

SCRUTINY MATTERS AND REVIEWS UNDERTAKEN BY THE COMMISSION

06/07 - PCT SERVICE MODERNISATION - FINANCIAL RECOVERY PLAN:

(Councillor Willis declared a personal interest in this item on the basis that as a freelance journalist he had previously reported on issues involving the PCT but, on the basis that the interest was not prejudicial, he remained in the meeting and took part in the debate) The Chair introduced Mr Lee Squire, Head of Corporate Communications, to address the Commission. He advised that the new PCT commenced on 1 October 2006 and that the Corporate Headquarters were based in Harrogate. The PCT served a population of 765,000 with a budget of £1 billion and had inherited deficits from all four predecessor organisations of £36m. He stated that there was a new approach to practice based commissioning which engaged all clinicians with GP's holding their own budgets and being responsible for their own decision making. He added that the PCT were currently in the recruitment process and that 416 staff still faced the possibility of redundancy. In relation to the budget, it was noted that the £1 billion equated to £1200 per person in North Yorkshire and the unaudited deficit for 2006/07 was £32.607m compared to the forecast deficit of £35m. He stated that service modernisation and financial recovery plan were the current core roles of the organisation and that the savings schemes were to be developed by service leads with significant clinical involvement. Members were informed that there would be a small number of effective schemes that were well resourced and service focused that would deliver greater substantial savings rather than attempting to deliver a large number of schemes. In total £9m had been identified to resource the schemes in order to succeed and all aspects of expenditure were open to scrutiny. He then focused upon eight workstreams of the PCT, namely:

- Community services and community hospitals;
- Finance, corporate estates and IM&T;
- Medicines management (prescribing budget of £111m per year);
- Mental health;
- Primary care;
- Specialist commissioning;
- Planned care; and
- Unplanned care.

He highlighted some of the achievements in the first six months of the new PCT and these were identified as a smaller projected deficit of under £35m (£32.607m) at 30 April 2007; contracts had been agreed with all major healthcare providers for 2007/08; investments being made in many healthcare services (18 week wait target); a contract for dental services to start in January 2008 for four new practices across North Yorkshire to take on over 20,000 new NHS patients; and an agreed incentive scheme with GP's.

Questions were then invited. One Member queried the potential redundancies as mentioned in the presentation. Mr Squire advised that these related to management and administration roles and did not affect front line clinical staff and that financial

provision had been made to take into account any redundancies. In relation to a query regarding the number of people on the dental data base in Harrogate, it was agreed that this information would be provided to the Scrutiny Officer who would email Members with this information. It was also agreed that he would confirm the length of the contract. He added that there was now a mechanism in place to deal with dental registration and that a Dental Contracts Officer would be appointed. One Member queried the policy regarding the prescribing of medicines and, in particular, the high cost drugs and under what circumstances these were issued. He advised that there was a High Cost/Exceptional Case Approval Panel in place to consider such cases. The issue of over subscribing of drugs and medicines was also discussed and it was commented that the PCT should consult with pharmacists to help reduce this problem. One Member queried whether there was a policy for non-resuscitation. Mr Squires advised that he was not aware of such a policy but would clarify the situation and provide the information to the Scrutiny Officer. In response to Members' queries generally, Mr Squire agreed to provide information regarding how to register for healthcare. It was noted that this information was also on the PCT homepage. Mr Squire agreed to update the Commission on a regular basis regarding its performance and receive further reports at future meetings.

The Chair thanked Mr Squire for his presentation.

(6.37 pm - 7.30 pm)