

House of Commons

Health Committee

**THE WORK OF THE  
HEALTH COMMITTEE,  
2002**

First Report of Session 2002–03

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*Report, together with  
Proceedings of the Committee*

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## HEALTH COMMITTEE

The Health Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department of Health and its associated bodies.

### Current Membership

Mr David Hinchliffe MP (*Labour, Wakefield*) (Chairman)

Mr David Amess MP (*Conservative, Southend West*)

John Austin MP (*Labour, Erith and Thamesmead*)

Andy Burnham MP (*Labour, Leigh*)

Simon Burns MP (*Conservative, Chelmsford West*)

Jim Dowd MP (*Labour, Lewisham West*)

Julia Drown MP (*Labour, South Swindon*)

Sandra Gidley MP (*Liberal Democrat, Romsey*)

Siobhain McDonagh MP (*Labour, Mitcham and Morden*)

Dr Doug Naysmith MP (*Labour, Bristol North West*)

Dr Richard Taylor MP (*Independent, Wyre Forest*)

### Powers

The Committee is one of the departmental select committees, the powers of which are set out in the House of Commons Standing Orders, principally in SO No. 152. These are available on the internet via [www.parliament.uk](http://www.parliament.uk).

### Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the internet at

[www.parliament.uk/parliamentary\\_committees/health\\_committee](http://www.parliament.uk/parliamentary_committees/health_committee).

### Contacts

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# FIRST REPORT

**The Health Committee has agreed to the following Report:**

## **THE WORK OF THE HEALTH COMMITTEE, 2002**

### **Introduction**

1. During the year 2002 the Health Committee has examined some of the key policy areas within the Department of Health. Our inquiry into The Role of the Private Sector in the NHS allowed us to explore the funding arrangements for the major capital programmes within the Department of Health; our inquiry into the National Institute for Clinical Excellence (NICE) addressed a key component of the Government's quality agenda; and our most recent completed inquiry, into Delayed Discharges, offered a systematic analysis of the issue.<sup>1</sup>

2. The Government has responded positively to many of our recommendations and we believe our work has made a valid contribution to the policy debate. In addressing the core tasks set for select committees as the Liaison Committee demands, we would suggest that the sheer scale and diversity of the Department of Health make any comprehensive analysis of the range of activities it supports impossible. Rather, the Health Committee can only undertake a limited range of inquiries in areas we believe to be of key importance or urgency.

3. We made a number of domestic visits in the reporting period. We looked at the impact of the Private Finance Initiative design at two sites; we visited a range of trusts to see how they were coping with the impact of delayed discharge; we also visited a number of providers of genitourinary medicine services in the context of our sexual health inquiry.

4. As part of our Delayed Discharges inquiry we undertook a visit to Vancouver and Boston. This allowed us to examine other systems for the management of hospital capacity and care outside of hospital. It also allowed us to see some of the potential for telecare solutions to the management of acute and chronic conditions outside institutional settings.

### **Inquiries carried out into:**

#### **(a) Government Policy proposals and implementation of legislation and major policy initiatives**

5. The breadth of areas covered by the Department of Health means that the Committee can only look selectively at major policy proposals. All three major inquiries completed in the year 2002 related in some measure to major policy proposals: the inquiry into The Role of the Private Sector in the NHS examined policy proposals set out in *The NHS Plan*<sup>2</sup> and substantiated in the Concordat between the Department of Health and The Independent Healthcare Association, signed in October 2000; the inquiry into The National Institute for Clinical Excellence made clear in its terms of reference that it would consider the progress NICE had made in achieving the key goals envisaged for it in the consultation document *A First Class Service*.<sup>3</sup> The inquiry into Delayed Discharges also examined a policy proposal set out in *The NHS Plan*, "to end widespread bed blocking by 2004".<sup>4</sup> The

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<sup>1</sup> Health Committee, First Report of Session 2000-01, *The Role of the Private Sector in the NHS*, HC 308; Second Report of Session 2001-02, *National Institute for Clinical Excellence*, HC 515; Third Report of Session 2001-02, *Delayed Discharges*, HC 617.

