



Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 20 December 2005 at 7.00 p.m.

A G E N D A

VENUE

Room M73, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent,
London, E14 2BG

Members:	Deputies (if any):
Chair: Councillor Khaled R Khan Vice-Chair: Councillor Betheline Chattopadhyay	
Councillor Azizur Rahman Khan Councillor Kevin Morton Councillor Timothy O'Flaherty Councillor Helal Rahman Councillor Oliur Rahman	
[Note: The quorum for this body is 3 Members].	

Co-opted Members:	
Mrs Kathleen Banks	– Barts and The London Patient Public Involvement Forum (Chair)
Mr Naruz Jaman	– Tower Hamlets PCT Patient and Public Involvement Forum (Vice-Chair)

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact: Simmi Yesmin, Democratic Services, Tel: 020 7364 4120, E-mail: simmi.yesmin@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 20 December 2005

7.00 p.m.

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992.

Note from the Chief Executive

In accordance with the Council's Code of Conduct, Members must declare any **personal interests** they have in any item on the agenda or as they arise during the course of the meeting. Members must orally indicate to which item their interest relates. If a Member has a personal interest s/he must also consider whether or not that interest is a **prejudicial personal interest** and take the necessary action. When considering whether or not they have a declarable interest, Members should consult pages 181 to 184 of the Council's Constitution. Please note that all Members present at a Committee meeting (in whatever capacity) are required to declare any personal or prejudicial interests.

A **personal interest** is, generally, one that would affect a Member (either directly or through a connection with a relevant person or organisation) more than other people in London, in respect of the item of business under consideration at the meeting. If a member of the public, knowing all the relevant facts, would view a Member's personal interest in the item under consideration as so substantial that it would appear likely to prejudice the Member's judgement of the public interest, then the Member has a **prejudicial personal interest**.

Consequences:

- If a Member has a **personal interest**: s/he must declare the interest but can stay, speak and vote.
- If the Member has **prejudicial personal interest**: s/he must declare the interest, cannot speak or vote on the item and must leave the room.

When declaring an interest, Members are requested to specify the nature of the interest, the particular agenda item to which the interest relates and to also specify whether the interest is of a personal or personal and prejudicial nature. This procedure is designed to assist the public's understanding of the meeting and is also designed to enable a full entry to be made in the Statutory Register of Interests which is kept by the Head of Democratic Renewal and Engagement on behalf of the Monitoring Officer.

	PAGE NUMBER	WARD(S) AFFECTED
3. UNRESTRICTED MINUTES	1 - 6	
<p>To confirm as a correct record of the proceedings the unrestricted minutes of the ordinary meeting of Health Scrutiny Panel held on 28th September 2005.</p>		
4. REPORTS FOR CONSIDERATION		
4 .1 Delivering Choosing Health - Review Update	7 - 14	All Wards
4 .2 Annual Health Check - Follow Up	15 - 24	All Wards
4 .3 Independent Assessment and Treatment Centres	25 - 38	All Wards
5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT		

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LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

MINUTES

At a meeting of the **HEALTH SCRUTINY PANEL** held on **WEDNESDAY 28th SEPTEMBER 2005** at the **TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG** at **7.00 P.M.**

SECTION ONE

PRESENT:

Councillor Khaled R. Khan	Chair
Councillor Betheline Chattopadhyay	Vice Chair
Councillor Azizur R. Khan	
Councillor Oliur Rahman	

OFFICERS PRESENT:

Ian Wilson	-	Corporate Director of Social Services
Michael Keating	-	Head of Research and Scrutiny
Delyth Davies	-	Scrutiny Policy Officer
Tim Hogan	-	Democratic Services
Simmi Yesmin	-	Democratic Services

ALSO PRESENT:

Martin Cusack	-	Tower Hamlets Primary Care Trust
John Humphreys	-	North East London Strategic Health Authority
George Leahy	-	Tower Hamlets Primary Care Trust
Slobodanka Rangelov	-	Barts and London Trust – Patients Public Involvement Co-ordinator

COUNCILLOR K. KHAN IN THE CHAIR

The Chair welcomed everyone to the meeting of the Health Scrutiny Panel. He thanked everyone for their attendance, following which those present introduced themselves.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillors Kevin Morton, Tim O’Flaherty and Helal Rahman. Apologies for absence were also received on behalf of Ms Kathleen Banks and Mr Nuruz Jaman, Co-opted Members.

RESOLVED

That the apologies be noted.

2. DECLARATIONS OF INTEREST

None

3. UNRESTRICTED MINUTES

Resolved

That the minutes of the meeting of the Health Scrutiny Panel held on 21st June 2005 be approved as a correct record of proceedings and the Chair be authorised to sign them accordingly.

4. REPORTS FOR CONSIDERATION

4.1 DELIVERING CHOOSING HEALTH REVIEW – UPDATE REPORT (HSP 005/056)

Ms Delyth Davies, Scrutiny Policy Officer, introduced the report and highlighted the main points in the review including:

- holding focus groups with adults and young people
- launching a special website with discussion forums during Local Democracy Week

In response to Members’ questions it was confirmed that this review would be publicised during Local Democracy Week, in local Schools and the Eastend Life newspaper.

Councillor Chattopadhyay volunteered to help facilitate this project.

Resolved

That the report be noted.

4.2 ANNUAL HEALTH CHECK- HEALTH CARE COMMISSION (HSP 006/056)

Ms Davies introduced this report and went on to explain that the Healthcare Commission would annually assess all NHS Trusts using a new assessment framework. The framework would include an assessment of core standards, existing targets, use of resources, new national targets and improvement reviews.

Trusts had to produce their final declarations by April 2006.

RESOLVED

1. That the report be considered and noted.
2. That a joint meeting on 3rd October 2005 be held together with Hackney and Newham's Health Scrutiny Panels to consider issues relating to the East London and the City Mental Health Trust's declaration.
3. That a special meeting of the Health Scrutiny Panel on 11th October 2005 be held to consider issues relating to the Barts and the Royal London Trust and Tower Hamlets Primary Care Trust declarations.

4.3 COMMISSIONING A PATIENT-LED NHS (HSP 007/056)

Mr John Humphrey, North East London Strategic Health Authority, gave a detailed presentation on Commissioning a Patient-led NHS and the London Review.

Mr Ian Wilson, Corporate Director Social Services commented that the future of the Tower Hamlets PCT was uncertain due to the introduction of larger Primary Care Trusts (PCTs), covering a number of boroughs. It was noted that this may affect the effective relationships with the Council and that one large PCT would not have the detailed knowledge of the needs of local people. Members felt that the Tower Hamlets PCT was producing good work and working well with the Local Area Partnerships (LAPs).

RESOLVED

1. That the report be noted;
2. That Councillor Khaled Khan, Chair of Health Scrutiny Panel, represent the Panel at the Office of Public Management (OPM) Stakeholder Consultation event on 30th September.
3. That the Panel delegate authority to the Head of Research and Scrutiny to provide comments to the OPM through the stakeholder questionnaire.

4.4 YOUNG PEOPLE'S ACCESS TO SEXUAL HEALTH SERVICES IN TOWER HAMLETS – RESPONSES TO THE RECOMMENDATIONS OF THE HEALTH SCRUTINY PANEL (HSP 008/056)

Ms Davies introduced this report and highlighted the detailed response and action plan to the Health Scrutiny Panel's recommendations.

