House of Commons
Health Committee

Work of the Committee 2007–08

Second Report of Session 2008–09

Report, together with formal minutes

Ordered by the House of Commons
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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)

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), Laura Daniels (Committee Specialist), David Turner (Committee Specialist), Frances Allingham (Senior Committee Assistant), Julie Storey (Committee Assistant) and Jim Hudson (Committee Support Assistant).

Contacts
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Formal Minutes

List of Reports from the Health Committee
1 Introduction

The committee’s reports into NHS deficits, independent sector treatment centres, Modernising Medical Careers, electronic patient records and the National Institute for Health and Clinical Excellence have been well regarded for their intellectual rigour. Forthcoming reports into the next stage review, patient safety, health inequalities and dental services will add more insight.¹


1. The Health Committee, which consists of eleven Members, ten drawn from the three largest parties and one Independent Member, is charged with examining the expenditure, administration and policy of the Department of Health (DoH) and its associated public bodies.² This is a large task: the Department is responsible for the stewardship of over £90 billion of public funds; most of this money is spent by the National Health Service (NHS), which employs 1.3 million staff in more than 300 organisations.³ The Department is also responsible for a range of other activities, including oversight of a number of important Non-Departmental Public Bodies.

2. In carrying out our work we aim to undertake detailed inquiries into major policy issues, examine how the DoH spends its vast budget and retain the flexibility to respond to emerging developments in health policy. Some of our inquiries examine Government proposals, others seek to set the agenda, looking at neglected topics. Our work on these areas is discussed below in Chapter 2 (under the heading, Objective A).

3. During 2008 we published the following Reports at the end of our inquiries:

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<thead>
<tr>
<th>Report</th>
<th>Title</th>
<th>Committee Responds</th>
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<td>First Report</td>
<td>National Institute for Health and Clinical Excellence</td>
<td>HC 27 (Cm 7331)</td>
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<td>Second Report</td>
<td>Work of the Committee 2007</td>
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<td>Appointment of the Chair of the Care Quality Commission</td>
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<td>Fifth Report</td>
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<td>Sixth Report</td>
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<td>HC 833</td>
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The table also lists the Government Responses where they have been received.

4. We also hold one-off evidence sessions with ministers and officials. In 2008 we took evidence from Ivan Lewis on social care. Early in 2009 we will question the Secretary of State about the new NHS Operating Framework.

5. Financial scrutiny of health expenditure is at the centre of our work. Our annual inquiry based on our Public Expenditure Questionnaire remains at the heart of this scrutiny, but we also look at expenditure in other inquiries such as the examination of Foundation

¹ Health Service Journal, November 2008
² Committee membership is comprised: six Labour, three Conservative, one Liberal Democrat, and one Independent Member for Wyre Forest.
³ Department of Health Departmental Report 2008 (CM 7393)
Trusts and Monitor. This aspect of our work is outlined below under Objective B in Chapter Two.

6. In undertaking our work we pay careful attention to examining the administration of the Department. We look at its effectiveness in meeting Public Sector Agreements (PSAs) and targets. We monitor its associated public bodies, examine the implementation of major policy initiatives and scrutinise major appointments. We were one of the first Committees to undertake this task formally, under the processes established by the Liaison Committee in 2008, holding a pre-appointment hearing with Baroness Young of Old Scone who was the candidate for appointment as Chair of the Care Quality Commission (CQC). These matters are discussed under Objective C below.

7. An important part of our work is assisting the House. A number of debates on our reports were held in both the House and Westminster Hall. More information on this is provided below under Objective D.

8. While we work principally by undertaking inquiries, the scope of our activity is wider. On Monday afternoons the Chairman and other Members of the Committee meet informally a wide range of people and organisations with an interest in health-related subjects. We have made visits to places in the UK and overseas to receive briefings from relevant experts. We have also received visitors from overseas and arranged to meet EU Commissioner Vassiliou at Westminster in January 2009.

9. We are keen to follow-up recommendations made in reports in previous sessions. We do this during our one-off evidence sessions; for example, we asked Ivan Lewis MP, then Parliamentary Under Secretary for Care Services, to update us about a number of our reports which touched on his responsibilities. We have also followed up other reports by seeking memoranda. In addition, progress on implementing recommendations is pursued during major inquiries. Our methods of working are outlined in Chapter Three below.

10. We received help in our inquiries from the National Audit Office and from the Scrutiny Unit and the Library in the House of Commons. 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 in particular Tim Elms and his colleagues who work in the parliamentary section of the Department and all those officials who worked on the compilation of the PEQ.

11. Statistical information about the Committee’s work is published in Annex 3.

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4 Liaison Committee, First report of Session 2007–08, Pre-appointment hearing by select committees, HC 384
2 Core Tasks

12. In accordance with a Resolution passed by the House in May 2002, the Liaison Committee has set Select Committees certain core tasks to perform which are designed to provide a framework to encourage ‘a more methodical and less ad-hoc approach to the business of scrutiny’.5 The following section describes the core tasks and gives a commentary on how our work relates to them.6

13. They are grouped under four separate objectives:

Objective A: To examine and comment on the policy of the Department
Objective B: To examine the expenditure of the Department
Objective C: To examine the administration of the Department
Objective D: To assist the House in debate and decision.

