

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 20th March 2008

PRESENT: Councillor Tidy (Chairman); Councillor Rogers OBE (Vice Chairman), Councillors Healy, O'Keeffe, Taylor, Wilson (ESCC); Councillor Lambert (Lewes District Council); Councillor Martin (Hastings Borough Council); Councillor Davies (Rother District Council); Councillor Hough (Eastbourne Borough Council); Councillor Phillips (Wealden District Council); Mr Ralph Chapman, Chairman, Age Concern East Sussex

WITNESSES:

East Sussex Primary Care Trusts:

Mr John Vesely, Head of Primary Care

Mr Mark Lavender, Interim Choose and Book Project Manager

Sussex Partnership NHS Trust

Mr Andrew Dean, Associate Director Older People's and Forensic Services

East Sussex County Council

Mr Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive's Department

LEAD OFFICER: Claire Lee, Scrutiny Lead Officer

LEGAL ADVISER: Angela Reid, Head of Legal Services

1. MINUTES

1.1 **RESOLVED** – to approve the minutes of the meeting held on 28th January 2008 as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies were received from Councillor Philip Howson, Professor Peter Cox and Ms Debby Matthews

3. INTERESTS

3.1 Councillor Eve Martin declared a personal interest in that she works in a care home.

3.2 Councillor Barry Taylor declared a personal interest in that he is co-owner of a care home.

4. REPORTS

4.1 Copies of the reports dealt with in the minutes below are included in the minute book.

YOUTH PARLIAMENT MEMBER

4.2 Councillor Sylvia Tidy welcomed Jessica Hanson, East Sussex Youth Parliament Member. Ms Hanson is shadowing Cllr Tidy to add to her experience of local government and to support her Youth Parliament role.

5. FIT FOR THE FUTURE

5.1 The Committee considered further developments regarding the East Sussex PCTs' Fit for the Future plans.

5.2 Following HOSC's decision on the 28th January 2008 that the proposals are not in the best interests of health services for East Sussex residents, the PCTs confirmed their intention to proceed with their decision to move to a single site for obstetric, special baby care and inpatient gynaecology services in Hastings and a midwife-led-unit in Eastbourne. HOSC has therefore confirmed to the PCTs that it will proceed to refer the plans to the Secretary of State for Health. HOSC is currently compiling detailed evidence to support the referral which is expected to be sent to the Secretary of State by the end of March 2008. HOSC expects the process to take around 6-8 months if the Independent Reconfiguration Panel undertakes a full review.

5.3 Nick Yeo, Chief Executive, East Sussex PCTs is leaving by the summer to take up the post of Chief Executive at Hampshire Partnership NHS Trust. Mr Yeo has made it clear that he will ensure the PCTs provide the appropriate information to support the referral process.

5.4 RESOLVED to

(1) Note the developments in relation to Fit for the Future

6. FIT FOR THE FUTURE IN WEST SUSSEX

6.1 Councillor David Rogers summarised the progress of the Joint HOSC's scrutiny of the Fit for the Future proposals in West Sussex and Brighton and Hove. Councillor Rogers and Councillor Diane Phillips are the nominated East Sussex HOSC representatives on the Joint HOSC and Councillor Sylvia Tidy is the nominated substitute. Key points included:

- In response to the consultation alternative options were put forward by the public and stakeholders and this can be viewed as positive development and a measure of success of the consultation.
- West Sussex PCT commissioned Sir Graeme Catto, President of the General Medical Council, to analyse and assess these options.
- Sir Graeme's report to West Sussex PCT recommended that a new model of care, developed and supported by local clinicians, be added to the PCT's shortlist. This new model still envisages some centralisation of more specialist services at one hospital site in West Sussex. However, it retains a wider range of services than originally proposed at the two other sites including the majority of A&E services, intensive care and acute medical services.

