



House of Commons
Health Committee

Work of the Committee 2007

Second Report of Session 2007–08



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Report, together with formal minutes

*Ordered by The House of Commons
to be printed 7 February 2008*

HC 337

Published on 20 February 2008
by authority of the House of Commons
London: The Stationery Office Limited
£0.00

The 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

Rt Hon Kevin Barron MP (*Labour, Rother Valley*) (Chairman)

Charlotte Atkins MP (*Labour, Staffordshire Moorlands*)

Mr Peter Bone MP (*Conservative, Wellingborough*)

Jim Dowd MP (*Labour, Lewisham West*)

Sandra Gidley MP (*Liberal Democrat, Romsey*)

Stephen Hesford MP (*Labour, Wirral West*)

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

Mr Lee Scott MP (*Conservative, Ilford North*)

Dr Howard Stoate MP (*Labour, Dartford*)

Mr Robert Syms MP (*Conservative, Poole*)

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

Mr David Amess MP (*Conservative, Southend West*), Mr Ronnie Campbell MP (*Labour, Blyth Valley*), Mr Stewart Jackson MP (*Conservative, Peterborough*), and Mike Penning MP (*Conservative, Hemel Hempstead*) were all Members of the Committee during the inquiry

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the Internet via 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/healthcom

Committee staff

The current staff of the Committee are Dr David Harrison (Clerk), Adrian Jenner (Second Clerk), Ralph Coulbeck (Committee Specialist), Frances Allingham (Committee Assistant), Julie Storey (Secretary) and Jim Hudson (Senior Office Clerk).

Contacts

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1 Introduction

Having submitted written and given oral evidence to the Health Select Committee's inquiries into workforce planning and independent sector treatment centres, and read their reports, I am impressed by the detailed, penetrating and even-handed analysis they bring to the major issues they address.¹

Mr Bernard Ribeiro, President of the Royal College of Surgeons, December 2007.

1. This Report describes the work of the Health Committee in 2007. It highlights the main themes of our work as well as providing a progress report against our core tasks as set out by the Liaison Committee.²

2. The Health Committee, comprising 11 Members, ten drawn from the three largest parties and one Independent Member, is charged with the responsibility of examining the expenditure, administration and policy of the Department of Health (DoH) and its associated public bodies.³ The size of this responsibility should not be underestimated: the DoH is responsible for the stewardship of over £90 billion of public funds; it is accountable for the overall performance of the National Health Service (NHS), an organisation which employs 1.3 million staff in 361 organisations and 8,500 GP practices; and which comes into daily contact with over 1.5 million patients and their families.⁴ The Department is also responsible for a broad and complex range of governmental activity with regards to public health, aspects of which are examined by the Committee.

3. In carrying out our scrutiny remit we aim to strike a balance between undertaking detailed inquiries into major policy issues and examining how the DoH spends its vast budget, while retaining the flexibility to respond rapidly to emerging developments in health policy.

4. Financial scrutiny of health expenditure is at the centre of our work. A continuing theme throughout 2007 remained the financial situation in the NHS and its effect on general health policy. In December 2006 we published our Report, *NHS Deficits*, which examined the reasons for the NHS recording a £500 million deficit in 2005–06.⁵ In 2007, we followed-up our work on *NHS deficits* by looking in detail at some of the biggest spending projects run by the DoH. For example, our *Workforce Planning Inquiry* looked at how effectively the Department and the NHS planned to meet the latter's future workforce requirement (70% of NHS funding is related to staff costs); and our *Electronic Patient Record Inquiry* examined the project to introduce a national IT programme for the NHS.⁶

1 Newsletter to Royal College of Surgeons, December 2007

2 Liaison Committee, First Report of Session 2002–03, *Annual Report for 2002*, HC 558, Appendix 3

3 Committee membership is comprised: six Labour, three Conservative, one Liberal Democrat, and one Independent Member for Wyre Forest

4 Department of Health Departmental Report 2007 (CM 7093)

5 Health Committee, First report of Session 2006–07, *NHS Deficits*, HC 73–I

6 Health Committee, Fourth Report of Session 2006–07, *Workforce Planning*, HC171–I ; and Health Committee, Sixth Report of Session 2006–07, *The Electronic Patient Record*, HC 422–I

5. We also held our annual *Public Expenditure Questionnaire (PEQ)* exercise where we asked the Government to provide data on its activities, including financial data on the cost of its services.⁷ Following the Department's written response to the Questionnaire, we questioned senior Department officials and the Secretary of State in detail during two oral evidence sessions. Much of our questioning during these evidence sessions sought to discover how exactly the Government had managed to turn a £500 million deficit in 2005–06 into a similarly substantial surplus the following financial year, and the impact this had had on health services.