<sup>2</sup> Department of Health, *The NHS Plan – A Plan for Investment, A Plan for Reform*, Cm 4818, 2001

<sup>3</sup> Health Committee, Second Report of Session 2001-02, *National Institute for Clinical Excellence*, HC 515, para 5; Department of Health, *A First Class Service: Quality in the New NHS – A Consultation Paper*, 1988

<sup>4</sup> *The NHS Plan*, p 102

Committee not only looked at the current situation but also assessed the likely impact of proposals for cross-charging of local authorities for delayed discharge, proposals now embodied in the Community Care (Delayed Discharges etc.) Bill. Finally, in June 2002, the Committee asked the Secretary of State to give evidence on the Department of Health's action plan, *Delivering the NHS Plan*. This allowed us to explore progress that had been made towards targets set out in the Plan. Our current inquiry into sexual health examines the effectiveness of measures contained in the Government's consultation document on the sexual health strategy.<sup>5</sup>

***(b) Areas seen by the Committee as requiring examination because of deficiencies***

6. We undertook an inquiry into The Role of the Private Sector in the NHS in the knowledge that there had been enormous controversy and debate over the merits and cost-effectiveness of the Private Finance Initiative and related areas. The inquiry sought to discriminate between the polemical evidence advanced by both sides of the debate in order to reach a balanced judgement on the policy. Perhaps the key deficiency identified by the Committee related to the lack of accessibility and clarity in the data used to support PFI business cases.

7. The inquiry into The National Institute for Clinical Excellence attempted to establish whether NICE was producing clear and credible guidance, had ended confusion by providing a single national focus, whether its guidance was "locally owned and appropriately acted upon and whether NICE was actively promoting interventions with good evidence of clinical and cost-effectiveness. The Committee also examined suggestions that NICE was perpetuating health inequalities in those areas not covered by its studies and that its recommendations had not been universally implemented. In its response to our recommendations the Government broadly accepted our analysis of the problems and NICE has now adopted a number of measures in response to our findings.

8. The inquiry into Delayed Discharges covered an area where the Government has itself identified deficiency. At the time we took evidence, some 6% of all acute beds in the NHS were occupied by delayed discharges.<sup>6</sup> We are disappointed that the Government has not taken note of our concerns and acted upon our recommendations regarding the risks of cross-charging mechanisms to deal with delayed discharges.

9. The Committee's current subject of inquiry, sexual health, is an area seen as requiring examination because of deficiencies: the stark increases in sexually transmitted infections and HIV, the very high rates of teenage pregnancy, together with the considerable pressures which specialist clinics reported in dealing with these numbers, necessitated an urgent and wide-ranging study. To date the Committee has taken evidence on seven occasions, and undertaken a series of visits within England, the Netherlands and Sweden to establish the true extent of the problem and possible solutions.

**(c) Departmental actions**

10. Our inquiry into The Role of the Private Sector in the NHS caused us to look not simply at the future implications of the large wave of PFI initiatives currently in train, but also at the impact of the first schemes and the measures the Government had taken to ensure value for money and quality of delivery.

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<sup>5</sup> Department of Health, *Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV*, 2001.

<sup>6</sup> HC (2001-02), para 24

11. The general review of Departmental activity that comes under the Public Expenditure Questionnaire allowed us to question the Secretary of State on a number of individual areas of departmental activity.

12. Our inquiry into NICE did not limit its focus to the activity of the institute alone: we sought to explore the relationship between NICE and the Government to establish where responsibility lay for different areas of NICE activity, and what the Government could do to improve the operation of what is a fairly young institution.

#### **(d) Associated public bodies**

13. We undertook an inquiry into the Role and Functioning of the NHS Appointments Commission, which was established on 1 April 2001 as a Special Health Authority. A single evidence session was held and no report was issued, but we felt that it was useful for us to establish how the Commission operated.

14. The Committee undertook a much more substantial inquiry into the operation of another associated public body in its inquiry into The National Institute of Clinical Excellence. We also considered the role of the Commission for Health Improvement in relation to monitoring the implementation of NICE guidance.

15. As part of our current inquiry into sexual health we have taken evidence on two occasions from the Public Health Laboratory Service, and have also heard from the Health Development Agency.

16. In most of our inquiries we take evidence from NHS trusts and health authorities, and this evidence was particularly pertinent to our inquiry into The Role of the NHS in the Private Sector where we wanted to establish the degree of scrutiny applied to individual contracts negotiated under the Private Finance Initiative.