- Sir Graeme also recommended that one of the PCT's original options which would see the Princess Royal Hospital become a community hospital should not be included on the final short list as it had little support from the public and clinicians. However, that PCT had decided to retain the option on its shortlist and this had generated some concern as to the extent to which the PCT was responding to the views expressed through consultation.
- Joint HOSC will agree its final report to the PCT on 2nd May 2008.
- PCT Board meeting on 2nd May 2008 will decide on the preferred model and at its meeting on 4th June 2008 will consider service locations.
- Joint HOSC will consider the PCT's decision and response to the Joint HOSC report
- PCT Board on 10th July will make the final decision on the future pattern of services in West Sussex.

6.2 HOSC reiterated its concern about the future of services at the Princess Royal Hospital and the possible impact on East Sussex residents. The Committee also highlighted the need to consider unresolved Fit for the Future issues in East Sussex within the decision making process in West Sussex.

6.3 RESOLVED to

(1) Note the report and the work programme of the Joint HOSC.

7. CHOICE AND BOOKING

7.1 John Vesely, Head of Primary Care and Mark Lavender, Interim Choose and Book Project Manager, East Sussex PCTs attended. Mr Vesely gave a short presentation to update HOSC on Choose and Book (now re-branded by the Department of Health as Choice and Booking). Key points included:

- The most important element of 'Choice and Booking' is the availability of choice for the patient. The dialogue between the GP and the patient is key to determining what is the most appropriate care, where and when this might happen and who is the appropriate consultant to carry out the treatment.
- The secondary element is the electronic booking of the first outpatient appointment at the time and date of the patient's choice.
- Those who have been able to use the system as intended have been enthusiastic but the system has not been robust.
- Choice is limited in reality in East Sussex due to the geography. Many of the county's residents live close to a hospital and show loyalty to this local provider. Because of this the PCTs are focussing more on offering patients a choice of care pathway (e.g. choice of treatment type or fast tracking to diagnostic tests) whilst also offering choice of provider in line with national requirements. From 12 April 2008 this choice will include any provider who can provide the care to NHS standards within the nationally agreed tariff.

7.2 There have been a number of issues which have hampered uptake:

- High demand specialties such as orthopaedics are sometimes fully booked on the system, particularly as the hospitals trust has been accommodating more patients in order to meet the national target of 18 weeks from GP referral to treatment. Patients may therefore have to wait longer to book an appointment with the Trust or use an alternative provider which may involve

travelling further for treatment. Some independent sector providers cannot take bookings electronically and a manual system must be used.

- There is still frustration amongst GPs at being unable to identify individual consultants on the system. The PCTs have worked with East Sussex Hospitals NHS Trust (ESHT) to improve this by inserting the name of the consultant into clinic titles where possible. The Trust has completely rewritten its directory of services which is making it easier to access the appropriate clinics.
- Technology problems have resulted in GPs being unable to access the right screens within the 10-12 minute consultation time but this problem has been largely resolved.
- Bexhill technology problems which arose in Spring 2007 have been resolved but some technical problems are still being experienced.
- When East Sussex Hospitals Trust was 'off menu' for several specialties this resulted in a lack of available slots for GPs and patients to book. The Choice and Booking system lost momentum as a result.
- £400 million has been invested nationwide by the Government on Choice and Booking. However, GPs are struggling to cope with a wide range of initiatives e.g. practice based commissioning, GPs contracts and many GPs were less than convinced by Choice and Booking.

7.3 Current performance

- In East Sussex, the implementation of Choice and Booking effectively stalled in December 2006. Now the system is performing better and the PCT rates have returned to the levels prior to December 2006.
- The national target of 90% of referrals through the Choice and Booking system has been met in some other parts of the country. This has been possible because those PCTs have introduced referral management systems where all referrals are passed by GPs to a separate team. Patients then discuss what options are available and are booked in by them rather than the GP. East Sussex PCTs believe this system inhibits patient/GP dialogue and have wanted to maintain this relationship. However, there is a small specialist team available in the PCT where patients can be referred and booked separately if the GP is experiencing problems.
- There are different usage rates among GP practices. Two practices in East Sussex are not participating – one because of what it sees as flaws with Choice and Booking and one because it is moving premises.
- The PCTs are looking at high usage GPs to see if there are learning points which can be rolled out to other practices.
- Performance in East Sussex mirrors the national performance but East Sussex is in the country's bottom performing 15-20 PCTs.