RESOLVED

1. That the responses and action plan to its review of young people's access to sexual health services attached at Appendix 1 be noted.
2. That an update on progress in implementing the action plan be presented in March 2006.

5. CHAIR'S ANNOUNCEMENTS

5.1 RESPONSE TO THE PANEL'S COMMENTS ON THE NORTH EAST LONDON STRATEGIC HEALTH AUTHORITY – RACE EQUALITY SCHEME

Ms Davies advised the Panel that the North East London Strategic Health Authority had welcomed the comments of the Health Scrutiny Panel on its Race Equality Scheme and shared the concern about ethnicity monitoring.

RESOLVED

That the report be noted

5.2 IMPROVING HEALTH AND WELL-BEING STRATEGY

Mr George Leahy, Tower Hamlets Primary Care Trust, gave a brief update on the strategy highlighting that following consultation, the Strategy had been submitted for approval to the Primary Care Trust and the Council.

RESOLVED

That the report be noted

5.3 DIABETES UPDATE

Mr Leahy gave the Panel an update on the Tower Hamlets Diabetes Strategy. The strategy was circulated to Members at the meeting.

Mr Leahy advised the Panel that their views would be welcomed and could be incorporated into further versions of the strategy.

6. CONSIDER OTHER SECTION ONE BUSINESS SPECIFIED IN THE SUMMONS OF THE MEETING

Nil items.

CLOSE OF MEETING

The Chair thanked everyone for their attendance and closed the meeting at 8.45 p.m.

**COUNCILLOR KHALED R KHAN
CHAIR
HEALTH SCRUTINY PANEL**

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Agenda Item 4.1

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	20 December 2005	Unrestricted	009/056	4.1
Report of: Sara Williams Assistant Chief Executive		Title : Delivering Choosing Health Review – update report		
Originating Officer(s) : Alan Steward, Scrutiny Policy Manager		Ward(s) affected: N/A		

1. Summary

- 1.1 This report provides the Panel with an update on the Delivering Choosing Health scrutiny review.

2. Recommendations

- 2.1 That Committee:
- 1 consider and note the report
 - 2 nominate two members to work with the PPI forum representatives on evaluating the Healthy Lifestyles Project.

**LOCAL GOVERNMENT ACT, 2000 (SECTION 97)
LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT**

Brief description of “background paper”

Name and telephone number of and
address where open to inspection

Choosing Health scrutiny review file

**Scrutiny Policy Team, Town Hall
0207 364 4767**

3. Background

3.1 The Health Scrutiny Panel's main review this year is on partnership arrangements between the Council and the NHS to deliver Choosing Health. This is being explored by using obesity in young people as a case study. As part of this the Health Scrutiny Panel was successful in securing upto £20,000 from the Centre for Public Scrutiny (CfPS) to support its work. This report provides an update on the review since the last meeting (28 Sep 05).

4. Focus Groups

4.1 Five focus groups were held in October to find out what local people thought about eating, exercise and obesity. They looked at how local and national services can work with communities to deliver information and services that will help them lead healthier lifestyles.

4.2 Two focus groups were made up of adults from the Council's Residents' Panel coming from LAP5 and LAP6. Three were with young people who were:

- on the Healthy Lifestyles Programme aimed at overweight young people
- signed up for the "Be Fit" card, giving discounts on leisure services
- low or non-users of leisure services

Abiola Ogunsola from the University of East London facilitated the focus groups, with those for young people co-facilitated by two young people from Youth Services. Appendix 1 has a brief summary of the main points raised.

4.3 The key areas of concern were around:

- supporting parents to choose healthy lifestyles and be role models
- the role of schools in encouraging young people to lead healthy lifestyles
- the role of organisations like the Council and the PCT
- ensuring that messages, information and campaigns are effective
- encouraging young people to take more physical activity
- learning from good practice and making sure that the Council and its partners fully exploit the opportunities that the Olympics will bring to the borough

5. Roundtable Seminar

5.1 These six issues were put to service providers on Friday 25 November at a successful breakfast seminar held at St John Bread and Wine in Spitalfields. To make sure energy levels were high, delegates at the seminar had a choice of healthy breakfasts including porridge and prunes, kedgeree and piklets and jams.

5.2 There were nearly 30 organisations and services represented at the seminar. The Council was well represented with both Executive and backbench councillors and officers from Education, Social Services, Youth and Community Learning and Environment and Culture. The PCT, the Tower Hamlets Partnership, Greenwich Leisure, Community Organisations Forum (COF), East London and the City Mental Health Trust and a number of voluntary and community organisations were also present.

5.3 The seminar participants selected topics to discuss in smaller groups and were asked to identify three priorities to feedback at the end of the seminar. The final report will be available later this month but some of the suggested priorities were:

- school based healthy eating sessions for parents and young people
- better focus on eating and physical activity in schools
- the "Be Fit" card is an excellent scheme and it should be built on
- using local images in public health promotions and campaigns

- working jointly across Olympic boroughs using the Youth Parliament as a vehicle for gathering views
- greater partnership working with voluntary and community groups in the promotion and delivery of healthy lifestyle services.

6. E-panel and weblog

- 6.1 The website is available at www.e-consultation.net/health. This includes a deliberative poll around whether young people should be encouraged to diet, as well as discussion forums around eating, exercise and obesity. The website has been publicised through Eastend Life, a news release, an email to all members of AMP (the Young People's website) and through the Council's internal staff noticeboard. An article was also included within the Scrutiny Champions bulletin produced by the CfPS (Appendix 2) and has featured in the East London Advertiser.
- 6.2 Since it was set up 263 people from across the world have visited the website and over 20 replies have been posted. The deliberative poll shows that 65% thought that young people who were overweight should be encouraged to diet.
- 6.3 There is a weblog that is providing information on events and some of the lessons learnt as we go along. This is available from the home page of the website. It is an attempt to keep not only local people informed but is also part of the action learning aspect of the project for the wider scrutiny community.

7. Action learning

- 7.1 An important part of the review is provided by Gladius Kulothungan from the Centre for Institutional Studies at the University of East London. He is tracking the project to provide some action learning from the review. The findings will also feed into the national evaluation of action learning projects being conducted by Manchester University, as commissioned by the CfPS.
- 7.2 The initial feedback on the focus groups has been positive with the following highlights:
- focus groups worked well and the young people and adults who attended were really enthusiastic
 - questions that were posed generated a wide-ranging discussion that resulted in lots of comments and ideas to analyse
 - using two young people to help facilitate the focus groups encouraged the other young people to contribute to the discussions
 - Cllr Khan's attendance at the second focus group for young people had a positive impact on the group discussion.
- 7.3 The main area to improve was that the groups were not as representative of the borough as they could have been. The adult focus groups were largely white with little or no representation from the Bangladeshi community. In contrast, the young people's focus groups had an over-representation of Bangladeshi young people.

8. Next Steps

- 8.1 The next stage is to look at how partnership working helped develop the Healthy Lifestyles programme. This encourages GPs to refer overweight young people onto a special exercise programme run by the Council's Leisure Services. This will involve members of the Health Scrutiny Panel working with the representatives from the Public Patient Involvement (PPI) Forums. It is hoped to run this early in January 2006.

8.2 The review is running effectively and to timetable. It is collecting considerable evidence for members to consider. The findings from the various strands of the review including the focus groups, roundtable seminar and session on the Healthy Lifestyles project, will be brought together for members to discuss and agree recommendations at the March meeting.

9. Comments of the Chief Financial Officer

9.1 This work is part-funded through external resources secured from the Centre for Public Scrutiny. There are no direct financial implications arising from this report.

