

CONSULTATION TASK AND FINISH REVIEW GROUP

SUMMARY REPORT

Purpose of the Report

1. To advise Members of the recent consultations that the Consultation Task and Finish Review Group have responded to on behalf of the Committee.

Summary

2. At the Monitoring and Co-Ordination Group meeting held on 31st October 2011, agreement was given to the establishment of a Task and Finish Review Group to respond to health consultations on behalf of this Scrutiny Committee, with all Members of the Scrutiny Committee being invited to attend meetings.
3. This report outlines recent consultations which have been considered by the Review Group, together with the responses thereon (**Appendix 1 and 2**) which have been submitted on behalf of this Committee.

Recommendations

4. That this Scrutiny Committee retrospectively approves the responses submitted by the Task and Finish Review Group, as detailed in (**Appendix 1 and 2**) of this report.
5. That this Scrutiny Committee supports the response submitted by Darlington Borough Council and North East Regional Joint Health Scrutiny Committee in respect of the Healthy Lives, Healthy People: Update on Public Health Funding Consultation.

Paul Wildsmith
Director of Resources

Background Papers

Notes of Task and Finish Group meetings
Department of Health Consultation documents

Abbie Metcalfe : Extension 2365

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected members contributing to the Healthy Darlington Theme Group.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.

MAIN REPORT

Consultation Task and Finish Review Group

6. Following the establishment of the Task and Finish Review Group, that Group have met on two occasions to respond to the Department for Health's proposals *Liberating the NHS: No Decision about me, without me* and the NHS Tees and NHS County Durham and Darlington's consultation on Dental Anxiety Management and Sedation Service for NHS Tees and County Durham and Darlington.
7. Details of the proposals are contained in this report and the responses submitted on behalf of this Scrutiny Committee are attached (**Appendix 1 and 2**).

Department of Health *Liberating the NHS: No Decision about me, without me*

8. The Department of Health published detailed proposals to secure genuinely shared decision-making for patients, *Liberating the NHS: No decision about me, without me, Further consultation on proposals to secure shared decision-making*.
9. The Department consulted further on detailed proposals to implement the Government's commitment to giving patients more say and choice over their care and treatment.
10. The consultation proposed a model of shared decision-making all along the patient pathway, which should be relevant irrespective of patients' conditions, their clinical pathway or progress along it. The model indicated where patients would be expected to have more say in decisions about their care in primary care; before a diagnosis; at referral to secondary care; and after a diagnosis had been made.
11. This consultation period ran for eight weeks from 23 May 2012 until 20 July 2012 and Members of this Committee attended one meeting to formulate the response (attached as **Appendix 1**) and respond to the consultation ahead of the deadline.

Dental Anxiety Management and Sedation Service for NHS Tees and County Durham and Darlington

12. NHS Tees and NHS County Durham and Darlington carried out a consultation looking at ways to improve the dental anxiety management and sedation service, to ensure that it best met patients' needs in the future. Dental sedation services are delivered under a two tier structure within a wider anxiety management pathway:
 - **Tier 1** - provides basic conscious sedation techniques;
 - **Tier 2** - is a consultant anaesthetist led service providing alternative more complex sedation techniques.
13. NHS Tees and NHS County Durham and Darlington undertook a procurement process for the provision of Tier 1 and Tier 2 NHS Dental Anxiety Management and Conscious Sedation, to be delivered to the populations of Middlesbrough, Redcar and Cleveland, Hartlepool, Stockton-on-Tees, Darlington and County Durham.
14. As part of the proposed commissioning process, it was intended to:

- Remodel service provision by commissioning Tier 1 (simple sedation techniques) and Tier 2 (alternative more complex sedation techniques) services separately;
 - Reduce waiting times;
 - Ensure geographic equity of services.
15. This consultation period ran for six weeks and Members of this Committee attended one meeting to formulate the response (attached as **Appendix 2**) and respond to the consultation ahead of the deadline.

Healthy Lives, Healthy People: Update on Public Health Funding

16. The Department of Health published a consultation Healthy Lives, Healthy People: Update on Public Health Funding on 14th June 2012.
17. The consultation describes the interim recommendations of the Advisory Committee on Resource Allocation (ACRA) and sought feedback to work to inform their continuing work.
18. The issue was discussed at the Regional North East Joint Health Scrutiny Committee, which agreed to formulate and submit a response.
19. The Chair and Vice-Chair of this Committee have also supported the response submitted by Darlington Borough Council.

Darlington Borough Councils', Health and Partnership Scrutiny Committee's response to
Consultation: 'No Decision About Me, Without Me'.

13 July 2012

Will the proposal provide patients with more opportunities to make shared decisions about their care and treatment in the following areas?

Primary care?

Members of the Health and Partnership Scrutiny Committee feel that in relation to the choice of GP practice the proposal seems a good idea, as it provides flexibility to the public especially when moving house, and does provide greater option for more patient choice.

When addressing the choice of provider for community service, Members considered the eight service area as part of the phased managed process to give patients more say and believe that this is a good proposal, though did query how these would be funded and where the money would go.

Before a diagnosis?

Members appreciated this area of proposal but did point out the disadvantage of the 'Chose and Book' system and questioned whether there would be a choice of providers or just a choice of appointments. The downside of relying on 'Chose and Book' is that if patients miss their appointments it would put pressure on the 'Chose and Book' system.

At referral?

