunity to look at how these models of care could fit with existing local structures. Thus, overall it was proposed that a representative from the Brent tPCT would be invited to the next meeting of the Committee to provide a presentation on the Darzi proposals.

Further to an invitation to comment, Mark Easton (Chief Executive, Brent tPCT) explained that as part of the consultation process, the Trust had a duty to disseminate information on the Darzi proposals to the local population. Consequently the organisation was already undertaking discussions with relevant public stakeholder groups, and would hold a series of public meetings and attend a number of Area Consultative Forums over the coming months. It was agreed that when available, the tPCT consultation proposals would be circulated to the Committee.

9. Task Group Update

Noting that the last meeting of the NHS Finances Panel had focused on the impact of tPCT Turnaround Plan on voluntary sector organisations, the Chair also highlighted that he had recently attended a Brent Mencap stakeholder event. Members were informed that the tPCT would be asked to provide an update on developments on the Turnaround Plan at the next Panel meeting.

10. Date of Next Meeting

It was noted that the next two meetings of the Health Select Committee had been rearranged to take place on 19th February and 10th April 2008 respectively.

11. Any Other Urgent Business

There was none.

The meeting ended at 8.15 pm.

C LEAMAN
Chair

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