10. Concurrent report of the Chief Legal Officer

10.1 There are no legal implications arising from this report.

11. Anti-poverty and equal opportunity implications

11.1 Equal opportunities and reducing poverty are central to the work of the Health Scrutiny Panel. The review focuses on young people and will suggest how to improve services to this group.

12. Recommendations

12.1 That Committee:

- 1 consider and note the report
- 2 nominate two members to work with the PPI forum representatives on evaluating the Healthy Lifestyles Project.

Main Findings from the Focus Groups

There was a general consensus that health was mainly the individual's responsibility but a whole range of agencies have a part to play.

A healthy lifestyle was felt to be one of eating in a balanced way and being active but the adult groups also stressed attitudes, the nature of the community and the environment.

Communications, information and networks were viewed as crucial if people are to engage in healthier activities and lifestyles. Posters and other information needed to include both positive and negative messages. It was really important to use local images - people and places - in campaigns. Tower Hamlets was a very diverse community and the different communities and cultures needed to be represented. Young people also stressed the importance of targeting information, campaigns and support at parents. Fun was seen as an essential part of making the information and support attractive to local people.

Many people mentioned television programmes like Jamie Oliver's School Dinners and the film Supersize Me. They felt that when these were in the media and people were talking about them, the Council and NHS needed to exploit the opportunity to get local messages over.

Schools were seen as playing a pivotal role, particularly for young people. Not only did they provide a meal for many young people, but they could also help with skills and knowledge about eating and cooking. Schools could also help give more opportunities for exercise. But it was not just about the young people in schools, they needed to involve parents as well.

Youth clubs could help promote healthy eating and exercise but the facilities needed to be improved. People felt that leisure facilities could be intimidating for people who are overweight particularly communal dressing rooms and swimwear.

People felt that there was a lack of time to do the shopping and cooking involved in healthy eating and there was also concern about the large numbers of fast food outlets in the borough.

The main things the Council and NHS should focus on were felt to be:

- providing information including through the internet, Eastend Life and Idea Stores
- providing support and activities that helped promote eating and exercise including looking at holding markets and encouraging different food suppliers to come into the borough
- improving and extending facilities and services such as open spaces, playgrounds, leisure centres and leisure passes
- providing leadership around campaigns and working actively to influence and support parents change the way they eat and exercise
- help celebrate the good things and successes

Innovative ways to encourage people to be healthy and engage in balanced and healthy choices were suggested and there was general agreement that the Council should be at the helm of this innovation.

From the CfPS Scrutiny Champions December Bulletin

Tower Hamlets: eating, exercise and obesity

Having won one of the CfPS Health Scrutiny Action Learning projects we were well-chuffed. We're always working hard to develop the effectiveness of scrutiny in Tower Hamlets and this was a significant landmark. But then - of course - you've got to turn good ideas into real improvements benefiting local people.

Last year we completed a successful review around access for young people to sexual health services so we were keen to maintain the focus on under 25s. We saw the Government's proposals around Choosing Health as significant and interesting because they highlighted not only the main health issues but also partnership - the core of how Tower Hamlets works. We wanted to explore what this means for the Council, NHS organisations and local communities. How are the different organisations working together? How are services changing and improving for local people?

We decided to focus on obesity in young people. Highlighted by Government, healthy eating is a popular concern as reflected in Jamie's School Dinners and the film Supersize me. Within Tower Hamlets, our Local Area Partnerships (with residents) have also picked up on this and are taking action on awareness programmes around obesity, lifestyle and exercise programmes and increased promotion of walking and other exercise in parks.

Obesity is a complex area to investigate as no one agency or organisation takes the lead. But obesity raises important issues of personal responsibility as well. The Council, GPs and NHS can have the best promotional campaigns and facilities, but it also comes down to individual and family choices over eating and exercise.

We set the review up to probe all this by:

- talking to local residents in two of our Local Area Partnerships that have markedly different communities, as well as organisational infrastructures, to explore the impact this has
- holding focus groups with different groups of young people. Some who are on an intensive programme to reduce their weight, others have the Council's 'be fit' leisure cards with discounted access to sports and leisure facilities and some who are not engaged at all
- setting up an interactive website with a challenging deliberative forum. People can not only give their views but post reactions to other opinions and get a debate going. As an incentive, we're offering a prize draw of an iPod Nano for all those who take part

In the focus groups young people said that:

- they recognise moving forward is a joint responsibility between individuals and organisations
- particularly those of Bengali origin (64 per cent of population under 20 years) want organisations respected by their parents to champion healthy eating
- exploring more ambitious partnerships, for example with rural areas, could encourage farmers' markets bringing more fresh food into the borough
- using the preparations for the Olympics will help sell the healthy lifestyles message and encourage the whole community to get involved

Drawing together the findings it's time for an in-depth discussion with local service providers about what they do, and how they can take local views into account. Working on the assumption that the way to a stakeholder's heart is through their stomach, we're doing this with a breakfast seminar, complete with porridge and kedgeree, in the world famous local restaurant, St John's Bread and Wine, renowned for its nose-to-tail eating.

Alongside this we are "live" tracking a partnership project. With our local Patient and Public Involvement (PPI) Forum reps working with a member of the Health Scrutiny Panel, we will look at the Healthy Lifestyles programme where local GPs refer obese young people onto the Council's leisure services exercise programme. This innovative project was the first in London.

In February we will bring together the different strands. Our aim is to identify the successes and barriers that all local partners will need to consider to deliver effective healthy lifestyles services for young people.

Of course, it's not just about the outcome of the review; it's also about how scrutiny enhances the community leadership of councillors.

To help do this we are getting out of the town hall. Sometimes Scrutiny can still feel too much like a committee - something some of us are still too comfortable with! Health Scrutiny Panel members are working with young people on the focus groups, as well as considering the more formal reports.

Gladius Kulothungan from the Centre for Institutional Studies at the University of East London is providing an outside challenge by tracking the project. He has already provided positive feedback about using young people to facilitate the focus groups as well as highlighting the need to make sure participants really reflect local communities.

We want to share how things are going as they happen so we've added a blog to our interactive website for feedback. It's the first time we've done this so have a look and let us know what you think. As the CfPS project is about swapping good practice be part of the learning process as well as reading about the outcomes.

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Agenda Item 4.2

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	20 December 2005	Unrestricted	010/056	4.2
Report of: Assistant Chief Executive		Title : 'The Annual Health Check' – Feedback		
Originating Officer: David McNulty Scrutiny Policy Officer Research and Scrutiny		Ward(s) affected: N/A		

1. Summary

- 1.1 The Healthcare Commission is assessing the performance of all health trusts using a new framework called the 'Annual Health Check'. A central part of the new framework is an assessment of the performance of trusts against the Department of Health's 24 core standards for better health.
- 1.2 The Health Scrutiny Panel received a report at its last meeting, 28 September 2005, informing it of the new arrangements for the assessment of all health trusts by the Healthcare Commission and the Panel's role in commenting on the declarations of each trust.
- 1.3 The Health Scrutiny Panel held two meetings to consider its comments regarding the declarations of Barts and the Royal London NHS Trust, East London and City Mental Health Trust and the Tower Hamlets Primary Care Trust.
- 1.4 Each trust was required to submit a draft declaration of their performance against the core standards which health scrutiny panels had an opportunity to comment on. Trusts will be required to submit their final declarations to the Healthcare Commission by April 2006. This report provides:
 - a summary of the two meetings which were held with the trusts,
 - proposals for the improving the involvement of the Health Scrutiny Panel in the Annual Health Check process.