It is for each individual Committee to determine how it meets these objectives. This Report describes the work the Health Committee has done in relation to these core tasks and to our inquiries.

Objective A: To examine and comment on the policy of the Department

Task 1: Examination of policy proposals; and Task 4: Examination of departmental documents and decisions

14. The first core task is “to examine policy proposals from the UK Government and the European Commission in Green Papers, White Papers, Draft Guidance etc, and to inquire further where the Committee considers it appropriate”. Core task four, which is linked closely to task one, is to “examine specific output from the Department expressed in documents or other decisions”.

15. We scrutinise the Department of Health’s policies through inquiries on specific proposals which lead to a report and through one-off evidence sessions with the Secretary of State or relevant Ministers covering a range of their responsibilities. In 2007 Professor the Lord Darzi of Denham, the Parliamentary Under Secretary of State at the Department of Health, began “to conduct a nationwide review of the NHS in England”, and to set out a “vision for health services in the 21st Century”. This review was heralded as a major piece of work which would have a significant effect on the future of the NHS. Accordingly, we decided to undertake an inquiry into his review and did so following its publication in the summer of 2008. We concluded that although there was much to commend in the report,

5 Liaison Committee, Second Report of Session 2001–02, Select Committees: Modernisation Proposals, HC 692, para 16
6 The table in Annex 2 provides a summary of the core tasks and how our work related to them.
notably its emphasis on quality, we doubted whether PCTs had the ability to implement the proposed reforms.

16. We also put questions about policy proposals to witnesses in one-off evidence sessions, for example asking Ivan Lewis about two recent consultation papers: *Putting People First* on social care and *The future regulation of health and adult social care in England* which set out proposals to change the regulation of health and social care by establishing the Care Quality Commission to take over the functions of the Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission (MHAC).

17. We examine EU proposals in a variety of ways. We visited Brussels and have arranged a meeting with the Health Commissioner at Westminster. These meetings enable us to discuss informally a number of directives or proposed directives, including those relating to cross-border healthcare, food labelling, working times and proposed Green Papers such as those on health inequalities and the health workforce. We also consider EU papers in our inquiries; for example the *Health Inequalities* inquiry touches on EU proposals in respect not only of inequalities but also of food labelling.

**Task 2: Identification of emerging policies or deficient policy**

18. Core task two requires the Committee “to identify and examine areas of emerging policy, or where existing policy is deficient, and make proposals”. In this session the Committee published reports on two areas of policy which have widely been seen as deficient: *Modernising Medical Careers* (MMC) and *Dental Services*. In 2006–07 we had expressed our serious concerns about the failings of workforce planning in the NHS. The extent of these failings became more apparent during our inquiry into *Modernising Medical Careers* which arose out of the Department of Health’s disastrous implementation of its proposals to reform post-graduate medical training. Our inquiry exposed serious problems with the management of the MMC reforms, and particularly the introduction of NHS Medical Training Application Service (MTAS), by the Department of Health and its partners. A divided and inappropriate governance structure, flawed project management and poor communication with junior doctors were the most seriously failings. Co-ordination between the Department of Health and the Home Office on restricting medical migration was also woefully inadequate. These practical shortcomings were responsible for some of the direct causes of the 2007 crisis, including the defective short-listing process, the unsafe computer system and the failure to limit the number of applications from overseas doctors.

19. Our investigation into dental services was instigated as a result of the increasing evidence that the new contract introduced in 2006 had so far failed. Our inquiry found that the Department’s original goal that patient access to dental services would improve from April 2006 had not been realised. The Chief Dental Officer admitted this, but claimed that the situation had stabilised and that improvements would soon be realised as a result of new facilities being established. However, the various measures of access all indicated that the situation was deteriorating.
20. Another inquiry appraised Foundation Trusts and Monitor.\(^7\) The Committee looked at whether foundation trusts (FTs) had achieved as much as the Government had expected and, conversely, had been as disastrous as their critics had predicted. We found that FTs have some proven strengths, but it is unclear how much of their achievement was due to FT status as many were high-achieving institutions before they became FTs.

21. We also began inquiries into Health Inequalities and Patient Safety. Health inequalities have been a major concern for the Government and it has put in place many policies to combat them. Unfortunately, it seems that inequalities are increasing. We decided to hold an inquiry into this important subject, focussing in particular on the effectiveness of the measures the Government has taken. The Government has also taken a great interest in patient safety; again, it seemed an appropriate time to examine the effectiveness of these policies.

22. In addition, in our Public Expenditure evidence session with the Permanent Secretary at the Department of Health, the Chief Executive of the NHS and other senior officials we were also able to ask questions about a range of emergent or deficient policies, including the NHS IT programme and Independent Sector Treatment Centres.

**Task 3: Scrutiny of draft bills**

23. The third core task is “to conduct scrutiny of any published draft bill within the Committee’s responsibilities”. The Department of Health did not publish any draft bills during 2008. However, as in 2006, when we examined provisions relating to smoking in the Health Bill after second reading, and 2007, when we looked at the proposals for patient and public health aspects of the Local Government and Public Involvement in Health Bill, this year we questioned the Minister, Ivan Lewis, about the proposal contained in the Health and Social Care Bill to establish a new regulator, the Care Quality Commission.