7.4 Mr Vesely and Mr Lavender answered questions including the following:

Priority treatment e.g. cancer

7.5 Mr Vesely said that patients suspected of suffering from cancer have to be seen by a consultant within two weeks but this timescale is not yet incorporated into the Choice and Booking system. GPs do not have enough confidence in the system to use it for priority treatments and therefore use existing referral processes. Referrals for cancer are a relatively low proportion of overall referrals but the PCTs are looking to see how the two week target can be built into Choice and Booking.

Cost of re-branding from 'Choose and Book' to 'Choice and Booking'

7.6 Mr Vesely explained that the Department of Health had re-branded Choose and Book to Choice and Booking but the cost of this to the PCT had been minimal.

90% target

7.7 When asked how confident he was that the PCTs would meet the Department of Health target of 90% referrals occurring via the Choice and Booking system, Mr Vesely said that there was scepticism about whether the target is appropriate as it assumes all referrals are eligible when in fact there may be clinical reasons why some referrals may never be handled in this way. Mr Vesely indicated that, within two to three months, East Sussex PCTs would be beyond 50%. The next generation of Choice and Booking software will be released later this year and this will help progress as it is more compatible with the Hospital Trust's software. In addition, the PCTs are offering an incentive payment to GP practices which is based on quick progress towards 50%.

7.8 Mr Vesely said that two GP practices in Hastings are already reaching 80% referrals through robust surgery systems. Mr Vesely believes that East Sussex PCTs can be the best performing within the South East Coast Strategic Health Authority area with somewhere over 50% referrals.

7.9 When challenged on whether even 50% is achievable given that the current level of referrals is 20% to 30%, Mr Vesely said that these levels were being achieved without the additional support being place. Now the PCTs are beginning to roll out the improvements, an increase in referrals can be expected. The PCTs are targeting the larger practices which have the highest number of referrals but often the lowest usage of Choice and Booking.

Brighton and Sussex University Hospitals NHS Trust and Maidstone and Tunbridge Wells NHS Trust

7.10 Mr Vesely said that Brighton and Sussex University Hospitals NHS Trust has pioneered some of the directory of services improvements and offering GPs a choice of consultant. Maidstone and Tunbridge Wells NHS Trust are currently experiencing difficulties on a range of issues. East Sussex PCTs are a small commissioner of their services and are therefore unable to exert any significant influence on its Choice and Booking system which is not particularly user friendly.

Source of problems

7.11 When asked if the problems were down to software, hardware or a lack of user friendliness, Mr Vesely said that it had been a combination of all three. Initially the hardware had caused fundamental difficulties with its slow response. Now local problems in East Sussex have been resolved but there are weaknesses in the nationally supplied software particularly regarding the interface with the variety of acute trust and GP practice software. However, some areas in the country are performing better and so these issues must be resolvable.

18 week target

7.12 When asked whether the national 18 week waiting time target was generating negative consequences, Mr Vesely said that it was good to aspire to reduce waiting times and waiting times locally have fallen significantly. However, local GPs may prefer some flexibility within this. The Choice and Booking system needs to be sophisticated enough to build in clinical judgements such as 'watchful waiting' and urgent referrals. Not all of these aspects were incorporated in the original system specification.

Named consultants

7.13 Mr Vesely said that the Choice and Booking system supports named clinician referral but that ESHT's patient administration system (Oasis) is not currently compatible. As an interim measure, the Trust has inserted names of consultants within clinic names when possible to enable GPs to identify the appropriate clinic. However, there are some ongoing problems— for example, a clinic might be in Hastings when the patient lives in Eastbourne and this is not apparent on the system. ESHT also has a policy of not allowing named clinicians in order to prevent unbalanced workloads and therefore reduce waiting times. Some clinicians will be more popular than others but Mr Vesely said that the experience from manual referrals shows that caseloads even out over a period. Mr Vesely said that the PCTs are negotiating with the Trust on their policy and that the Trust's system will be upgraded soon to enable the named clinician facility to become operational.