2. Recommendations

It is recommended that the Health Scrutiny Panel:

- 2.1 Consider and note the report.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background papers

Name and telephone number of and address
where open to inspection

Annual Health Check File
- held in Scrutiny Policy Team

David McNulty - 020 7364 4636

3. Introduction

3.1 The Health Scrutiny Panel made comments on all three health trusts providing health services in the borough. A copy of the comments provided by the Panel can be found at appendix A. The three health trusts are:

- Barts and the Royal London NHS Trust
- Tower Hamlets Primary Care Trust
- East London and the City Mental Health Trust

3.2 All of the comments submitted by the Panel were included in each trusts' draft declaration made to the Healthcare Commission. Each trust will submit their final declarations in April 2006 and the Panel will have the opportunity to amend its comments.

4. Health Scrutiny Panel – Annual Health Check Meetings

4.1 Two Health Scrutiny Panel meetings were held to consider comments on the three trusts. The Panel met jointly with health scrutiny councillors from Hackney and Newham to consider the East London and the City Mental Health Trust's declaration as its boundary is contiguous with the three boroughs. Following this the Panel met both Barts and the Royal London NHS Trust and the Tower Hamlets Primary Care Trust to comment on their respective declarations.

East London and the City Mental Health NHS Trust (ELCMHT)

4.2 The Panel met the Trust jointly with the Health Scrutiny Panels from Hackney and Newham. Previously, the Living Well Scrutiny Panel had met with the ELCMHT in September 2003 and had raised a number of questions about the services provided.

4.3 The Trust has made significant improvements in its performance following its joint inspection by both the Social Services Inspectorate and the Commission for Health Improvement (February 2003). The improvement is highlighted in the Trust's declaration of compliance against the majority of standards across the seven domains for better health.

4.4 The areas where the Trust had insufficient assurance to declare itself as being compliant were:

- C1 Health care organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements to practice based on local and national experience and information derived from the analysis of incidents.
- C6 Health care organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.
- C16 Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.
- C17 The views of patients their carers and others are sought and taken into account in designing, planning delivering and improving healthcare services.

- C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.
- C20 (a) Health care services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.
- C20 (b) Health care services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

4.5 The standard which the Trust was not compliant on was:

- C15 (a) Where food is provided, health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

4.6 Each of the standards the Trust had insufficient assurance to declare as being compliant with and the standard it was not compliant with were being addressed. The Trust's Action Plan was sent to members of the Panel.

4.7 The Panel raised the following issues with the trust:

- How care provided focuses on the needs of the service user and improving choice of treatment available?
- The Trust's risk management procedures, particularly its systems for reporting and investigating serious incidents.
- How partnership working between the Trust and the three boroughs has improved?

4.8 Each of the areas the Panel raised had been recognised in the Trust's Action Plan as requiring improvement. The Trust was keen to improve user choice and would welcome the input of the health scrutiny panels of the three boroughs in taking this agenda forward. Work was underway to ensure that the trust could declare itself as being compliant in its risk management procedure. Improvements had been made in the reporting and investigating of serious incidents, but there were a number of incidents where this was not being reported and investigated within the Trust's timeframes. The Trust has significantly improved its partnership working and was keen to develop the joint scrutiny approach used for the Annual Health Check meeting.

Barts and the Royal London NHS Trust and Tower Hamlets Primary Care Trust

4.9 When the Health Scrutiny Panel met with the two trusts it had completed two reviews:

- access to Sexual Health Services for Young People (2004/05),
- community Engagement, Health Promotion & Diabetes (2003/04), and
- is currently the co-ordination of services for childhood obesity

During the course of these reviews and other work the Health Scrutiny Panel has frequently met with the trusts, service users, patient user groups and health partners. Therefore, it had a large body of evidence to draw on in making its comments.

Barts and the Royal London NHS Trust

4.10 The Trust declared itself as compliant with the majority of the core standards, with none of the core standards 'not met'. However, the Trust has insufficient assurance to be compliant with the following standards:

- C4b Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised
- C9 Health care organisations have systematic and planned approach to the management of records to ensure that, from the moment record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required
- C15b Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day

Tower Hamlets Primary Care Trust

4.11 The PCT like the other two trusts declared itself as compliant with the majority of the core standards, and none of the core standards 'not met'. However, the Trust has insufficient assurance to be compliant with standard:

- C9 Health care organisations have systematic and planned approach to the management of records to ensure that, from the moment record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required

4.12 The PCT also outlined the work it is doing to improve access and performance of GP services in the borough.

4.13 The Panel sought assurance from the Barts and the Royal London NHS Trust and the Primary Care Trust on how they:

- 'ensure all members of the population access its services on an equitable basis' given the Panel's concerns on the monitoring of ethnicity data of service users?
- use bilingual staff in translating information to service users when they have often not trained
- are developing the capacity of the local Patient and Public Involvement forum in the designing, planning and delivery of services
- improving partnership working

These issues have emerged during the course of the reviews the Panel has carried out.

4.14 The trusts responded that partnership working through the Tower Hamlets Partnership and their involvement with the Health Scrutiny Panel has been positive, leading to improved service delivery. The Panel identified the monitoring of ethnicity data as problematic during the sexual health services review which both of the trusts recognised as needing further improvement. Given the high number of languages spoken in the borough it is challenging for the trusts to provide information to service users. Both trusts have in place guidelines and training in place for bilingual staff

translating information to service users. Following the meeting Barts and the Royal London wrote to the Panel informing it of its procedures (a copy of the letter can be found at Appendix B). Both trusts have sought where possible to assist and engage with their PPI forums.

5. Suggestions for improvement

5.1 London boroughs have adopted a similar approach to the Panel in the Annual Health Check. It is important for the Panel to reflect on its involvement in the Annual Health Check assessment to ensure it raises key issues of local concern.

5.2 As this is the first time the Panel has been involved in the Annual Health Check it is important to consider how its involvement could be improved. The Panel should be clear that its role as outlined by the Healthcare Commission is to comment on what it knows of the performance of local trusts and not validate each of the 24 core standards.

5.3 The following are options for improving the involvement of the Panel:

- Build the Annual Health Check into the work programme for next year.
- Reports the Panel considers could include a paragraph – Annual Health Check Implications – which would allow the Panel to keep track of issues to raise with the trusts.
- Agree final comments on the three declarations at the next meeting of Health Scrutiny Panel.
- Develop joint scrutiny of the East London and the City Mental Health Trust with Hackney and Newham.

6. Comments of the Chief Financial Officer

There are no financial implications arising from this report.

7. Concurrent report of the Chief Legal Officer

Although there are no direct legal implications arising from this report there is an expectation that the comments of local authorities will be sought by health trusts when completing the declaration of better health.