24. In January and February 2008 two Members of the Committee also served on the Public Bill Committee which scrutinised the Health and Social Care Bill.

**Objective B: To examine the expenditure of the Department**

**Task 5: Examination of expenditure**

25. Core task five is “to examine the expenditure plans and outturn of the Department, its agencies and principal NDPBs”. We consider this responsibility central to our work. With a budget of over £90 billion in 2008–09, the Department is Whitehall’s second largest spender of public money.\(^8\) Continuing our practice of many years the Committee undertook an inquiry into the Department’s finances as part of our Public Expenditure Questionnaire (PEQ) inquiry. Each year we send the Department a questionnaire asking for answers to a range of finance-related questions. The answers relating to national and regional information were published in hard copy as well as on our website; we also

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7 Monitor is the regulator of NHS Foundation Trusts.

8 Department of Health Departmental Report 2008 (CM 7393)
included on our website spreadsheets containing a further breakdown of data relating to Primary Care Trusts.  

26. Shortly after the publication of the PEQ, we held an evidence session with senior Departmental officials, including the Permanent Secretary and the NHS Chief Executive. These sessions allowed us to explore important areas of financial expenditure by the Department in more depth than was possible in other inquiries. In 2008 we gave particular attention to considering whether the Department was getting value for the huge additional sums of money it had been spending. We questioned the officials about productivity, staff numbers and costs, the waiting target, the weighted capitation formula, programme budgeting, PFI, ISTCs, dentistry, the National Programme for IT, the European Working Time Directive and Payment by Results as well as future funding of the NHS, its financial balance.

27. In addition to our Public Expenditure Inquiry, our other inquiries considered NHS expenditure and, in particular, value for money. Our Foundation Trusts and Monitor inquiry looked at FTs’ financial surpluses, whether they were too large and, if so, why. In other inquiries, notably Health Inequalities, the examination of the cost-effectiveness of policy has been central to our investigation.

**Objective C: To examine the administration of the Department**

**Task 6: Examination of Public Service Agreements and targets**

28. Task six is “to examine the Department’s Public Service Agreements, the associated targets and the statistical measurements employed, and report if appropriate”.

29. Our major inquiry into Health Inequalities is focused on a key Public Service Agreement (PSA) target which states, “By 2010 to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth”. In the oral evidence session with the Secretary of State we pressed him on whether these targets were likely to be met. As part of this investigation we have also looked at a number of other targets, including those relating to infant mortality, obesity and teenage conception rates.

30. As usual we examined the Department of Health’s PSA targets in our PEQ exercise. Chapter 9 of the Questionnaire covers PSA targets and chapter 10 Comprehensive Spending review PSAs. A number of targets were pursued in oral evidence with the Permanent Secretary and NHS Chief Executive, including the commitment “to ensure that, by 2008, no one waits more than 18 weeks from GP referral to hospital treatment”, questioning them on the evidence base for this target.

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9  [http://www.publications.parliament.uk/pa/cm/cmhealth.htm](http://www.publications.parliament.uk/pa/cm/cmhealth.htm)

**Task 7: Monitoring of Associated bodies**

31. Task seven is “to monitor work of the Department’s Executive Agencies, NDPBs, regulators and other associated bodies”. We continued to monitor the work of a number of the Department’s agencies and arms length bodies during 2008. The NHS itself, which we scrutinise in all of our inquiries, is a federation of Non Departmental Public Bodies.

32. Two of our inquiries have been focussed on the work of NDPBs. We held a major inquiry into the National Institute for Health and Clinical Excellence (NICE), the body which is responsible for providing national guidance on promoting good health and preventing and treating ill health. Our inquiry made a number of recommendations to improve its work, which were accepted by the Government, in particular that it should produce quicker initial evaluations.

33. We examined the work of Monitor, the regulator of Foundation Trusts, and took oral evidence from its Chief Executive, Bill Moyes during our inquiry. In addition, an important facet of our inquiry into Patient Safety is an examination of the work of the National Patient Safety Agency. We also took oral evidence from the Chair of Postgraduate Medical Education and Training Board as part of the MMC inquiry. We also met the Human Tissue Authority at one of the informal Monday meetings.

34. In addition, we have considered proposals to establish new NDPBs, including the Care Quality Commission, NHS Medical Education England (as part of the Modernising Medical Careers inquiry) and, in our inquiry into the Next Stage Review, Lord Darzi’s proposals for the establishment of an NHS Leadership Council, a National Quality Board and a Health Innovation Council.

**Task 8: Scrutiny of major appointments**

35. Task eight is “to scrutinise major appointments made by the Department”. In 2008, the Committee held a formal appointment hearing, according to the procedures agreed by the Liaison Committee, in respect of Baroness Young of Old Scone, the candidate for Chair of the CQC, questioning her about how she saw her role, her independence, her relevant expertise and experience and her priorities for the new organisation. Immediately after the meeting we published a report in which we concluded that Baroness Young was a suitable candidate.