Patient experience

7.14 When asked about patients' awareness of Choice and Booking, Mr Vesely agreed that awareness levels need to rise as many patients did not know about the system. However, the patient's discussion with the GP about the type of care and choice of provider is the most important aspect while the actual electronic booking system is the 'icing on the cake'. Mr Vesely said that perhaps patients can be encouraged to be more assertive but it is his responsibility to ensure that GPs are offering Choice and Booking. HOSC recognised that Choose and Book had been launched to GPs at the wrong time and it had not been a good environment e.g. changes to GP contracts etc. However, choice must be informed by GPs.

Timing of launch and lack of testing before launch

7.15 HOSC highlighted that a number of the problems with Choice and Booking could have been identified and addressed before the launch if there had been proper testing. The committee suggested that it may be preferable to stop implementation and resolve the problems rather than continue when such issues remain outstanding. Mr Vesely said that East Sussex had effectively paused in the implementation of the system six months ago and set about resolving the problems. He acknowledged that the nationally imposed launch deadline made no allowance for individual local issues and more flexibility would have been helpful. The PCTs have now improved the system and a panel of GPs is reviewing the improvements. Mr Vesely is confident of reaching 50% referrals but perhaps not 90%. He is confident it will improve the patient experience as well as reduce the number of missed appointments.

Cost

7.16 The cost to GPs is limited to their effort and time. Equipment costs are born by the PCTs/NHS. The proposed incentive scheme is likely to cost the PCTs an additional £300,000 if practices achieve the target trajectories.

East Sussex Hospitals NHS Trust availability of services

7.17 Mr Vesely confirmed that the Trust had been 'off menu' for seven specialities from late November 2006 to the end of March 2007. These included high demand specialities such as trauma and orthopaedics and ENT (ear, nose and throat). The Trust had been on menu for all specialities since April 2007. However, there had been some issues on slot availability and there had been discussions to resolve this, alongside weekly monitoring. Mr Vesely pointed out that GPs still used written referrals and these filled slots.

7.18 RESOLVED to

(1) Note the latest position on Choice and Booking.

(2) Ask East Sussex PCTs to give an update on progress at the HOSC meeting on Tuesday 16th September 2008. This update will include a breakdown of costs associated with the implementation and development of Choice and Booking.

(3) Ask East Sussex Hospitals NHS Trust to comment on Choice and Booking and update the Committee on the status of its delivery of the system, named clinician referral and compatibility with Choice and Booking software. Comments to be included in the update for HOSC's September meeting.

8. BRIEFING ON THE NEXT PHASE FOR OLDER PEOPLE'S MENTAL HEALTH SERVICES

8.1 Mr Andrew Dean, Associate Director Older People's and Forensic Services, Sussex Partnership NHS Trust outlined the next phase for older people's mental health services. Key points included:

- The first proposal is to close the inpatient beds at the Beechwood unit in Uckfield, in line with the national and local strategy for reducing bed based provision in favour of community based care.
- The second proposal is a short-term move of another inpatient bed service (Milton Court, Eastbourne) to Beechwood. This is pending the identification of a suitable site in Eastbourne for an inpatient centre.
- The closure of Beechwood is part of the move towards community based provision and is not related to East Sussex County Council's Adult Social Care department's request for Sussex Partnership Trust to accelerate their plans to move out of Milton Court.
- Sussex Partnership Trust provides acute assessment beds for functional illnesses e.g. depression and for organic illnesses e.g. dementia. The Trust does not provide respite care beds or long term care beds.
- The move from bed based to community services is because it is better to treat people at home where possible e.g. reduced confusion in people suffering from dementia.
- The recommended national standard for older people's mental health inpatient services is 55 beds per 100,000 population of over 65's but East

Sussex had far more beds than this and the community services had severe gaps e.g. no crisis response services, no 24 hour service, no liaison services in acute hospitals. In addition, the beds were not all used as commissioned.