11. Anti-poverty and Equal Opportunity Implications

Improving the provision of healthcare in the borough is an important aspect to reducing inequalities. The involvement of the Health Scrutiny Panel in articulating local views and concerns about health provision through the declaration against core standards will lead to improvements in healthcare in the borough. Consideration of the Panel's involvement in the Annual Healthcheck process is an important

12. Recommendation

It is recommended that the Health Scrutiny Panel:

12.1 Consider and note the report.

Appendix A

Below are the Annual Health Check Comments from the Health Scrutiny Panel for:

1. East London and the City Mental Health Trust
2. Barts and the Royal London NHS Trust
3. Tower Hamlets Primary Care Trust

1. East London and the City Mental Health Trust

In September 2003 the Living Well Scrutiny Panel, which then had responsibility for scrutinising health issues in Tower Hamlets considered the Commission for Healthcare Improvement Inspection Report (February 2003) of the East London and the City Mental Health Trust. It heard from the Trust how it was in the process of rectifying problems the report had highlighted. The Living Well Scrutiny Panel raised a number of concerns with the Trust relating to:

- Improving the patient focus of the care being provided by the Trust
- Developing its systems for investigating and responding to serious incidents
- Enhancing partnership working across the three boroughs

Given the problems which the Commission for Healthcare highlighted we are greatly encouraged by the significant improvements which the Trust has made in its performance and the standard of services it provides to local people.

We do have concerns with how the Trust is progressing with regard to core standards 16 and 17 and the patient focus of the services provided. This is something which was raised by the Living Well Scrutiny Panel at its meeting in September 2003 and is recognised in the Trust's declaration as being an area to improve its performance. We are concerned at the use of bilingual staff translating information to service users on an ad hoc basis when often not having received the necessary training to do so.

We also expressed our concern with the Trust's performance against C1a and the systems which it has in place for reporting and responding to serious incidents. Again this was an issue which was raised by the Living Well Scrutiny Panel in 2003.

We are pleased that on all of the areas which we have expressed concern the Trust is already acting to improve its performance and services provided to local people.

We would like to welcome the Trust's willingness to share with the Health Scrutiny Panel its draft declaration and its action plan. We would like to thank the Trust for jointly meeting with us and health scrutiny colleagues in Hackney and Newham. We are keen to develop this partnership approach with Hackney and Newham and are encouraged by the Trust's willingness to meet to consider further joint work.

2. Barts and the Royal London NHS Trust

We have completed two reviews into health services provided in the borough. The reviews have been cross cutting in nature looking at services provided by Barts and the Royal London NHS Trust, Tower Hamlets Primary Care Trust and by the Council. The completed reviews are:

- Access to Sexual Health Services for Young People (2004/05)
- Community Engagement, Health Promotion and Diabetes (2003/04)

Currently we are looking into the co-ordination of services for reducing childhood obesity. During the course of these reviews and the other work the Health Scrutiny Panel has met on many occasions with Barts and the Royal London NHS Trust, service users, patient user groups and health partners. We therefore have a considerable level of knowledge and engagement with the Trust and feel able to comment on the following:

Fifth Domain 'Accessible and Responsive Care' - C16

We are concerned at the use of bilingual staff translating information to service users on an ad hoc basis when often not having received the necessary training to do so. From the direct experience of members of the Health Scrutiny Panel the use and training of bilingual staff in translating information to service users is something which the Trust needs to consider further.

Fifth Domain 'Accessible and Responsive Care' - C18

During the course of our Access to Sexual Health Services for Young People we raised concerns with the Trust over the way in which it monitors ethnicity data of service users and feel that its systems could be improved. This applies not just to sexual health services provided but across all services for which the Trust is responsible. We feel this is important in Tower Hamlets given the diverse local and emerging communities which the Trust is seeking to serve.

We welcome the Trust's commitment to the health scrutiny reviews we have undertaken. Our experience has been that the Trust has genuinely engaged with our work and welcomed the challenge of the Panel. We would like to develop this partnership further with the Trust in particular in relation to our contribution to the Annual Healthcheck process to enhance the health and well-being of those who live and work in Tower Hamlets.

3. Tower Hamlets Primary Care Trust

As a Health Scrutiny Panel we have completed two reviews into health services provided in the borough. The reviews have been cross cutting in nature looking at services provided by the Tower Hamlets Primary Care Trust, Barts and the Royal London NHS Trust and the Council. The completed reviews are:

- Access to Sexual Health Services for Young People (2004/05)
- Community Engagement, Health Promotion and Diabetes (2003/04)

Currently we are looking into the co-ordination of services for reducing childhood obesity. During the course of these reviews and the other work the Health Scrutiny Panel has met on many occasions with the Tower Hamlets Primary Care Trust, service users, patient user groups and health partners.

We would like to thank the Trust for the extensive level of information which it provided regarding its draft declaration. This has given us an excellent snapshot of the performance of the Trust as a whole. We therefore have a considerable level of knowledge and engagement with the Trust and feel able to comment on the following:

Fifth Domain 'Accessible and Responsive Care' - C16

We are concerned at the use of bilingual staff translating information to service users on an ad hoc basis when often not having received the necessary training to do so. From the direct experience of members of the Health Scrutiny Panel the use and training of bilingual staff in translating information to service users is something which the Trust needs to consider further.

Fifth Domain 'Accessible and Responsive Care' - C18

During the course of our Access to Sexual Health Services for Young People we raised concerns with the Trust over the way in which it monitors ethnicity data of service users and feel that its systems could be improved. The Trust is aware that practice across the borough is not consistent and is attempting to improve its performance which we welcome. We feel this is important in Tower Hamlets given the diverse local and emerging communities which the Trust serves.

We welcome the Trust's commitment to the health scrutiny reviews we have undertaken. Our experience has been that the Trust has genuinely engaged with our work and welcomed the challenge of the Panel. We would like to develop this partnership further with the Trust in particular in relation to our contribution to the Annual Healthcheck process to enhance the health and well-being of those who live and work in Tower Hamlets.

HJT1103

Mr David McNulty
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7 November 2005

Dear Mr McNulty

Arrangements for language support

Further to the meeting of the Tower Hamlets Health Scrutiny Panel which I attended on 11 October 2005 with my colleagues Gail Beer and Ian Walker, I am writing to provide members of the Panel with additional information on the use of interpreters at Barts and The London NHS Trust. Issues relating to the use of interpreters were raised by the Chair at the meeting.

Arrangements for providing language support are governed by the Trust's Advocacy and Language Support policy of which I attach a copy. This policy describes the duties of staff to identify patients' language needs and the most appropriate way to meet them. The Trust does not stipulate that a professional interpreter must be used in every situation. It is not realistic to be able to provide such a service 24 hours a day, 7 days a week across all hospital sites and for a catchment population where over 140 languages are spoken. Moreover, experience has shown that many patients prefer a relative or friend to interpret for them and, unless there are good reasons for this not to happen, then the Trust will respect their wishes. The Trust's approach takes account of research by South Bank University which has explored patients' preferences and the benefits and risks associated with relatives interpreting.

Bi-lingual staff who are willing to interpret are asked to register with the Trust's Health Advocacy Service and complete a self-assessment form on their language competency, identifying the type of situation where they feel competent to interpret. Their line manager is asked to sign this registration form so that their absence from other duties is monitored. The Advocacy Service also monitors the times that these members of staff are called away from their departments to undertake interpreting work. One day training is periodically offered to all those who are registered. There is no expectation that staff would be called away from urgent clinical duties to provide interpreting services. The staff interpreters operate to a Code of Conduct (a copy of which is also attached). The volunteers are recruited at staff induction and through their departmental managers.

In terms of the use of professional interpreters, the Trust provides the following services:

- Generic advocacy team - 10 languages, Monday to Friday
- Children's Team - 5 languages, Monday to Friday
- Women's team - Bengali only, Monday to Friday
- A&E - 2 languages, 9.00am to 9.00pm, 7 days a week



Barts and The London NHS Trust: The Royal London Hospital,
St Bartholomew's Hospital and The London Chest Hospital



The Trust also has dedicated advocates in the TB clinic, the sexual health clinic, speech therapy, renal services, cardiac rehabilitation and paediatric outreach.

