

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

WEDNESDAY, 2 APRIL 2014

PRESENT: Councillors Steve Allsopp, Alan Bishop, Wayne Crabbe, John Haines, Derique Montaut, Julie Wright, Andrew Bennett, Roderick Bluh, Michael Bray (Vice-Chair), James Robbins and Oliver Donachie.

Also in attendance were: Councillor Bob Wright, John Gilbert (SBC), Cherry Jones (SBC), Nerissa Vaughan (GWH), Dr Peter Crouch (CCG), Paul Bearman (CCG), Dr Sammad Hashmi (AWP), Ben Curtis (Healthwatch Swindon), Peter Rowe (Healthwatch Swindon), Kevin McNamara (GWH), Heather Mitchell (SEQOL), Val Vaughan (Equality Coalition), and Michelle Howard (SEQOL).

An apology for absence was received from Councillor Nicky Sewell (Chair).

Councillor Michael Bray chaired the meeting in the absence of Councillor Nicky Sewell

50. Declarations of Interest

The Chair reminded Members of the need to declare known interests in any matters to be considered at the meeting.

51. Public Question Time

Karys Day asked the Committee to note that she is running a petition asking signatories to support a better choice of complementary and alternative medicine being offered in Swindon. She advised the Committee that the public are not well informed enough to enable them to make choices regarding their treatment. She also put forward a question on behalf of Mrs Beryl Henderson of Old Town who has had to fund her own treatment for the past twenty six years after being wrongly diagnosed by the NHS for her whole life before that. Only regular homeopathy and chiropractic treatments give her any relief from her chronic back problems and persistent pain, and she asked how much longer she would have to struggle to pay approximately £1,000 per year for her treatment from her pension before the NHS in Swindon acknowledges and allows her to have the treatment she must have to keep her going. It was agreed that the Executive Director for Commissioning for the Clinical Commissioning Group would send a written response to Mrs Henderson.

Jan Blankenstein, a chiropractor in Swindon, queried the current model of health care in Swindon and suggested that needs are not currently being met. It was agreed that a written response would be provided to his questions once they are sent in full to the Scrutiny Officer.

52. Minutes

Resolved - (1) That the minutes of the meeting held on 29 January 2014 be confirmed and signed.

(2) To note the verbal update provided at the meeting by Dr Sammad Hashmi from the Avon and Wiltshire NHS Partnership Trust regarding their meeting with the

Service Users Network concerning the issues raised at the last meeting.

53. Healthwatch Swindon update

The Committee received this report, presented by Mr Peter Rowe, Manager of Healthwatch Swindon, which focuses on providing an insight on local and national health and care related issues identified through comments and experiences received at Healthwatch Swindon.

He asked members to note that the range of enquiries received by Healthwatch Swindon are diverse and most require further monitoring. He highlighted their work on problems with the Non Emergency Patient Transport contract held by Arriva Transport Solutions, the issues in the Ophthalmology Department at Great Western Hospital, how they have been addressing GP Practice related enquiries such as surgery closures and the costs for private letters to be produced as evidence for benefit and other claims, and delays in undertaking some assessments for NHS Continuing Healthcare.

Following his presentation of the report, Mr Rowe responded to members' and health colleagues' questions and observations on the following issues:

- More context to figures within the report would be helpful to members, for example the size of the Non Emergency Patient Transport service, who awarded the contract, how the service is operated, how reliable Arriva are, and how their performance is challenged. An update on this contract will be provided by the Clinical Commissioning Group in their next report to the Committee.
- The current management structure and Board members within Healthwatch Swindon and their meetings.
- The level, numbers and types of contact being made with Healthwatch Swindon by members of the public.
- The targets set to Healthwatch Swindon and their ability to meet them, including their use of volunteers. Mr Rowe to provide the end of year figures once they are available.
- The Chair asked report authors to note that figures, such as percentages for example, need to be given context for members to be able to understand them and appreciate them within the wider meaning of the report.

Resolved – To note the contents of the report.

54. Ophthalmic Care at Great Western Hospital

The Committee received a report, presented by Nerissa Vaughan, Great Western Hospital NHS Foundation Trust, which updated members on the Ophthalmology Department at the hospital following the report submitted on 25 September 2013.

The Committee was asked to note that since the previous report advice has been received from the Royal College on how to take this service forward. They are also continuing to monitor progress. £1.6m has been approved by their Board for appointments in this area, and there will be a move towards outreach services. Clinicians have also reviewed those patients who had gone past the date that they should have had another appointment, which has minimised risk.

Following her presentation of the report, Nerissa Vaughan responded to members' and health colleagues' questions and observations on the following issues:

- If the £1.6m being made available by the Board is a one-off or will be on-going funding.
- The proposed outreach service at Eldene Surgery and the nature of the treatment that will be undertaken there, which will be less complex high volume work. The planned roll out to other areas was also discussed.
- Publicity surrounding the improvements being made to the service.
- The planned timeline for the department to be re-opened for new cases at the hospital.
- It was agreed that a further update report on this service would be provided to the Committee towards the end of 2014.

Resolved – To note the contents of the report.

55. Providing information, choices and alternatives to prescription medicine

The Committee considered this report, presented by Councillors Wayne Crabbe, Julie Wright and Bob Wright, concerning alternative and complementary medicine. The Committee also received a presentation via Skype from Dr David Healy who discussed controlled drug trials, medical publications, and the need to raise awareness of the benefits of a non-conventional approach to treatment.

