

# HEALTH SUB-COMMITTEE MINUTES

## 16 JUNE 2010

**Chairman:** \* Councillor Jerry Miles

**Councillors:** \* Ann Gate \* Mrs Vina Mithani  
\* David Gawn (2) \* Simon Williams

**In attendance:  
(Councillors)** Mrs Lurline Champagnie OBE  
Barry Macleod-Cullinane  
Paul Osborn

\* Denotes Member present  
(2) Denotes category of Reserve Members

### 1. Attendance by Reserve Members

**RESOLVED:** To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Reserve Member

Councillor Varsha Parmar

Councillor David Gawn

### 2. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

Agenda Item 8 – The Village Practice Pinner and Buckingham Road Surgery,  
Agenda Item 9 – NHS Harrow Results and Responses from Consultation on a  
Polysystem of Primary Care for East Harrow,  
Agenda Item 10 – The North West London Hospitals NHS Trust Quality  
Account.

Councillor Ann Gate declared a personal interest in that she worked in a General Practitioner Surgery in Harrow. She would remain in the room whilst the matter was considered and voted upon.

Councillor David Gawn declared a personal interest in that his mother worked in a General Practitioner Surgery in the borough. He would remain in the room whilst the matter was considered and voted upon.

Councillor Mrs Vina Mithani declared a personal interest in that she worked for the Health Protection Agency. She would remain in the room whilst the matter was considered and voted upon.

Councillor Simon Williams declared a personal interest in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust. He would remain in the room whilst the matter was considered and voted upon.

Agenda Item 9 – NHS Harrow Results and Responses from Consultation on a Polysystem of Primary Care for East Harrow

Councillor Barry Macleod-Cullinane declared a personal interest in that he was a Councillor for the Belmont Ward. He would remain in the room whilst the matter was considered and voted upon.

**3. Appointment of Vice-Chairman**

**RESOLVED:** That Councillor Mrs Vina Mithani be appointed as Vice-Chairman of the Sub-Committee for the Municipal Year 2010/11.

**4. Public Questions, Petitions and Deputations**

**RESOLVED:** To note that no public questions were put, or petitions or deputations received at this meeting.

**5. References from Council and Other Committees/Panels**

There were none.

**RESOLVED ITEMS**

**6. The Village Practice Pinner and Buckingham Road Surgery**

The Director of Development and System Management, Harrow Primary Care Trust (PCT), introduced the report and explained that there were 6 key themes which they had identified as a result of concerns raised about the closure of the Pinner Village Practice. These issues related to:

- why the Village Surgery had closed;
- whether the Village Surgery would re-open;
- whether a specific doctor would be practising at the new surgery;
- why there had been no consultation;

- what would future consultations involve;
- where could patients now register for GP surgery.

The issues were addressed by the representative who informed the Sub-Committee that:

- the PCT previously held a contract with 3 partners at the Village practice. General Practitioners were independent contractors. By mid February, two partners had resigned. However whilst they had left the practice, they were still liable under the contract for provision of services. The PCT wrote to all three partners to ask for clarity to ensure patient safety and continuity of services. No joint response was received. This concerned the PCT and concerns were raised by patients about access to appointments. The PCT issued a contract notice to attempt to remedy the situation. The remaining General Practitioner then decided to resign, which left no contract holders on-site. Subsequently all partners agreed to terminate the contract. As a result, Pinn Medical Centre was identified to provide temporary cover. The PCT reported that the General Practitioners worked with them to support a smooth transition;
- the Pinner Village practice was not owned by the PCT and it was unlikely that any practice would open at this location in the future. This decision would have to be made formally by the PCT board following an engagement process with patients;
- not having consultation prior to the closure of the surgery was unfortunate. However there was not enough time given the speed at which events unfolded;
- the PCT were committed to consulting on future plans and sought views from the Sub-Committee on how to perform this;
- patients from the previous Village Surgery could register at Pinn Medical Centre or other surgeries if they so wished.

During the discussion on this item, Members raised a number of issues, which representatives from the PCT responded to as follows:

- figures relating to costs of providing services in one location would be provided to the Sub-Committee;
- funding provided to surgeries was largely based on the size of their registered patient lists. Income was received per patient. The same number of patients would still be registered so funding would remain the same. Any potential saving would only come from a notional rent which was provided to surgeries by the PCT;

- future consultation would aim to gain an understanding from patients of any difficulties they may have in using Pinn Medical Centre and to understand what their general views were;
- Pinn Medical Centre was 320 metres away from the Pinner Village practice. It was a new build which complied with the Disability Discrimination Act. Car Parking was an issue but there was little the PCT could do in this regard;
- monitoring of surgeries was conducted by utilising a scorecard system which was available on the NHS Harrow website. This was compiled by using a series of monitoring events which were both clinical and practical in their nature;
- some of the auditing processes were carried out by the PCT. This involved physically going into practices. The Village Surgery had achieved high targets in the monitoring process. If issues did arise, action plans were devised;
- concerns about the adequacy of performance monitoring was addressed through regular reports to the PCT board;
- the Village Surgery comprised of 3 contractors and 2 further salaried GPs.