In addition, through an agency arrangement, the Trust has access to face to face interpreters for all languages. This service is available Monday to Friday by advance booking. An emergency service is available 24 hours a day with an access time of 1 to 2 hours. A telephone interpreting service is also accessible, providing services to all departments 24 hours a day.

Trust staff are made aware of these services at induction and through ongoing publicity within the Trust. Every effort is made to communicate the services available to patients. In particular, work is currently underway in Maternity Services and Surgery and Anaesthesia to improve understanding and uptake of advocacy services.

I would be grateful if you would circulate this information to members of the Health Scrutiny Panel and I hope that they will find it helpful.

Yours sincerely



Paul M White
Chief Executive

Agenda Item 4.3

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	20 December 2005	Unrestricted	011/056	4.3
Report of: Assistant Chief Executive		Title :		
Originating Officer:		Independent Assessment and Treatment Centres		
Jeremy Burden Tower Hamlet Primary Care Trust		Ward(s) affected: N/A		

1. Summary

The attached briefing note and letter set out the proposals from the Department of Health for involving the Independent Sector in expanding access and choice of services for patients in London.

The papers set out how this programme is being managed across London and at this stage has little concrete information for Tower Hamlets.

2. Recommendations

It is recommended that the Health Scrutiny Panel:

2.1 Note the contents of the Covering Letter and the Briefing Paper

The PCT is more than happy to keep the Panel informed of future developments.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background papers

Name and telephone number of and address
where open to inspection

NHS – Tower Hamlets Primary Care Trust

Jeremy Burden - 020 8223 8900

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Information for PCTs to support on-going Public & Patient Engagement - Independent Sector Procurement

*Plans for offering patients in London a choice of NHS or
Independent Sector for diagnostic and elective surgical procedures.*

INTRODUCTION

1. **Policy Context**

The Government is currently delivering a major programme for investment in, and reform of, the National Health Service (NHS). The aim is to create a more responsive health service, offering faster access to high quality service. This includes radically reducing waiting times, increasing patient choice and providing new financial incentives to drive a range of performance improvements.

In October 2004, the Prime Minister announced his expectations of the next phase of procurement with the Independent Sector for elective/planned surgery (250,000 procedures annually) and Diagnostics (target value of £200 million). The purchasing of Independent Sector (IS) services forms a key part of this programme of reform and is outlined in the NHS Improvement Plan and in '**Creating a patient-led NHS**', which proposes developing different forms of capacity to ensure the NHS reform objectives around access can be met.

Within London, the current timescales for the delivery of capacity provided by the IS means that diagnostic services should be available from the IS from autumn 2006, and Elective Surgery should commence within the IS from early 2007. The inclusion of the additional capacity offered by the IS will ensure the NHS can deliver waiting list/access targets and by 2007/08. Services offered by the IS will be fully integrated within the NHS as part of the Extended Choice Network, where patients can choose to access care within any approved provider who meets the NHS quality standards and delivers services at or below the nationally agreed NHS tariff (i.e. agreed cost).

Elective Surgical Services

2. **WHAT IS HAPPENING IN LONDON?**

Separate North and South London schemes have been developed, with a planned service model of a number of community-based outpatient spokes referred to as Clinical Assessment Service Spokes (CASS) linked to a Treatment Centre/Surgi-Centre provided by the Independent Sector. It is currently planned that each CASS will act as local specialist out-reach clinic and will be situated to give convenient access to services as they will be located within one hour's travel time to a catchment of 500,000 people.

The model which is currently evolving, proposes the CASS offering access to pre-operative assessment; post-operative care; diagnostic assessments; and for patients who are thought not to require direct surgical intervention, the CASS may offer patients alternative options to surgical treatment e.g. a course of physiotherapy. If after a clinical assessment elective surgery is required, patients will have the choice of an Independent Sector Elective Surgical Centre or NHS Trust of their choice.

A summary of each of the North and South London schemes was issued to Independent Sector bidders on 8 September 2005 in the form of a Memorandum of Information (MOI). This was a very broad outline of the scheme and an indication of the required activity, which will enable a short-list of Independent Sector providers to be identified. Over the coming months SHAs will continue to work with Department of Health (DH) colleagues, in particular, key members of the Central Clinical Procurement Programme Team (CCPP; Previously known as the National Implementation Team) who are developing the Invitation to Negotiate (ITN), due to be issued early next year.

3. WHAT SERVICES WILL BE PROVIDED BY THE INDEPENDENT SECTOR?

Each SHA has put together schemes based on PCT capacity plans and discussions with PCTs on the changes and capacity needed to meet the 18-week maximum wait (which require improved access to diagnostic services). Initial plans have been submitted to DH but the exact activity that will be provided will be based on negotiations between the DH and the IS provider when the preferred bidder is known and on patients' choosing to use the independent sector when offered the option.

Ultimately the patient will decide at the point of referral whether they wish to have their procedure carried out by a local NHS provider or the Independent Sector, as they will be offered choice as part of the extended choice network. The list of specialties for which IS services will be available is still being confirmed.

4. HOW MANY INDEPENDENT SECTOR PROVIDERS WILL THERE BE FOR LONDON?

Two separate but similar schemes have been developed for North London (NC, NW and NE) and South London (SE and SW).

5. WHERE WILL SERVICES BE LOCATED?

The SHAs have set the requirement that Elective Surgery Centres need to be located within an hour's travelling time of the patient's home and be able to offer services to all patients who appropriately chose to use them, providing language and advocacy support. The number and location of these elective centres will be proposed by the IS providers submitting bids. These will be supported by a range of health care professionals providing out patient services situated in locations, e.g. within Clinical Assessment Services Spokes (CASS), that are convenient for patient transport and access. Again the number and location of these services are not known but bidders will be asked to submit proposals. The expectation is that each CASS will serve a population of around 500,000.

The list of surgical specialties for which IS services will be available is still being confirmed by the DH but is likely to involve a range of specialities including Orthopaedics, ENT, Gynaecology, Ophthalmology, Urology and General Surgery.

Ultimately the patient will decide at the point of referral whether they wish to have their procedure carried out by an NHS or IS provider, as they will be offered a choice.

Diagnostic Services

6. WHAT IS HAPPENING IN LONDON?

Like the elective surgery programme, additional capacity is being sought by purchasing a range of diagnostic services from the IS. This will form a key strand in the work to transform diagnostic services required to meet the 18-week target for waiting times that must be achieved by end of 2008; It is envisaged that increasing capacity within the NHS through the IS will free-up existing "bottlenecks" in the patient pathway and facilitate the achievement of access targets for patient waiting times across a wider range of services. In addition, the procurement of additional diagnostic services will ensure that levels of provision in England are comparable with international standards, improve accessibility by providing services in community settings, and deliver contestability.

A national approach has been adopted and clinical leads have identified a need for additional PET/CT and flexible sigmoidoscopy. The London SHAs continue to work collaboratively and we have argued successfully that suggested additional PET/CT capacity is not required in London. A capitation approach is being taken for flexible sigmoidoscopy and the London cluster has been allocated an additional 10,000 procedures on top of the local diagnostic requirements already agreed (MRI for North West, South West and South East London and a wider range of services for North Central and North East London).