Councillor Bob Wright highlighted that this report is the outcome of the Working Group set up to investigate the alternatives, and it focusses on the harm that conventional drugs can do. They feel that the availability, equality and opportunity of complementary and alternative medicines (CAMS) should be improved as it is currently a postcode lottery as to whether it is offered to patients. Savings can be achieved by offering CAMS instead of conventional treatments, and it would also relieve pressure on healthcare professionals.

After the presentation of the report, members and health colleagues asked questions and made observations on the following issues:

- It was queried if there is an indication that offering CAMS does relieve pressure on healthcare professionals, and if CAMS would be offered if more funding was available to support them.
- It was noted that a study had been commissioned to look at the CAMS policy of the Clinical Commissioning Group (CCG). The study includes a comprehensive list of all CAMS but the CCG policy is to only fund interventions that are supported by empirical evidence. There is no current evidence to demonstrate that CAMS are cost effective which is why they are not all funded.
- CAMS are offered in certain circumstances, for example with cancer patients and physiotherapy, based on National Institute for Health and Care Excellence (NICE) guidelines, and there is also a list of illnesses that CAMS would be detrimental for.
- It was noted that the Swindon CCG policy on CAMS is consistent with other CCGs in Wiltshire, Gloucester, South Gloucester and Bath and North East Somerset.

- The CCG would offer more CAMS if they were consistent with NICE guidelines. The policy on CAMS was last reviewed in 2011 and there has been no change in the national approach since that time.
- It was suggested that limited funding would be better spent on drugs that are known and tested rather than on speculative CAMS.
- Both CAMS and prescription drugs have their base in nature, but prescription drugs can be dangerous. It is more important to achieve what is best for the patient, and it was suggested that funding should be made available for people who wish to choose CAMS for their treatment but cannot afford it themselves.
- It was noted that the Chief Medical Officer for England has stated that she does not believe homeopathy should be made available on the NHS. CAMS do not always have effective results, and NICE have provided guidelines that should be followed. Public money should be spent on treatments that have an evidence base of success.
- It was suggested that CAMS practitioners have a closer relationship with patients and are more involved with their treatment, leading to a better service of healthcare provided and better results.
- It was queried how much training the physiotherapists receive at the hospital in CAMS, and why chiropractors are not utilised instead since they receive four years of training.
- It was noted that between 10 – 11% of hospital admissions are as a result of the medication they have been prescribed. If CAMS were offered instead of prescribed medicine then this could be a potential saving.
- It was noted that Swindon has an award winning psychology service. Healthcare professionals are not averse to prescribing CAMS but it will not proceed further until NICE are convinced of the benefits.

Resolved – By 7 votes in favour, 1 against and 3 abstentions, to pass this report and the Committee's comments to the Cabinet Member for Health and Adult Social Care and the Health and Wellbeing Board, to promote the access to information on alternative and complementary medicine with the Swindon Clinical Commissioning Group.

56. End of Year Report 2013/14

The Committee considered this report, presented by Sally Smith, Scrutiny Officer, which reviewed the work carried out by the Committee over the past municipal year, for inclusion in the Annual Report for Scrutiny.

The Committee noted that the Leisure Change Review is still on-going, and that any issues or comments for the Joint Overview and Scrutiny Committee on the Great Western Ambulance Service should be fed through Councillor Andrew Bennett. Members were invited to send the details of suggestions for the work programme to Sally Smith by the end of May 2014.

Members also received an update from Kevin McNamara, Great Western Hospitals NHS Foundation Trust, on the numbers of foreign nurses who have been sourced and are now working at the hospital. Their skills and standards are being monitored.

The Chair thanked all who had attended the meetings across the last municipal year, with particular thanks to the Committee and Scrutiny Officers for their

professional service and support.

Resolved – to note the contents of the report.

57. Commissioner and Provider updates

The Committee received update reports from the following Commissioners and Providers:

- Great Western Hospitals NHS Foundation Trust
- Avon and Wiltshire NHS Partnership Trust
- NHS Swindon Clinical Commissioning Group
- SEQOL

The report also included a summary of the reports and decisions arising from the meetings of the Health and Wellbeing Board on 8 January and 12 March 2014. The Committee was invited to review this material and determine whether it required additional information or specific reports in relation to any of the various matters considered by the Health and Wellbeing Board.

During the Committee's consideration of the updates the following issues were raised by members:

- Members agreed to continue with the format of receiving all the update reports as one item, to be read by members prior to the meeting and any questions or challenges that arise be presented to the Scrutiny Officer prior to the meeting in order that responses can be acquired, or a representative can be available at the meeting to answer such questions.
- Care Quality Commission monitoring at the hospital highlighting elevated risks for whistle blowing, and a risk with Gastroenterological and hepatological conditions and procedures mortality.
- The recent difficult winter period causing the four hour Emergency Department performance to slip below 95%, and having 10% more non-emergency admissions than the same period last year. It was agreed that an update would be provided on the non-emergency clinic in future reports.
- The fundraising appeal launched for a new type of breast cancer treatment. The delivery of radiotherapy in Swindon is a priority and charitable donations are required.
- Potential savings from cutting down on round-trip travel costs elsewhere if breast cancer treatment commences in Swindon.

Resolved – That the reports be noted.