Members felt there are important issues that need to be addressed in this area. In relation to maternity services, concerns arose around the option of Home Births and whether this option would be more available in villages than inner towns and cities. Members discussed that the document mentions work being undertaken nationally on Strategic Clinical Networks, which included a proposal around single operating model with the networks being accountable to the NHS Commissioning Board. Members were concerned in how the reporting arrangements to the NHS Commissioning Board would be arranged. When looking into the Birth Place study, Members were interested to know whether this study would now inform women to make better choices.

In terms of District Nurses, Members noted that previously District Nurses were also qualified Mid-Wives and considered whether this was the case now and are there training opportunities to expand the role.

Members welcomed the idea around Mental Health Services, and support the proposal for there to be parity for the users of Mental Health Services; especially with those receiving other forms of elective care, wherever possible. Members also acknowledge that there are some features of secondary Mental Health Services that may place limits on shared decisions making. However, Members would appreciate clarification on what is meant by 'possible future trends in market development and its implication on policy development' and how this actually impacts mental health services would. In terms of 'continuity of care', Members recognised that clarification was needed on whether this policy would reach out to patients when they had gone home.

Members considered the issue of self-referral, raising concerns that there was a lack of indication as to whether the proposal allowed choice for actual self-referral. The proposal suggested that NHS organisations ought to make their own decisions about the route of access, and stated that this made the access route similar to the GP's role, where they are viewed as the gatekeeper. Members felt there was insufficient information in regards to the range of the self-referral and how this linked in with greater choice for improving Access to Psychological Therapies.

After a diagnosis?

When considering this area of the proposal. Members would like you to consider, under ‘choice of treatment’ the wording of ‘where appropriate’, Members felt the terminology is confusing in the wider sense and see a need for clarity of the terminology.

Members looked into personal health budgets and felt that the policy was very staff intensive and queried whether the support behind this would be intensive to run the health personal budget and expressed concerns in relation to monitoring the budget. Members felt there was no clarity to restrictions, how the budget would be spent and what monitoring procedures would be in place.

Are the proposals set out in this document realistic and achievable?

It was the view of Members that the consultation document is asking them to answer a lot of questions, areas they have not been given sufficient information and have no specialist knowledge. An opinion was made that this proposal has put forward a lot of good ideas but members were concerned whether or not they were deliverable, it may be more appropriate for the Department of Health to give more assurance as to whether these proposals are attainable.

Looking at the proposals collectively, are there any specific areas that we have not recognised appropriately in the consultation document?

Members view here was that the proposal relies heavily on access to digital information with no indication of research being conducted as to whether patients would want this or if patients had access. Members felt this could be changing the culture too much. Further comments with regards to views being sought too early where made, especially with insufficient information available.

Have we identified the right means of making sure that patients will have an opportunity to make shared decisions, to be more involved in decisions about their care across the majority of the NHS funded services?

Members feel that it is evident that there has been strive to achieve a balance of shared decision making in most areas. Members appreciated the sensitivity in certain areas and feel that an appropriate balance should be consistent. Concerns arose in certain areas such as self-referral whether the NHS will act as a gateway alike the GP’s and therefore an area where choice making is still mainly in the hands of healthcare professionals rather than patient choice. Clarity is needed.

Do you feel that these proposals go far enough and fast enough in extending choice and making ‘no decision about me, without me’ a reality?

Members believe that there needs to be more time and information to make informed decisions. However, Members do appreciate the proposals and recognise a move forward to patient involvement, but do not feel assured on whether these will actually be put in to practice. There is also a view that these proposals could only be effective in cities rather than small towns such as Darlington, clarity and research is needed on how it would affect towns like Darlington.

Darlington Borough Council's Health and Partnerships Scrutiny Committee response to re-procurement of the Dental Anxiety Management and Sedation Service for NHS Tees and County Durham and Darlington

Members of the Scrutiny Committee considered a presentation from the Head of Communications and Involvement, NHS County Durham and Darlington on behalf of the North East Primary Care Service Agency in respect of the consultation at a briefing meeting held on Tuesday 3rd July 2012.

At the meeting, Members scrutinised the consultation process, the engagement activity and the current provision of Tier 1 and Tier 2 services.

Members welcomed the proposal that there should be greater flexibility of appointment times, including services being available on either weekends or at least one evening each week and that priority be given to out of school appointments for children requiring multiple visits whenever possible.

Members expressed concern that the current waiting times for referral is ten months and are pleased to note that there is a proposal to provide standardised waiting times for patients of six weeks for referral to assessment and 18 weeks to treatment, although, there was no clarification of procedures for emergency appointments.

Members are pleased that Tier 1 and Tier 2 services will be commissioned separately and that existing Tier 1 services in current Dental Practices will remain and that it is proposed to have a centralised site for Tier 1 services for patient across County Durham and Darlington. However, they expressed concerns about where exactly the centre would be located, either in County Durham or Darlington?

Members are satisfied that engagement is taking place with patients and other stakeholders and have noted that letters have been sent out to 400 patients seeking views on access to service, what further information needs to be addressed and any further suggestions.

Members appreciate the reasons for Tier 2 services remaining at The Queensway Dental practice in Billingham and are aware that referrals are accepted from other dentists for Tier 1 provision, although, Members do have unanswered concerns about the referrals from Darlington Dental Practices.

Whilst Members have welcomed some advantages to re-procuring this service, Members do believe that there is insufficient information available to enable them to comment fully on behalf of Darlington.