7. WHAT SERVICES WILL BE PROVIDED BY THE INDEPENDENT SECTOR?

Each SHA has put together schemes based on PCT capacity plans and discussions with PCTs on the changes and capacity needed to meet the 18-week maximum wait (which require improved access to diagnostic services). Initial plans have been submitted to DH but the exact activity that will be provided will be based on negotiations between the DH and the IS provider when the preferred bidder is known and on patients' choosing to use the independent sector when offered the option.

A total of 340,000 diagnostic procedures are included in the proposals for London as a whole. These are made up of imaging, cardiac and other tests. These volumes are indicative: the exact amount and profile of services may be varied in negotiation with the successful bidder.

8. HOW MANY INDEPENDENT SECTOR PROVIDERS WILL THERE BE FOR LONDON?

For diagnostics, there will be one Independent Sector provider for London.

9. WHERE WILL SERVICES BE LOCATED?

Diagnostic tests will be provided from a variety of locations depending on the type of test. Bidders will be asked to submit proposals that are innovative and make the best use of technology. Each SHA has specified how accessible services should be for example within borough; close to main transport links with maximum travel times.

CORE**10. WHAT ARE THE IMPLICATIONS FOR NHS TRUSTS?**

By 2008 the patient will decide at the point of referral whether they wish to have their procedure carried out by a local or other NHS provider, or the Independent Sector (IS), as they will be able to choose between NHS and IS Providers; The list of specialties for which IS services will be available is still being confirmed.

This is difficult to quantify as we are moving to an environment of patient choice, where a provider's activity levels (and therefore income) will depend on its ability to attract patients.

While some increase in elective surgery will be required across London to achieve the 2008 18-week access target, a substantial number of patients choosing IS providers over the NHS may result in some NHS providers facing declining patient numbers and reduced income. This is likely to vary across London, and is more a consequence of choice than plurality.

11. WHAT ARE THE IMPLICATIONS FOR NHS STAFFING?

A central theme of the IS programme is bringing additional clinical resource into the NHS and the DH has therefore worked to encourage IS providers to recruit new clinical staff from outside of the NHS. This is to ensure that the programme does not detrimentally affect existing clinical NHS staff. This will continue to be a significant factor in the tender process.

The DH is currently reviewing its policy of additionality where the revised policy is likely to focus additionality requirements on those specialties/staff groups (possibly also geographical areas) where there are demonstrable shortages of staff which are predicted to persist after 2006. In response to comments from national staff organisations and the NHS, the DH is also reviewing the current policy about the use of non-contracted hours.

We understand that the capacity planning results indicate that, as part of this procurement, there will be transferred activity. This will be undertaken where there is a real benefit for patients and a subsequent releasing of existing NHS resources to concentrate on other activity. Such transferred activity may lead to requests for staff transfer. These will be dealt with on a case by case basis, and the implications are being carefully considered.

12. WILL THE DH BE NEGOTIATING CONTRACTS ON THE BASIS OF TARIFF?

Ultimately the patient will decide at the point of referral whether they wish to have their procedure carried out by a local NHS provider or the Independent Sector (IS), as they will be offered a choice. The list of specialties for which IS services will be available is still being confirmed.

The DH will aim to get the best value contracts possible recognising that there are likely to be some additional short-term costs to IS providers for setting up and staffing their facilities and meeting any additional requirements. NHS commissioners will pay tariff for these contracts.

13. WILL INDEPENDENT SECTOR PROVIDERS BE REQUIRED TO MEET THE SAME QUALITY STANDARDS AS THE NHS?

All IS providers need to comply with all laws and governing regulations, such as being registered with and complying with the standards set by the Healthcare Commission. Providers must also comply with other contractual obligations designed to ensure the maintenance of high standards throughout the programme.

Under Phase 2, IS providers will be required to undertake training of identified NHS staff and the level required will be agreed as part of the process for agreeing contract specifications and packages.

14. WHAT LEVEL OF DETAIL IS REQUIRED FOR THE NEXT STAGE OF PROCUREMENT TO SIGN OFF THE INVITATION TO NEGOTIATE

SHAs will work with the PCTs local health communities to develop appropriate and detailed patient pathways and service models. In turn, the SHAs will continue to work collectively with the national commercial team to develop service specifications using nationally agreed 'best practice' pathways to ensure service consistently achieve a high standard of clinical care and patient experience.

15. WILL PCT BOARDS BE REQUIRED TO SIGN CONTRACTS?

The Secretary of State will sign off the national contract. It is expected that SHAs and most PCTs will have robust plans and that these commitments to the IS programme are included in their Local Delivery Plans.

16. ARE THERE ANY SPECIFIC ISSUES FOR NORTH EAST LONDON?

As part of the strategy to increase capacity and plurality in North East London, the development of an Independent Sector Treatment Centre at King George Hospital in Ilford has been agreed. As this is a facility offered by the IS, there is no surgical activity included in the contract for NEL, only ambulatory/out-patient based activity provided at the CASS.

17. HOW CAN UP-TO-DATE INFORMATION ABOUT THE INDEPENDENT SECTOR PROCUREMENT BE OBTAINED?

We are at the beginning of this progress and have taken this opportunity to provide the latest information and keep all relevant groups informed. As the process develops, we shall ensure the groups are communicated to with the latest information

If you have any questions or require further detail at this point, please contact Monica McSharry or Tracy Dowling at the SHA who are leading on the Independent Sector Procurement on behalf of the NELSHA.

We would also be interested to hear your views about how best to ensure effective and timely communication on this issue as the process evolves.

GLOSSERY OF TERMS:

CASS	Clinical Assessment Service Spoke
CCPP	Central Clinical Procurement Programme
DH	Department of Health
GP	General Practitioner
IS	Independent Sector
ITN	Invitation to Negotiate
MRI	Magnetic Resonance Imaging scanners <i>use simple radio waves in conjunction with a very powerful magnet to produce computerised sectional images of various parts of the body. Unlike some other imaging methods, MRI does not use x-rays and has no known side effects</i>
NHS	National Health Service
PCT	Primary Care Trust
PET/CT	Positron Emission Tomography & Computerised Tomography <i>are standard imaging tools that used together allow clinicians to accurately pinpoint the location of cancer within the body before making treatment recommendations.</i>
SHA	Strategic Health Authority

Independent Sector Procurement

Offering patients a choice of NHS or independent sector for diagnostic and planned surgical procedures.

INTRODUCTION

1. Policy Context

The Government is currently delivering a major programme for investment in, and reform of, the National Health Service. The aim is to create a more responsive health service, offering faster access to high quality service. This includes radically reducing waiting times, increasing patient choice and providing new financial incentives to drive a range of performance improvements.

In October 2004, the Prime Minister announced his expectations for the next phase of procurement with the independent sector for elective/planned surgery (250,000 procedures annually) and diagnostics (target value of £200 million). The purchasing of independent sector (IS) services forms a key part of this programme of reform.

Within London, diagnostic services should be available from the IS from autumn 2006, and elective (planned) surgery should start within the IS from early 2007.

The additional capacity offered by the IS will ensure the NHS can deliver waiting list and access targets and by 2007/08.

Services offered by the IS will be fully integrated within the NHS as part of the Extended Choice Network, where patients can choose care within any approved provider who meets the NHS quality standards and delivers services at or below the nationally agreed NHS tariff.

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The mode, which is currently evolving, proposes that the CASS offers access to pre-operative assessment; post-operative care and diagnostic assessments. For patients who do not require direct surgical intervention, the CASS may offer alternative options to surgery such as a course of physiotherapy. If, after a clinical assessment, elective surgery is required, patients will have the choice of an Independent Sector Elective Surgical Centre or NHS Trust of their choice.