- East Sussex PCTs asked Sussex Partnership Trust to look at the possibility of redesigning Beechwood resources to in order to sustain and develop the integrated community support service and memory support service which have been provided over the last two years as part of the Partnerships for Older People (POPP) programme. The services have been successful in improving community support for service users and carers and in helping to prevent admission to hospital.
- Closure of Beechwood will release resources. It is an acute organic assessment unit with 16 beds which serves a cross-county area, not just Uckfield. Currently 9 people are in Beechwood but 8 of these are delayed discharge cases. Of the 74 beds across the service county-wide, 53 have been utilised over the last year and so closure of Beechwood would will not affect the Trust being able to meet demand. The unit only provides organic assessment and any functional assessments are already carried out within St Anne's in Hastings or in Eastbourne. Under the proposals organic assessment would follow the same pattern and be provided at St Anne's or Eastbourne. Further work is needed to explore the travel and access issues.
- There are no plans to close Milton Court as an acute organic assessment unit. The plan is to merge it with the Heathfield functional assessment unit and create a new in-patient centre in Eastbourne. Moving Milton Court in-patient unit prior to the establishment of a new inpatient centre in Eastbourne has proved problematic and previous possible solutions have not proved feasible. The potential closure of Beechwood presents an opportunity for the Milton Court beds to move there as an interim measure (2-3 years). The Trust is currently buying a building in the Eastbourne area for the in-patient centre.

8.2 Mr Dean answered questions including the following:

North-east and south-west split resulting in all in-patient beds being on the coast

8.3 Mr Dean explained that East Sussex did not lend itself to a north/south split because of the county's demographics. Most of the services are split east and west but this was not entirely appropriate for the pattern of older people's services, hence the north-east and south-west localities used by the Trust.

8.4 The purpose of closing beds is to expand community support. Following the closure of Homefield the number of community contacts rose from 30,000 in 2006/2007 to 90,000 in 2007/2008. The liaison service was funded from the Homefield closure and there have been 1,700 referrals to this service from the acute hospitals. Previously the number of referrals was very low and these cases may have become delayed transfers of care. Also, day services are now more flexible and go out into the local community rather than being based in one building. A 24-hour rapid response service is the objective.

Transport issues

8.5 HOSC raised concerns about helping people travel to visit relatives particularly with the plan for two inpatient centres in East Sussex which would increase travel.

Carers, who are often also elderly, need support. Mr Dean admitted that transport remains an issue. If Milton Court is moved, the Trust is looking at providing a bus service to transport people, in partnership with the PCTs and Adult Social Care commissioning. The two sites provide very specialist in-patient care, therefore this is difficult to supply in all local communities. Mr Dean pointed out that the Trust's intention is for 90% of care to be supplied in the community with people admitted to in-patient services as a very last resort. This is why only two units are required. The Department of Health sees locally based services as community services and it sees in-patient services as very specialist.

Delayed transfers of care

8.6 When asked if delayed transfer of care cases would be an issue in the future, Mr Dean said that the number of cases had been reducing year on year and their continuing reduction remains a high priority through the whole health economy.

Funding additional services

8.7 Asked if the closure of Beechwood would release funds for additional services as well as providing funds to sustain existing POPP funded services, Mr Dean pointed out that the current funding stream for the extended hours services within community teams may not exist from June and this would be devastating. The Trust intends to build on the service but it needs the basis on which to extend the service to 24 hours and provide a rapid response team.

Reliance on community care

8.8 HOSC raised the concern that the reliance on community care may bring risks particularly as dementia and Alzheimer's patients may need longer term beds and not just short term assessment. Mr Dean said that all the funding is to be reallocated to community services. The Trust only provides acute assessment beds and has never provided long term care for older people. It is not intending to change this policy, but there is a possibility of developing a challenging behaviour unit.

8.9 Mr Dean emphasised that the plans for Beechwood are at the proposal stage and that the consultation has not started. This initial information sharing session with HOSC is as a result of previous issues concerning the closure of Homefield. The intention is for the Trust to have 24-30 beds in the south-west and 24-30 beds in the north-east. The plan is to have a hub and spoke design with small units of 8-10 beds. These will comprise two units for acute organic assessment and acute functional assessment plus the possibility of a challenging behaviour unit in each area.