A Member, who was not a Member of the Sub-Committee, suggested that a review should be conducted to investigate the closure so that lessons could be learnt and to allay concerns raised by residents.

The Chairman expressed that generally the Sub-Committee did have concerns about the monitoring process utilised by the PCT in relation to this surgery. He therefore proposed that a Challenge Panel be established to investigate the issues further in more detail.

**RESOLVED:** That a Challenge Panel be established to investigate issues relating to the closure of the Village Surgery, Pinner.

## **7. NHS Harrow Results and Responses from Consultation on a Polysystem of Primary Care for East Harrow**

The Sub-Committee were informed that a public consultation had been conducted in relation to the establishment of a polysystem of primary care for East Harrow and the redevelopment of Belmont Health Centre. The Director of Development and System Management, Harrow Primary Care Trust, explained that a range of feedback had been received. Patient groups had also been consulted. The overall response was that over two-thirds endorsed a polysystem and the redevelopment of a Belmont Health Centre. It was also highlighted however that North West London Hospitals Trust could not fully support the plans for a polysystem model as it could destabilise their financial model. Harrow General Practitioner community also had some concerns regarding the cost of new service provision.

The results of the consultation had been discussed at PCT board meetings. A final business case was requested in relation to the redevelopment of Belmont Health Centre. General Practitioners were key stakeholders and would be fully consulted on the model of care provided at Belmont Health Centre.

During the discussion on this item, Members raised a number of issues which representatives responded to as follows:

- the theme of polysystems was about improving care and access for patients closer to home;
- the current location for the Belmont Health centre was currently owned by the Local Authority. There was a proposal to buy the land and discussions were taking place with General Practitioners to see if a sustainable business case could be developed;
- consideration would be given to travel arrangements to Belmont Health Centre for those who were elderly, frail and with young children;
- Belmont Health Centre was well placed to accommodate a large health centre. The location was not in a residential area and had good transport links.

The Chairman commented that broadly the Sub-Committee were in agreement with the proposals and asked that they be kept informed of future developments.

**RESOLVED:** That the report be noted and that Harrow PCT keep the Sub-Committee informed of future developments in relation to a polysystem of care for East Harrow.

## **8. The North West London Hospitals NHS Trust Quality Account**

The Chief Executive of the North West London Hospitals NHS Trust introduced the item and explained that they were required to publish the quality accounts on the website. The NHS was required to consult with their partners on the Quality Accounts and they were requesting a written statement from the Committee to highlight that this had taken place.

Three main targets had been identified as part of quality improvement for 2010/11. These were:

- reducing mortality rates;
- improving patient safety through reducing Healthcare Acquired Infections and increasing incident reporting;
- improving the experience of patients in our hospitals by reducing numbers of complaints and improving results in patient experience indicators.

During the discussion on this item, Members raised a number of queries, which the representative responded to, which included that:

- MRSA rates had reduced dramatically. The target was to only have a maximum of 8 cases for this year but to date, there had been no reported cases. Virtually all patients were screened for MRSA;
- there had been a significant reduction in C difficile cases for 2009/10;
- there were two main financial issues: ongoing expenditure levels and historic debt which amounted to about £25 million. The NHS trust had met their financial controls for the last few years and were confident of breaking even for this year. Additionally improvements were continuing to be made even on reduced resources;
- there had been a reduction in complaints in a number of areas. Complaints were reported to a public board meeting and were being utilised as a tool to gain knowledge and improve performance;
- patients' experiences were monitored by the use of a Link group and the trust's own patient group called The Hub. The Hub comprised of over 200 Members;
- most of the targets in relation to waiting times were embedded in contracts so there were penalties for not adhering to these;
- data relating to the We Care Programme, designed to empower staff to understand the changing needs of patients and make changes necessary to improve the patient experience, was obtained with the assistance of a professional organisation.

**RESOLVED:** That the North West London Hospitals NHS Trust be provided with a written statement from the Committee confirming that consultation had taken place regarding the Quality Accounts 2009/10.

## **9. Any Other Business**

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late as details of Health Service Reconfiguration had only just been published. Accordingly the Sub-Committee received a tabled document which provided details on the Secretary of State for Health's plans relating to Health Service Reconfiguration.

**RESOLVED:** That the tabled document be noted.

(Note: The meeting, having commenced at 7.34 pm, closed at 9.00 pm).

(Signed) COUNCILLOR JERRY MILES  
Chairman