#### **(e) Major appointments**

17. The Committee took evidence from Sir William Wells a year after he was appointed Chair of the NHS Appointments Committee.<sup>7</sup>

*Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of department*

18. All major Department of Health policy initiatives are notified to the Committee by Departmental Press Notices. Key policy documents are routinely issued by the Department through Press Notices. Liaison between the Parliamentary Clerks and Committee staff is good.

19. Given the breadth of areas covered by a single committee it is not possible for us routinely to scrutinize each major policy initiative. We try to cover those topics which seem to us most urgent. The Committee has covered many of the proposals outlined in *The NHS Plan* and proposes to look at other major developments as and when the need arises: for example, we will undertake an inquiry into Foundation Trusts early next year, even before the first trusts have been established.

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<sup>7</sup> Health Committee, Minutes of Evidence 15 May 2002, *Role and Functioning of the NHS Appointments Commission*, HC (2001-02) 833-i.

### **Examination of draft legislation**

20. The Committee examined no draft bills last year. We asked the Department to keep us abreast of developments in respect of the Draft Mental Health Bill, which we felt arrived too late for us to be able to give it detailed consideration in the last session. We have noted that the Government has indicated that it would look favourably on the idea of referring the bill to a special standing committee, a move we would welcome, and we would hope that the membership of the Health Committee would be well represented on such a committee.<sup>8</sup>

*Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of department*

21. The Committee would formally determine whether or not to examine any draft bill. In our view, it would be helpful if the Government could be more open about the timetable for any draft legislation: the period of notice we received for the Draft Mental Health Bill limited our capacity to scrutinize that bill.

### **Examination of expenditure**

22. The Health Committee has for many years conducted a detailed annual scrutiny of Departmental Expenditure, based on a lengthy questionnaire submitted to the Department each summer. The questionnaire provides a retrospective analysis of Department of Health expenditure in the previous financial year. Both the Secretary and Department of Health officials then give oral evidence on the questionnaire, usually in October, and these proceedings are published in addition to the questionnaire and response.

23. Data derived from the Public Expenditure Questionnaire not only informs many of our inquiries it also acts as a useful resource for academic and research institutions in the health field.

*Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of department*

24. The Public Expenditure Questionnaire is an annual task. It is re-written each year but a number of questions in it remain the same to ensure consistency of data. The Department devotes considerable resources to completing the questionnaire for which we are grateful. However, the Department has a tendency to slip in complying with our timetable which limits the time we have to prepare for the oral evidence sessions.

25. With the advent of September sittings, we will need to review the timetable for the Public Expenditure Questionnaire and evidence.

### **Examination of Public Service Agreements (PSAs)<sup>9</sup>**

26. A number of PSA issues were addressed in the Public Expenditure Questionnaire. The Spending Review (SR) 2002 target “to improve the quality of life and independence of older people so that they can live at home wherever possible” relates to one of the key issues addressed in our inquiry into Delayed Discharges, where the Committee argued that it was essential that, wherever possible, more support should be given to enable people to live at home rather than undergo institutionalisation. We put forward a number of proposals to facilitate this policy and were pleased to see the Government in its reply

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<sup>8</sup> HC Deb, 31 October 2002, col. 925W.

<sup>9</sup> Public Service Agreements set goals for key service improvements across Government.

looked constructively at many of these. The inquiry also looked more generally at issues of best use of hospital capacity, which in turn impacts on the SR 2002 targets relating to maximum waits for outpatient appointments and for Accident and Emergency admission.

*Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of department?*

27. No systematic structure exists at present for the Committee to scrutinize specific PSAs. The majority of PSAs were subject to some form of scrutiny over the previous year but again the breadth of subject matter covered by so large a department would make systematic scrutiny difficult.

**PROCEEDINGS OF THE COMMITTEE RELATING  
TO THE REPORT**

THURSDAY 9 JANUARY 2003

Members presents:

Mr David Hinchliffe, in the Chair

Mr John Austin  
Mr Andy Burnham  
Julia Drown  
Sandra Gidley

Siobhain McDonagh  
Dr Doug Naysmith  
Dr Richard Taylor

The Committee deliberated.

Draft Report (The Work of the Health Committee, 2002), proposed by the Chairman, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 27 read and agreed to.

*Resolved*, That the Report be the First Report of the Committee to the House.

*Ordered*, That the Chairman do make the Report to the House.

\* \* \* \* \*

[Adjourned till Thursday 16 January at Ten o'clock.]