6. In addition to areas of big expenditure we looked at a range of health-related issues through inquiries, one-off evidence sessions, and visits. For example we looked at issues ranging from the inadequate provision of *Audiology Services* to the Government's attempts to increase *Public and Patient Involvement* in the NHS.⁸ During 2007 we published the following Reports:

Reports published in 2007
<i>Audiology Services</i> (HC 392)
<i>Workforce Planning</i> (HC 171)
<i>Patient and Public Involvement in the NHS</i> (HC 278)
<i>The Electronic Patient Record</i> (HC 422)
<i>The Public Expenditure Questionnaire (HC 26-i)</i>
<i>National Institute for Health and Clinical Excellence (NICE)</i> (HC 27) ⁹

7. Although we work principally by undertaking inquiries—choosing our subjects for consideration, selecting appropriate witnesses and producing reports setting out our findings and making recommendations to the Government—the scope of our activity is wider. We hold one-off evidence sessions with ministers and officials, undertake visits to places in the UK and overseas and receive informal briefings from relevant experts.

8. The Committee has taken evidence from Ministers on several occasions. Soon after his appointment as Secretary of State, we held an evidence session with Rt Hon Alan Johnson MP during which we asked him to set out his priorities in his new post and how he intended to tackle problems he had inherited. In November, we questioned him again as part of our *PEQ* exercise. We also held a similar evidence session with Lord Ara Darzi following his appointment as Parliamentary Under Secretary.

9. Information gathered during Committee visits is often invaluable in shaping and informing our inquiries. The Committee visited Nashville, USA and Ottawa, Canada as

7 Health Committee, *Public Expenditure on Health and Personal Services 2007*, Memorandum received from the Department of Health containing Replies to a Written Questionnaire from the Committee, HC 26–I

8 Health Committee, Fifth Report of Session 2006–07, *Audiology Services*, HC 392; and Health Committee, Third Report of Session 2006–07, *Patient and Public Involvement in the NHS*, HC 278–I

9 The NICE Report was published on 10 January 2008 but was agreed by the Committee in December 2007 and, for the sake of completeness, is included in this Report.

part of our inquiries into the *Electronic Patient Record* (EPR) and the *National Institute for Health and Clinical Excellence* (NICE). Over the course of the visit, the Committee met politicians, academics, clinicians and representatives of healthcare providers in order to learn about the healthcare systems in the USA and Canada. In Nashville, the Committee visited two centres of excellence: the Vanderbilt Medical Center and associated Children's Hospital in Nashville, and the Veterans Health Administration, which operates the world's largest patient record system. Both organisations have well-developed and integrated electronic patient record systems and we were shown how electronic prescription aids used by clinicians can improve patient care. In Canada, where our visit focused on lessons to be learned for our inquiry into NICE, we had very useful meetings with a wide range of politicians, officials, healthcare providers and pharmaceutical regulators.

10. The Committee also visited Paris and Amiens as part of our inquiries into *The Electronic Patient Record* and NICE. We visited Edinburgh in connection with our NICE Inquiry, Kent in connection with our *Patient and Public Involvement in the NHS* Inquiry and a hospital in East London in connection with our inquiry into *The Electronic Patient Record*.¹⁰ We are very grateful to those who made our visits so informative and to the FCO officials who helped organise our visits overseas.

11. The Committee received visitors from overseas parliaments including a delegation of the German Health Committee who wanted to discuss our Report, *The influence of the Pharmaceutical Industry*, published in March 2005.¹¹ We also met visitors from the South African National Assembly who wanted to discuss public and patient involvement in the provision of health services. We value these opportunities to discuss issues of mutual interest with colleagues from overseas parliaments.

12. We received help in our Inquiries from our colleagues in the Parliamentary Office of Science and Technology (POST) who provided particularly valuable assistance to us on our *Electronic Patient Record* Inquiry. We are also grateful to the staff in the National Audit Office who provided very useful assistance during our inquiries into *Audiology Services*, *The Electronic Patient Record*, *Modernising Medical Careers* and during our PEQ exercise. The NAO is currently providing assistance to our inquiry into Dental Services by conducting a survey of Strategic Health Authorities.

13. We have continued to enjoy positive relations with the Department of Health. Ministers and officials have been helpful and attended evidence sessions when requested. We would like to thank the staff, particularly Tim Elms, who work in the parliamentary section of the Department, who have dealt with our requests for information with courtesy and efficiency.

¹⁰ See Annex 3 for a full list of visits

¹¹ Health Committee, Fourth Report of Session 2004–05, *The influence of the Pharmaceutical Industry*, HC 42–I