**Task 9: Examination of the implementation of legislation and major policy initiatives**

36. Task nine is “to examine the implementation of legislation and major policy initiatives”. Our inquiries into NICE, Modernising Medical Careers, Dental Services, The Appointment of the Chair of the Care Quality Commission and Foundation trusts and Monitor all considered major policy initiatives. Modernising Medical Careers and Dental Services looked at how and why a major initiative had failed. During the NICE inquiry, we examined the Institute’s track record since its creation and the vigorous debates about the organisation’s future role. Our examination of Foundation trusts and Monitor looked at whether these bodies, which were formed as part of a major reform, had fulfilled the Government’s expectations of them.
Objective D: To assist the House in debate and decision

Task 10: Informing public debate

37. Task ten requires us “to produce reports which are suitable for debate in the House, including Westminster Hall, or debating committees”. Our reports on The Electronic Patient Record and NICE were debated in Westminster Hall on 21 February and 8 May 2008 and our Report on Dental Services was debated on an Estimates Day in the House on 16 December 2008. We were, however, intensely frustrated that no less than three Statements on that day meant that there were less than two hours for the whole debate and placed a severe limit on backbench speeches. Subsequently, the Government published a second response to the Report, in which it accepted our conclusions that access to dental services had deteriorated and establishing a review.11
3 Other issues

Working practices

38. This part of our report highlights aspects of our working practices which depart from previous practice or which otherwise might be of interest.

Informal meetings

39. In addition to holding formal evidence sessions, on most Mondays when the House is sitting the Chairman, usually accompanied by one or more other Committee members, holds informal meetings with organisations with an interest in health. These meetings present an opportunity to discuss current health policy with a wide range of organisations, which over the last year ranged from representatives of a major supermarket to discuss nutrition and food labelling to representatives of charities including the Multiple Sclerosis Society and organisations representing hospices. Many of the meetings have provided useful background information to our inquiries. Annex 4 lists the meetings we have held.

Visits

40. Information gathered during Committee visits is often invaluable in shaping and informing our inquiries. As part of the inquiry into Health Inequalities, the Committee visited Glasgow, a city with some of the worst health in the UK. We are very grateful to Professor Sally Macintyre, Professor of Social & Public Health Science in the Faculty of Medicine, University of Glasgow; and Honorary Director of the MRC Social & Public Health Sciences Unit, for arranging the visit which included not only information on measures being taken to address inequalities, but also a most important briefing on the importance of evaluation. We also went to Norway and the Netherlands where we met politicians, civil servants, academics, and clinicians to learn about the measures taken by societies which have made serious efforts to reduce inequalities. After the meetings in the Netherlands we went to Brussels for informal discussions with the EU Commission. The Committee has received visitors from overseas and in January 2009 arranged to meet the Commissioner Vassiliou at Westminster.

Follow-up to previous reports

41. We are keen to follow-up recommendations which were made in our reports in previous sessions. We do this during our one-off evidence sessions with Ministers; for example, we asked Ivan Lewis to update us about reports on, and commitments made by the Government in response to: Delayed Discharges (2002), Elder Abuse (2004), Palliative Care (2004), NHS Continuing Care (2005) and Audiology Services (2007). In advance of the session, the Department of Health sent us a memorandum on developments in these areas, outlining progress on implementing recommendations. We also separately sought a memorandum from the Department to update our report on The Provision of Allergy Services which was published in 2004. In addition, we requested memoranda on other topics, including neuropathology services. These memoranda are appended to this report.
Publication of written evidence at beginning of inquiry

42. During 2007–08, the Committee continued its practice of publishing written evidence at the beginning of an inquiry. Much of the evidence received by the deadline is printed in a single volume, and on the Committee’s webpage. This has several advantages: the compact, printed volume is much easier to use than a plethora of loose papers; and the Committee, witnesses, the public and the press are able to view the evidence that has been submitted, which is often a stimulus to further discussion.

Publication of spreadsheets of PEQ data on website

43. As we did last year, we placed on our webpage the Department’s response to the PEQ questionnaire in advance of our evidence sessions with officials and the Secretary of State. The Department’s response contained a great deal of information, much of which was tabulated data. By placing these tables, in the form of a spreadsheet, on our web page we made it possible for people to access readily the information they were looking for, for example about their own PCT’s performance.

Petitions

44. On 19 January 2005 the House decided that a copy of each petition presented to the House should be sent to the relevant departmental committee. During 2008 we have received a number of petitions, on a range of health-related topics, some of which may prove useful to future inquiries.

Feedback

45. The Liaison Committee asked Committees to seek written feedback from witnesses through a generic questionnaire. The questionnaire asked witnesses to rate the quality of pre-meeting instructions; their satisfaction with the information they received before the session; and their overall experience of being questioned by the Committee.

46. Most witnesses who replied expressed satisfaction with their experience of appearing before the Committee. Few comments were made, but one witness stated that the questions were “well-designed to elicit the issues” and another that “questions were direct and short providing ample opportunity to respond”.