A summary of the schemes was issued to independent sector bidders on 8 September 2005 in the form of a Memorandum of Information. This was a very broad outline of the scheme and an indication of the required activity, which will enable a short-list of independent sector providers to be identified. Over the coming months Strategic Health Authorities will continue to work with Department of Health colleagues. This includes members of the Central Clinical Procurement Programme Team who are developing the Invitation to Negotiate, due to be issued early next year.

3. WHAT SERVICES WILL BE PROVIDED BY THE INDEPENDENT SECTOR?

Each Strategic Health Authority has put together schemes based on PCT capacity plans and discussions with PCTs on the changes needed to meet the 18-week maximum wait. Initial plans have been submitted to the Department of Health but the exact activity that will be provided will result from negotiations between the Department and the independent sector and on patients' choosing to use the independent sector when offered the option.

The patient will decide at the point of referral whether they wish to have their procedure carried out by a local NHS provider or the independent sector, as they will be offered choice as part of the extended choice network. The list of surgical specialties for which independent sector services will be available is still being confirmed but is likely to involve a range of specialties including Orthopaedics, ENT, Gynaecology, Ophthalmology, Urology and General Surgery.

4. WHERE WILL SERVICES BE LOCATED?

The Strategic Health authorities have set the requirement that elective surgery centres need to be located within an hour's travelling time of the patient's home and be able to offer services to all patients who appropriately chose to use them, providing language and advocacy support.

The number and location of these centres will be proposed by the providers submitting bids.

The centres will be supported by health care professionals providing out patient services situated in locations, such as within Clinical Assessment Services Spokes (CASS), that are convenient for patient transport and access. Again the number and location of these services are not known but bidders will be asked to submit proposals. The expectation is that each CASS will serve a population of around 500,000.

Diagnostic Services

5. WHAT IS HAPPENING IN LONDON?

Like the elective surgery programme, additional capacity is being sought by purchasing a range of diagnostic services from the independent sector. This will form a key strand in the work to transform diagnostic services required to meet the 18-week target for waiting times.

Increasing capacity within the NHS through the independent sector will free-up existing "bottlenecks" and make it easier to achieve access targets for patient waiting times across a wider range of services. In addition, additional diagnostic services will ensure

that levels of provision in England are comparable with international standards, improve accessibility by providing services in community settings, and deliver contestability.

6. WHAT SERVICES WILL BE PROVIDED BY THE INDEPENDENT SECTOR?

A total of 340,000 diagnostic procedures are included in the proposals for. These are made up of imaging, cardiac and other tests. These volumes are indicative: the exact amount and profile of services may be varied in negotiation with the successful bidder.

7. HOW MANY INDEPENDENT SECTOR PROVIDERS WILL THERE BE FOR LONDON?

For diagnostics, there will be one Independent Sector provider for London.

8. WHERE WILL SERVICES BE LOCATED?

Diagnostic tests will be provided from a variety of locations depending on the type of test. Bidders will be asked to submit proposals that are innovative and make the best use of technology. Each Strategic Health Authority has specified how accessible services should be for example within borough; close to main transport links and maximum travel times.

SOME FREQUENTLY ASKED QUESTIONS

9. WHAT ARE THE IMPLICATIONS FOR NHS TRUSTS?

By 2008 the patient will decide at the point of referral whether they wish to have their procedure carried out by a local or other NHS provider, or the Independent Sector. The list of specialties for which independent sector services will be available is still being confirmed.

This is difficult to quantify as we are moving to an environment of patient choice, where a provider's activity levels (and therefore income) will depend on its ability to attract patients.

While some increase in elective surgery will be required across London to achieve the 2008 18-week access target, a substantial number of patients choosing independent sector providers over the NHS may result in some NHS providers facing declining patient numbers and reduced income. This is likely to vary across London, and is more a consequence of choice than plurality.

11. WILL THE DEPARTMENT OF HEALTH BE NEGOTIATING CONTRACTS ON THE BASIS OF NHS TARIFFS?

The Department will aim to get the best value contracts possible recognising that there are likely to be some additional short-term costs to independent sector providers for setting up and staffing their. NHS commissioners will pay NHS nationally agreed tariff for these contracts.

12. WILL INDEPENDENT SECTOR PROVIDERS BE REQUIRED TO MEET THE SAME QUALITY STANDARDS AS THE NHS?

All independent sector providers need to comply with all laws and governing regulations, such as being registered with and complying with the standards set by the Healthcare Commission. Providers must also comply with other contractual obligations designed to ensure the maintenance of high standards throughout the programme.

13. WHAT LEVEL OF DETAIL IS REQUIRED FOR THE NEXT STAGE OF PROCUREMENT TO SIGN OFF THE INVITATION TO NEGOTIATE

Strategic Health Authorities will work with local health organisations to develop appropriate and detailed patient pathways and service models. In turn, the SHAs will work with the national commercial team to develop service specifications using nationally agreed '*best practice*' to ensure service consistently achieve a high standard of clinical care and patient experience.

14. WILL PCT BOARDS BE REQUIRED TO SIGN CONTRACTS?

The Secretary of State will sign off the national contract. It is expected that SHAs and most PCTs will have robust plans and that these commitments to the independent sector programme are included in their Local Delivery Plans.

15. ARE THERE ANY SPECIFIC ISSUES FOR NORTH EAST LONDON?

As part of the strategy to increase capacity and plurality in North East London, the development of an Independent Sector Treatment Centre at King George Hospital in Ilford has been agreed. As this is a facility offered by the independent sector, there is no surgical activity included in the contract for North East London, only ambulatory/out-patient based activity provided at the Clinical Assessment Services Spokes (CASS),.

Dear Councillor Khan

Independent Assessment and Treatment Centres

The NHS is currently in the process of procuring services from the Independent Sector (IS) as part of the programme to expand access and choice for patients. The Department of Health, via the Strategic Health Authorities, has now released details of the 2nd wave London Schemes for IS procurement.

For North East London, the SHA has confirmed that the sector does not require additional elective surgical capacity. Instead, the focus will be on providing additional clinical referral, assessment and treatment centres that can provide alternatives to surgery, such as physiotherapy. The casemix specified for these centres will include:

:

- ENT (adult and children)
- Gynaecology (linked to urological disorders)
- Neurology(specifically 'headache services')

The SHA is currently reviewing waiting list data and care pathway work for these specialties. At present no site has been identified for the new centres. However, it may be possible that an NHS site might be identified that would appeal to the IS providers. The SHA has indicated that the Department of Health is planning to issue an Invitation to Negotiate to prospective providers in late February 2006.

As the procurement is London wide, the 5 SHAs have adopted a common approach to information sharing about the national programme. Please find attached a briefing document that sets out in more detail what is planned across the capital.

The SHA has indicated that they do not believe that formal consultation on this work is required. However, the PCT is keen to share this initiative with the Health Scrutiny Panel and we are requesting a slot on the agenda for the 20th December to discuss this initiative further. Jeremy Burden is the lead director from the PCT.

The PCT is committed to working with the London Borough of Tower Hamlets to ensure that this initiative is consistent with the aims of our joint Health and Well Being strategy and contributes to improving patient experience.

The NHS is currently at an early stage in this work and we are committed to keeping you informed as soon as further developments emerge.

Yours sincerely

Alwen Williams

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