8.10 Beechwood would be the last closure in moving to two in-patient centres. The remaining work is to realign other units. St Anne's will be expanded to become the in-patient centre for the north-east while Heathfield and Milton Court will merge in the south-west into a new building in Eastbourne.

Support for care homes

8.11 Mr Dean said the Trust recognises that it needs to be more in touch with care homes, particularly in providing education and support with the objective of lessening the need for people to be admitted to hospital. The Trust is setting up a specific team to work with care homes, particularly with challenging clients.

The Trust does not distinguish between elderly and mentally infirm (EMI) registered homes or other residential homes which may also take EMI patients. The Trust also provides assistance for local authority care homes. The objective is to extend access to the Trust's support to lower level needs through more flexible eligibility criteria. The Trust is looking at joint day care centre provision with the local authority to help avoid gaps or friction between services.

Population changes and out of hours cover

8.12 Mr Dean said that the Trust was arguing for additional resources for East Sussex to fund the increasing demand from an increasingly elderly population and increasing numbers of people suffering from dementia. Every opportunity is used to emphasise this argument.

8.13 As regards out of hours cover, Mr Dean said that one reason for the Beechwood proposal is to continue to fund the seven day community support team and provide some out of hours support. The Trust would like to extend this to 24 hours support. The closure of Beechwood is the last opportunity to move funds into providing community services.

8.14 RESOLVED to:

(1) Establish a HOSC task-force comprising Councillor Beryl Healy, Councillor Eve Martin and Mr Ralph Chapman to review the issues surrounding the proposals for older people's mental health inpatient beds and report back to HOSC.

(2) Ask Sussex Partnership Trust to provide:

- a map showing the north-east and south-west areas;
- additional information on the specific community services improvements which would result from the closure of Beechwood;
- a draft consultation plan for the proposals for Beechwood and Milton Court.

(3) Ask Adult Social Care, Primary Care Trusts and Sussex Partnership Trust to give a joint presentation on the overarching strategy for older people's mental health services in June 2008.

9. ESTABLISHMENT OF A LOCAL INVOLVEMENT NETWORK (LINK) FOR EAST SUSSEX

9.1 Mr Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive's Department, East Sussex County Council gave a summary of progress on establishing the East Sussex LINK. Key points included:

- East Sussex Disability Association has been appointed as the host organisation for the LINK from 1st April 2008.
- The LINK working group is reforming into an interim core group and wider LINK. The core group will work with the host team over the next few months to establish governance procedures, help plan the work programme and communication programme.
- The LINK will make contact with existing networks and aim to build on them.
- The LINK aims to be formally operational by the end of summer 2008.

- The LINK steering group has now disbanded and has become the virtual LINK liaison group to assist with performance management of the host and communications about the LINK.
- LINK meetings will be in public.

9.2 Mr Rideout answered questions including the following:

Relationship with HOSC during the interim period between the disbanding of PPIFs on 31st March and the LINK becoming fully operational

9.3 Mr Rideout explained that PPIF members will continue to attend forums and meetings etc but not as formal LINK representatives. NHS Trusts are being advised of this. The interim core group will look to make nominations for LINK representatives to fill places on committees and working groups (including HOSC) as soon as they are able.

9.4 PPIFs' legacy programmes and issues will be passed to the LINK interim core group. Many PPIF members are expected to move over to the LINK which will help provide some continuity.

Risk of PPIF members dominating LINK activities

9.5 Mr Rideout agreed that this could be a risk but both the host and interim core group are aware of the issue and having a local voluntary and community organisation as the host will minimise the risk. PPIF members have different views on LINKs. Some see the LINK as a continuation of the forums but some see the LINK as a new development. Mr Rideout is confident that the host will manage the issue and that many new people will be brought into the LINK. The LINK has a lot of freedom as to how it organises itself and how it operates.