Assistance

47. We received help in our inquiries from the National Audit Office. Staff there have provided briefing for our PEQ exercise and have undertaken surveys for us for the Dental Services and Patient Safety inquiries. We also had helpful discussions in other inquiries such as Modernising Medical Careers. The House of Commons Library has been a source of advice over the year as has the Scrutiny Unit based in the Department of Chamber and Committee Services, particularly on the Foundation trusts and Monitor and PEQ inquiries. Finally, we have benefited enormously from the expertise of our specialist advisers. We are grateful to all those who helped us.
Looking forward

48. In the first part of 2008 we expect to conclude our major inquiry on Patient Safety and publish our report on Health Inequalities. We will take evidence on the NHS Operating framework from the Secretary of State and intend to question another Minister on his or her responsibilities. After Easter we will begin a major new inquiry.
## Annex 1 Subjects covered by the Health Committee in 2007–08

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<th>Subject</th>
<th>Evidence Sessions</th>
<th>Outcome</th>
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<td>Report, February 2008</td>
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<td>Modernising Medical Careers</td>
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<td>Report, May 2008</td>
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<td>Evidence session, June 2008</td>
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<td>Appointment of the Chair of the Care Quality Commission</td>
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<td>Dental Services</td>
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<td>Public Expenditure Questionnaire 2007</td>
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<td>Evidence sessions, November 2007</td>
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<td>Health Inequalities</td>
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<td>Report expected to be published spring 2009</td>
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<tr>
<td>Patient Safety</td>
<td>2</td>
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Annex 3 Sessional Information

The Committee was nominated by the House of Commons on 13 July 2005.

**Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Meetings attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barron, Mr Kevin (Chairman)</td>
<td>36 out of 37</td>
</tr>
<tr>
<td>Atkins, Charlotte</td>
<td>27 out of 37</td>
</tr>
<tr>
<td>Bone, Mr Peter (added 10.12.07)</td>
<td>16 out of 32</td>
</tr>
<tr>
<td>Campbell, Mr Ronnie (discharged 26.11.07)</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Dowd, Jim</td>
<td>18 out of 37</td>
</tr>
<tr>
<td>Gidley, Sandra</td>
<td>31 out of 37</td>
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<tr>
<td>Hesford, Stephen (added 26.11.07)</td>
<td>19 out of 34</td>
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<tr>
<td>Naysmith, Dr Doug</td>
<td>33 out of 37</td>
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<tr>
<td>Penning, Mike (discharged 10.12.07)</td>
<td>1 out of 5</td>
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<tr>
<td>Scott, Mr Lee</td>
<td>21 out of 37</td>
</tr>
<tr>
<td>Stoate, Dr Howard</td>
<td>30 out of 37</td>
</tr>
<tr>
<td>Syms, Mr Robert</td>
<td>14 out of 37</td>
</tr>
<tr>
<td>Taylor, Dr Richard</td>
<td>36 out of 37</td>
</tr>
</tbody>
</table>

**Overall Attendance:** 69.3 %

Total number of meetings: 37

Of which:

- Number of meetings at which oral evidence was taken: 32
- Number of times oral evidence was taken partly or wholly in private: 0
- Number of wholly private meetings: 5
- Number of concurrent meetings with other committees (Amend As Appropriate): 0

**Other activities**

- Informal meetings: 18
- Conferences/Seminars hosted: 0

**Staff**

Details of the permanent staff of the Committee during the Session can be found in the Committee's publications.

**Specialist Advisers during the Session**

Dr Sheila Adam, Professor John Appleby, Dr Paul Batchelor, Professor Nick Bosanquet, Seán Boyle, Professor Morris Brown, Professor Joe Collier, Mr Robert Dredge, Professor Charles Easmon, Professor Kenneth Eaton, Mr Tony Giddings, Melanie Henwood, Dr Ike Iheanacho, Professor Alan Maynard, Dr Fiona Moss, Dr Hilary Pickles, Dr Alex Scott-Samuel and Professor Charles Vincent.

**Witnesses**

- Cabinet Ministers: 3
- Other Ministers: 5
- Members of the House of Lords (of whom 2 were Ministers): 3
- Number of appearances by officials from, or representatives of:
  - Department of Health: 13
  - Department for Children, Schools and Families: 1
Foreign & Commonwealth Office 1
Home Office 1
Executive Agencies, comprising: 1
UK Border Agency 1
Public Bodies and non-Ministerial departments, comprising: 6
Food Standards Agency 1
Healthcare Commission 1
HM Revenue and Customs 1
Monitor - Independent Regulator of NHS Foundation Trusts 1
National Patient Safety Agency 1
Postgraduate Medical Education and Training Board 1
Strategic Health Authorities, comprising: 7
NHS London 2
NHS North East 1
HHS North West 1
NHS South West 2
NHS Yorkshire and the Humber 1
Special Health Authorities 3
National Institute for Health and Clinical Excellence 3
NHS Foundation Trust, comprising: 3
Chesterfield Royal Hospital NHS Foundation Trust 1
Oxleas NHS Foundation Trust 1
South London and Maudsley NHS Foundation Trust 1
NHS Trusts, comprising: 1
Barts and The London NHS Trust 1
Primary Care Trusts, comprising: 8
Camden PCT 1
Devon PCT 1
Heart of Birmingham Teaching PCT 1
Hillingdon PCT 1
Liverpool PCT 1
Sandwell PCT 1
Sheffield PCT 1
Tower Hamlets PCT 1
Other witnesses 75

Overseas Visits

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Members</th>
<th>Staff</th>
<th>Purpose</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17.3.08</td>
<td>The Hague</td>
<td>Barron, Atkins, Gidley, Naysmith, Syms, Taylor</td>
<td>2</td>
<td>Health Inequalities</td>
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<td>13-15.5.08</td>
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<td>Health Inequalities</td>
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Visits to European Institutions

