

Organisation: Health Select Committee

Date: Thursday 25th October 2007

Our NHS, Our Future

The Health Select Committee held a one-off session on Lord Darzi's interim report '*Our NHS, Our Future*'

Evidence was presented by: Lord Darzi of Denham KBE, parliamentary under secretary of state, Department of Health; David Nicholson – chief executive, NHS; and Ruth Carnall – Chief Executive, NHS London

Chairman Kevin Barron (Lab, Roth Valley) began questioning by asking Lord Darzi why he was the right person to conduct this investigation into the review, '*Our NHS, Our Future*' Darzi explained he had the right credentials and extensive experience within the clinical field. He also spoke of his participation in a recent review of London's healthcare system. Furthermore, he argued there was a high level of public confidence in clinicians as oppose to politicians and managers.

Mike Penning (Con, Hemel Hempstead) questioned the timing of release of Darzi's interim report, suggesting that the early release of the report contributed the Labour Election Saga. Lord Darzi argued that the release of his report was due to the timing of CSR.

Richard Taylor (Ind, Wye Forest) asked whether the review was necessary. Darzi responded by stating the aims of the review were: refocus the minds of NHS staff and patients, including those who pay for the service, to improve quality and focus on patient-centred care. He said that the idea of constant reorganisation was not the answer furthermore; Darzi felt that current structures need time to mature.

Ruth Carnall acknowledged that the reorganising of PCTs in London would have a negative impact on the on current PCTs initiatives. However, she did suggest that where possible PCTs should be encouraged to work collectively enabling them to share expertises and resources to provide patients with a better health care system.

Sarah Gidley (Lib Dem, Romsey) asked why are there still dirty hospitals and hospital acquired infections. Darzi responded that safety in healthcare should be paramount. He noted that cleanliness is identified as a major priority within his report; furthermore Darzi noted that cleanliness was resulted from poor leadership.

Lee Scoot (Con, Ilford North) pressed Darzi about specific case in Maidstone and Tunbridge Wells. Darzi admitted there had been system failure within that particular organisation.

Penning asked how many people had died from hospital acquired infections in the last year. David Nicholson answered that an audit will be published on the MRSA in the next two or three.

Taylor asked Darzi what evidence there is that screening for elective surgery will reduce the number of MRSA cases. Darzi answered that countries that conducted screening had lower incidences of MRSA.

Taylor then asked about deep-cleaning. Darzi referred to the strong correlation between PEAT scores and cleanliness. Taylor also asked about nurse/patient ratio and leadership on wards. Darzi acknowledged there was a strong need to address leadership.

Barron asked about the correlation between bed occupancy and hospital acquired infections. Darzi said there were different schools of thought regarding this matter. Evidence suggested higher bed occupancy may lead to more cases of MRSA however; this shouldn't have to be the case Nicholson agreed – and said that bringing down bed occupancy will not necessarily reduce infections.

Howard Stoaite (Lab, Dartford) moved the discussion to the subject of polyclinics. Darzi confirmed that there needed to be a review of several different business models for polyclinics and this should be concentrated at a local level. Darzi referred to a need for 'primary community hubs'. Carnall confirmed pilot projects were underway and said she was confident there would be enough momentum to advance the work of polyclinics. Darzi acknowledged that the 105 polyclinics established outside London were working extremely well.

Stoaite inquired about the role of pharmacists within polyclinics Darzi stressed his belief that pharmacists would have a significant role to play. He is confident that users will respond well to this type of integration. Darzi felt that increased participation from pharmacists could improve the quality of prescriptions.

Stoaite questioned whether polyclinics would function as public/private partnerships or PFIs. Darzi stressed the need for them to be primary-care friendly, he said a whole range of providers should be considered, such as groups of entrepreneurial GPs.

Jim Dowd asked about PFIs. Darzi spoke of demographics and growth in population over the next ten years, specifically in London. He stated that there is a need to be proactive rather than reactive. Polyclinics are designed to deal with increased workload over the next ten years, which will save costs.

Further questions were raised on social exclusion and physical access to healthcare. Penning on the future of NHS estates; Naysmith and Taylor on heart disease and strokes; Scott on A&E services and Gidley on innovation.