

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD AT 6.30 P.M. ON TUESDAY, 22 JULY 2008**

**ROOM M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Stephanie Eaton (Chair)

Councillor Ann Jackson

**Co-opted Members Present:**

Dr Amjad Rahi – Barts and The London Patient Public Involvement  
Forum (Chair)

**Guests Present:**

- Barts and the London NHS Trust
- Tower Hamlets PCT
- NEL Cardiac and Stroke Network
- East London NHS Foundation Trust

**Officers Present:**

Afazul Hoque – (Acting Scrutiny Policy Manager, Scrutiny and  
Equalities, Chief Executive's)

Shanara Matin – (Scrutiny Policy Officer)

Amanda Thompson – (Team Leader - Democratic Services)

**THIS MEETING WAS INQUORATE BUT THOSE MEMBERS PRESENT  
AGREED TO PROCEED ON AN INFORMAL BASIS**

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Mohammed Abdus Salique and Bill  
Turner, and from Nuruz Jaman, Co-opted Member.

**2. DECLARATIONS OF INTEREST**

No declarations were made.

**3. UNRESTRICTED MINUTES**

The minutes of the meeting held on 26 June 2008 were agreed as a correct record subject to the following amendment:

**7. Health Scrutiny Work Programme 2008/09**

- i) Joint working with the NHS in respect of end of life care.

**4. REPORTS FOR CONSIDERATION**

**4.1 Health Scrutiny Work Programme 2008/09 - 2009/10**

As the meeting was inquorate it was agreed that the work programme should be circulated separately to all Members of the Panel for their comments.

**4.2 Primary Care Trust Response to Draft Health Scrutiny Protocol**

Martin Cusak, Assistant Chief Executive of Tower Hamlets Primary Care Trust, presented a report detailing the PCT's response to the draft Health Scrutiny Protocol.

He advised that the PCT supported the protocol but were suggesting a number of changes to clarify when issues should be submitted for scrutiny to the Panel and the particular role of the PCT as a commissioner of health services for the local community.

In response to a question concerning why the Panel would be concerned with major expansions of service, the Chair advised that while generally these were considered a good thing, they did have an impact on Council services and the Panel would wish to be informed of these in advance.

The Chair also stressed the need for the PCT to make the Panel aware of what was required of it.

Dr Amjad Rahi said that he would like to see a reference to LINKs in the protocol as these were able to provide information to the Council directly, not just through the PCT.

**4.3 North East London Stroke Services**

Jane Davis, Network Manager of the North East London Cardiac and Stroke Network, presented a report detailing the current developments and the future direction of effective stroke provision in North East London.

The Panel noted that NEL had traditionally scored poorly overall against all the key indicators and standards for stroke targets, however this was being addressed in line with the National Stroke Strategy, and also by the

introduction of a 'Hyper Acute' Stroke Pathway pilot scheme in September 2008.

While the report was only for information at this stage, Ms Davis advised that there could be an impact on the Council's provision of social care in the future if there was a high number of early supported discharge patients.

#### **4.4 Complaints and Performance by NHS Trusts**

##### PCT

Martin Cusack presented the annual report on complaints which the PCT presented to its Board for 2007/2008. The report summarised the complaints and compliments received, what had been learnt from the main categories of complaints, the processes that were followed and the standards that had been achieved.

The Panel noted that there had been a total of 61 formal complaints in comparison to 113 during the same period the previous year. While service improvements in some GP practices had led to a fewer number of complaints, there was still a need to be proactive in encouraging people to make complaints and streamline the processes for doing so.

##### East London NHS Foundation Trust

Leeanne McGee, Borough Director, presented the annual report detailing the number of complaints received and the performance against timescales as set out in the NHS Complaints procedure.

During the period 1 April 2007 to 31 March 2008 the Trust had received 252 formal complaints, an increase on the previous year of 66%.

Reasons for this included lack of training for staff and problems with translation services, however both issues were already being addressed. A new complaints procedure was being launched in 2009 and the Trust was currently taking part in the Early Adopter Programme to support the development of an innovative approach to responding to complaints.

##### Barts and The London NHS Trust

Jane Canny and Jay O'Brien presented the quarterly complaints report.

Since April 2008, there had been an increase in the amount of formal complaints received in the Trust, compared to the same period the previous year. Much of the increase was due to the problems experienced by patients accessing the appointment system. Alerts from the complaints team and PALS have prompted early detection and actions from the executive team. There had also been an increase in the number of complaints about diagnosis and treatment, although complaints about transport - one of the Trust's top

five causes of complaint - had decreased following actions taken by the Trust and Carillion.

The Trust had undertaken surveys of complainants and staff who have been involved with the complaint process in order to better understand what was required from the Complaints team and the process itself. The results had supported investment in staff training and provided some clear messages from complainants about resolution.

The Panel noted that work was focusing on resolving patients' complaints and concerns through proactive joint working with PALS and the Patient Public Involvement team. The teams would be reviewing and making recommendations for change in response to the new complaints process.

#### **4.5 St Paul's Way Medical Centre**

Martin Cusak provided a written response to the previous queries raised by Members with regard to the contracting out of services at St Paul's Way Medical Centre.

The Panel noted that since the contract had been taken over there had been an increase in the range of services provided to patients as well as access to clinical staff. Performance monitoring took place monthly, quarterly and annually with weekly meetings to address any operational issues.

In response to questions Mr Cusak advised that there was no longer a need for a 'walk-in' facility as more appointments were available, also the financial risks were the same as the NHS and risk management procedures were in place.

The Panel asked for a report back at the end of the Centre's first year of operation.

#### **4.6 Local Involvement Network Update**

Mr Amjad Rahi (former Barts and The London PPI representative) gave a verbal update on the progress towards procuring a host organisation for the Local Involvement network in Tower Hamlets.

The meeting ended at 9.00 p.m.

Chair, Councillor Stephanie Eaton  
Health Scrutiny Panel