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<th>Destination</th>
<th>Members</th>
<th>Staff</th>
<th>Purpose</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19.3.08</td>
<td>Brussels</td>
<td>Barron, Atkins, Gidley, Naysmith, Syms, Taylor</td>
<td>2</td>
<td>Health Inequalities</td>
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</table>
### UK Visits

<table>
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<tr>
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<th>Staff</th>
<th>Purpose</th>
<th>Cost</th>
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<tbody>
<tr>
<td>18.6.08</td>
<td>Glasgow</td>
<td>Barron, Naysmith, Stoate, Taylor</td>
<td>2</td>
<td>Health Inequalities</td>
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### Reports and Oral and Written Evidence

<table>
<thead>
<tr>
<th>Title</th>
<th>HC No. (2007–08)</th>
<th>Date of publication</th>
<th>Government reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Report: National Institute for Health and Clinical Excellence</td>
<td>27-I</td>
<td>10.1.08</td>
<td>Cm 7331, published 6.3.08; Received from NICE 28.4.08; published as First Special Report</td>
</tr>
<tr>
<td>Second Report: Work of the Committee 2007</td>
<td>337</td>
<td>20.2.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Third Report: Modernising Medical Careers</td>
<td>25-I</td>
<td>8.5.08</td>
<td>Cm 7338, published 7.7.08</td>
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<tr>
<td>Written Evidence: Modernising Medical Careers</td>
<td>25-II</td>
<td>14.11.07</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Oral and Written Evidence: Modernising Medical Careers</td>
<td>25-III</td>
<td>8.5.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Fourth Report: Appointment of the Chair of the Care Quality Commission</td>
<td>545-I</td>
<td>12.5.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Oral and Written Evidence: Appointment of the Chair of the Care Quality Commission</td>
<td>545-II</td>
<td>19.6.08</td>
<td>Not applicable</td>
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<tr>
<td>Fifth Report: Dental Services</td>
<td>289-I</td>
<td>2.7.08</td>
<td>Cm 7470, published 7.10.08</td>
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<tr>
<td>Written Evidence: Dental Services</td>
<td>289-II</td>
<td>4.2.08</td>
<td>Not applicable</td>
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<tr>
<td>Oral and Written Evidence: Dental Services</td>
<td>289-III</td>
<td>2.7.08</td>
<td>Not applicable</td>
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<tr>
<td>Sixth Report: Foundation trusts and Monitor</td>
<td>833-I</td>
<td>16.10.08</td>
<td>Awaited</td>
</tr>
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<td>Oral and Written Evidence: Foundation trusts and Monitor</td>
<td>833-II</td>
<td>22.10.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>First Special Report: National Institute for Health and Clinical Excellence: NICE Response to the Committee’s First Report of Session 2007–08</td>
<td>550</td>
<td>10.6.08</td>
<td>Not applicable</td>
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<tr>
<td>Written Evidence: Public Expenditure on Health and Personal Social Services 2007</td>
<td>26-i</td>
<td>16.11.07</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Title</td>
<td>HC No. (2007–08)</td>
<td>Date of publication</td>
<td>Government reply</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>Oral Evidence: Public Expenditure on Health and Personal Social Services 2007</td>
<td>26-ii</td>
<td>4.11.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Oral Evidence: Public Expenditure on Health and Personal Social Services 2007</td>
<td>26-iii</td>
<td>4.11.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Oral Evidence: The Responsibilities of the Parliamentary Under Secretary of State for Care Services</td>
<td>832-i</td>
<td>30.10.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Oral Evidence: Our NHS Our Future</td>
<td>1106-i</td>
<td>29.10.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Written Evidence: Patient Safety</td>
<td>1137</td>
<td>30.10.08</td>
<td>Not applicable</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-i</td>
<td>17.3.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-ii</td>
<td>4.4.08</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-iii</td>
<td>10.4.08</td>
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<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
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<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-v</td>
<td>29.5.08</td>
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<td>422-vi</td>
<td>12.6.08</td>
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<td>29.10.08</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-viii</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-ix</td>
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<td>Not applicable</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-x</td>
<td>19.11.08</td>
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<td>Uncorrected Oral Evidence published on the Internet: Health Inequalities</td>
<td>422-xi</td>
<td>25.11.08</td>
<td>Not applicable</td>
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<td>Uncorrected Oral Evidence published on the Internet: NHS Next Stage Review</td>
<td>937-i</td>
<td>16.7.08</td>
<td>Not applicable</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: NHS Next Stage Review</td>
<td>937-ii</td>
<td>23.7.08</td>
<td>Not applicable</td>
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<td>Uncorrected Oral Evidence published on the Internet: NHS Next Stage Review</td>
<td>937-iii</td>
<td>21.10.08</td>
<td>Not applicable</td>
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<td>Title</td>
<td>HC No. (2007–08)</td>
<td>Date of publication</td>
<td>Government reply</td>
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<tr>
<td>------------------------------------------------------------</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: Patient Safety</td>
<td>1161-i</td>
<td>4.11.08</td>
<td>Not applicable</td>
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<tr>
<td>Uncorrected Oral Evidence published on the Internet: Patient Safety</td>
<td>1161-ii</td>
<td>25.11.08</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Government replies to Reports for Session 2006–07**

Reply to the Committee's Sixth Report: *The Electronic Patient Record*, published as Cm 7264 (12.11.07).