LINK website

9.6 Mr Rideout confirmed that LINK information can be accessed from the East Sussex Strategic Partnership website until the LINK has its own website in place. Web address: www.essp.org.uk

Professor Peter Cox

9.7 Professor Cox was unable to attend this HOSC and he is standing down from HOSC at the end of March 2008 as he has decided he will not become involved in the East Sussex LINK. On behalf of HOSC, Cllr Tidy wished Professor Cox all the best for the future and thanked him for his contributions to HOSC particularly in helping to forge a strong partnership between the forums and HOSC.

9.8 RESOLVED to

(1) Transfer the PPIF place on HOSC to a nominated LINK representative.

(2) Regularly send the HOSC work programme to LINK for information and receive regular reports of the LINK work programme.

(3) Note that the co-opted LINK member will play a key role in communicating work programme changes/new issues to LINK and HOSC and in participating HOSC work programme development sessions.

(4) Continue HOSC liaison Member arrangements on issues relating to the individual PCTs and NHS Trusts.

(5) Circulate to HOSC members the details of new LINK issue based groups to enable Members to participate as appropriate.

(6) Make available to HOSC members details of locality based meetings which will regularly feature LINK issues on the agenda.

(7) Note that LINK referrals will be considered initially by HOSC Chairman and Vice Chairman to avoid undue delay in response.

(8) Note LINK referrals at a HOSC formal meeting and agree appropriate action.

(9) Produce a simple written protocol to ensure clarity of process for both LINK and HOSC

(10) Invite representatives of the LINK core group to meet with the Chairman of HOSC on a regular basis. The Chairman of Adult Social Care Scrutiny Committee will also be invited to attend.

(11) Circulate the HOSC newsletter to LINK core group and participants.

(12) Include information on LINK activities in the HOSC newsletter as appropriate.

(13) Add a link to the LINK's website to the HOSC website.

10. HEALTHCARE COMMISSION ANNUAL HEALTH CHECK PROCESS

10.1 RESOLVED to:

(1) Agree that HOSC will make no comments on individual NHS organisations' Healthcare Commission declaration.

(2) Agree that the HOSC Chairman will write to the relevant PCTs and Trusts to explain the position so they can include this letter within their declaration to the Health Commission.

11. INDIVIDUAL HOSC MEMBERS ACTIVITIES AND LIAISON WITH PATIENT AND PUBLIC INVOLVEMENT FORUMS

11.1 Councillor Diane Philips attended the final meeting of the South Downs and Weald PCT PPI Forum and it was noted that most members were not carrying on with the LINK.

11.2 HOSC members praised the excellent work completed by the PPI Forums and were sorry to see them disbanding. Members trusted that the PPI Forum work programme would be inherited by LINKs and that the new organisation would build on the forums' achievements.

11.3 HOSC noted that the LINK would bring a wider perspective to the issue of patient and public involvement and welcomed this development.

11.4 The HOSC Chairman met with the PPI Forum Chairmen on 13th March to thank them for their hard work and discuss legacy issues. HOSC will collate these issues and liaise with LINKs on how best to move the projects forward.

11.5 On 17th March, the HOSC Chairman attended a specialised commissioning event organised by the Centre for Public Scrutiny for the South East region. HOSC chairmen and representatives of the South East Coast Specialised Commissioning Group discussed specialised commissioning issues and how HOSCs can effectively scrutinise changes in these specialised services which often affect small numbers of patients across a wide area.

11.6 The South East region HOSC Chairmen and officers met on 25th February 2008. Issues included raising concerns with a Healthcare Commission representative on the value of HOSC comments as part of the Commission's annual health check. The Chairmen will meet with representatives of the Strategic Health Authority on 1 April 2008 and discuss, amongst other topics, the national policy on GP led health centres in each PCT area.

11.7 The HOSC Chairman is meeting with Mr Nick Yeo, Chief Executive, East Sussex PCTs on 10th April 2008 to discuss a range of topics including Fit for the Future and GP-led health centres in East Sussex.

11.8 RESOLVED to

(1) Write to East Sussex PCTs asking for clarification on their policy on the treatment of age related macular degeneration.

(2) Note that HOSC is awaiting response from East Sussex PCTs on the answers to questions prompted by the PCTs' recent briefing on chronic obstructive pulmonary disease (COPD).

The meeting ended at 12.45pm