**Formal Minutes**

The Formal Minutes of the Committee were published electronically after each meeting of the Committee. They are available on the Committee's website at http://www.parliament.uk/healthcom.

**Divisions**

None.

**Debates**

Committee reports were debated on 2 occasions in Westminster Hall. Further details can be found in the Committee's Sessional Report.

**Number of oral evidence sessions for each inquiry during the Session**

<table>
<thead>
<tr>
<th>Inquiry</th>
<th>Number of oral evidence sessions</th>
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</thead>
<tbody>
<tr>
<td>Appointment of the Chair of the Care Quality Commission</td>
<td>1</td>
</tr>
<tr>
<td>Dental Services</td>
<td>4</td>
</tr>
<tr>
<td>Foundation Trusts and Monitor</td>
<td>1</td>
</tr>
<tr>
<td>Health Inequalities</td>
<td>11</td>
</tr>
<tr>
<td>Modernising Medical Careers</td>
<td>6</td>
</tr>
<tr>
<td>National Institute for Health and Clinical Excellence (NICE)</td>
<td>1</td>
</tr>
<tr>
<td>NHS Next Stage Review</td>
<td>3</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>2</td>
</tr>
<tr>
<td>Public Expenditure on Health and Personal Social Services 2007</td>
<td>2</td>
</tr>
<tr>
<td>The responsibilities of the Parliamentary Under Secretary of State for Care Services</td>
<td>1</td>
</tr>
</tbody>
</table>
Inquiry | Number of oral evidence sessions
---|---
Total | 32

^ The Committee took oral evidence on this inquiry in Session 2006–07; figures appear in the Return for that Session (HC 1 (2007–08))
## Annex 4 Informal meetings held

<table>
<thead>
<tr>
<th>Date</th>
<th>Organisation</th>
</tr>
</thead>
</table>
| Monday 26 November 2007 | Heart Forum  
                         Cycling England                                     |
| Monday 10 December 2007 | Joint Epilepsy Council  
                         MODEL  
                         Musculoskeletal Services Framework                     |
| Monday 14 January 2008 | Sue Ryder Care  
                         Clinical Solutions  
                         Allen Carr                                                |
| Monday 28 January 2008 | Cordis  
                         Heath Solutions  
                         Telehealth                                               |
| Monday 4 February 2008 | Stroke Association  
                         Dignity in Dying  
                         Help the Hospices                                        |
| Monday 25 February 2008 | Urology Trade Association  
                         Coloplast Ltd  
                         Abbots Labs                                               |
| Monday 10 March 2008  | Nestle  
                         Nutricia  
                         Europeans for Medical Progress Trust                    |
| Monday 21 April 2008  | Royal Society Physicians  
                         National Hip Fracture Database  
                         The Anthony Nolan Trust                                  |
| Monday 28 April 2008  | Resolution Foundation  
                         Neuropathological Society  
                         National Autistic Society                                |
| Monday 19 May 2008    | Roche Diagnostics  
                         MenCap  
                         Astratech                                                 |
| Monday 30 June 2008   | British Lung Foundation  
                         Ajinomoto  
                         Ultrasis                                                  |
| Monday 7 July 2008    | ASDA  
                         QIAGEN  
                         Age Concern                                               |
| Monday 21 July 2008   | Food and Drink Federation                                |
| Monday 13 October 2008| London Breast Institute  
                         National Allergy Strategy Group  
                         SNACMA                                                    |
| Monday 27 October 2008| BASICS  
                         MRSA Action UK  
                         Arthritis Care                                            |
| Monday 10 November 2008| Norgine  
                         Human Tissue Authority  
                         ADHD / Aspergers                                          |
| Monday 24 November 2008 | Dartex Coatings  
Birth Trauma Association  
Multiple Sclerosis Society |
Appendix 1

Correspondence between the Chairman of the Committee and the Department of Health in respect of post mortem examinations in the NHS

To Rt Hon Dawn Primarolo MP, Minister of State, Department of Health

I would be grateful if you would provide the Committee an update on the policy for post mortem examinations in the NHS. In particular the following issues of concern have come to my attention:

- There is a lack of strategic planning to provide NHS services for specialist post mortem examinations, especially in relation to patients who die with dementia. This hinders the research work of doctors working in neuropathology.

- A lack of clear policies and procedures regarding the commissioning of post mortem diagnostic pathology in England and Wales.

- The policy of funding post mortems. For example, on occasion, families have requested a diagnosis on a known brain disorder (commonly dementia, but including a range of other neurological conditions) but this information has not been required by HM Coroner and therefore the Coroner has not funded the full post mortem. The policy determining who pays for establishing a diagnosis on the deceased for the benefit of the family is unclear.

I would be grateful to receive your comments on the issues raised above. In addition, I would be grateful if you would provide figures concerning the number of post mortems carried out in hospitals since 2000.

28 October 2008

To Kevin Barron MP, Chairman, Health Select Committee

Thank you for your letter of 28 October about post mortem examination in the NHS.

I think it is important to understand the context in which post mortems are carried out. The number of clinical (otherwise known as hospital or consented) post mortems in England is low and has been declining since at least the 1970s (in line with experience in other countries). It is the case that hospital post mortems have become a less rich source of data for research as their numbers have declined. However, post mortems can cause distress to families at a difficult time: research studies, approved by relevant ethics procedures and designed to yield the data required, are a more appropriate route to support the research work of neuropathologists.

Most post mortems now are carried out on behalf of coroners. Their interest is to establish the cause of death and, if they are satisfied that this can be done without a post mortem, they will not order one to be carried out. In these circumstances, it would not be
appropriate for the coroner to pay for a post mortem. The NHS will meet the costs of a clinical post mortem if clinicians feel that this is appropriate to understand more fully the cause of death in a patient (and obviously once the next of kin has given consent, according to the Human Tissue Act 2004). However, where a family wants a post mortem to be carried out, but neither the NHS nor the coroner agrees there is a need for one, the family will have to pay for a private post mortem.

The Department of Health does not commission pathology services centrally. Post mortems are carried out as part of the normal range of diagnostic pathology services provided by histopathology departments in hospitals.

You also asked for information on the number of post mortems carried out in hospitals. Details are set out in the enclosed annex.

I hope this reply provides useful.

18 November 2008

Annex

Data from the Office of National Statistics show that:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of deaths certified by a doctor without the involvement of a coroner</th>
<th>Number in which a post mortem was carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>314,365</td>
<td>1,733</td>
</tr>
<tr>
<td>2005</td>
<td>323,780</td>
<td>1,764</td>
</tr>
<tr>
<td>2004</td>
<td>329,648</td>
<td>1,798</td>
</tr>
<tr>
<td>2003</td>
<td>353,286</td>
<td>2,146</td>
</tr>
<tr>
<td>2002</td>
<td>353,595</td>
<td>2,230</td>
</tr>
<tr>
<td>2001</td>
<td>350,286</td>
<td>2,546</td>
</tr>
<tr>
<td>2000</td>
<td>553,962</td>
<td>4,228</td>
</tr>
</tbody>
</table>

Source:


Appendix 2

Correspondence between the Chairman of the Committee and the Department of Health in respect of Allergies Services and the NHS

To Ann Keen MP, Parliamentary Under-Secretary of State for Health, Department of Health

The Health Committee’s Report on Allergy in 2004 made recommendations for improvements in allergy services. I would be grateful if the Department could let me know what progress has been made in implementing recommendations.

There is still concern that the Department of Health is not taking allergy seriously. We have been told that there is a lot of poor practice going on especially in primary care services. The problem is large; it has been suggested that about 13 million people could to be managed either by self-care or in primary care, but only if primary care geared up sufficiently. In addition, we have been informed that about 7 million might need to see a specialist.

There are two particular areas of concern, namely the number of

allergy specialists; and

allergy centres.

Allergy specialists

It is clear that in order to enhance services at all levels ie primary as well as secondary care, more specialists are needed (ie allergists, not consultants in other disciplines). Following our report the Department undertook a review which proposed a number of improvements, but many of these require a sufficient body of expertise in allergy (trained specialist allergists) to deliver them.

In view of this, we would like to know why only 5 additional allergy trainee posts were created, meaning that there are only 12 in England in total, each on a 5 year training programme. Is this correct and how does the figure compare with 2004? Does the Department believe that this number is enough to grow the speciality.

How many trained allergists (adult and paediatric) are there and how does this compare with 2004?

We have been told that 5 extra immunology trainees have also been appointed. Does the Department realise that although they may contribute to allergy, they have only a partial training in allergy and their primary role is to deliver care in other areas.

Allergy centres

Why has only one regional allergy centre for the whole of England been established after 4 years. Do you agree that one per region (population approx 5–7 million) should be the minimum? Does the Department intend to implement this Health Committee’s
recommendation? Are local commissioners being told that allergy should be a priority? What is the plan of action for other areas of England?

The new regional centre which has been established is to be a pilot for models of care. This means it needs to be designed and funded properly and appropriately staffed. It also needs consultants in adult and paediatric allergy to lead the service. Could the department let the Committee know where are they coming from and when.

30 October 2008

To Kevin Barron MP, Chairman, Health Select Committee

Thank you for your letter of 30th October 2008, querying what progress has been made to improve allergy services since the publication of the Health Committee’s Report on Allergy in 2004. I would like to reassure you that the Department of Health is committed to improving allergy services. It may therefore help if I outline the key work underway to improve allergy services.

As you will be aware, following the Health Committee’s report the Department of Health undertook a review of the available data, including the epidemiology of allergic conditions, the demand for and provision of services and the effectiveness of relevant interventions. This document was intended to help the NHS to consider and anticipate changes in demand for allergy services at a local level and allocate resources accordingly. This document also helped inform the House of Lords Inquiry into allergy.

In order for healthcare professionals to provide effective allergy services they need access to appropriate training and guidance. The Department has undertaken a range of work to provide this.

Firstly, we submitted requests to NICE for the following pieces of work:

i. Health Technology Appraisals:

   - To appraise the clinical and cost effectiveness of sublingual and subcutaneous allergen immunotherapy for moderate to severe seasonal allergic rhinitis (hay fever).
   - To appraise the clinical and cost effectiveness of Pharmalagen (ALK-Abello) for subcutaneous immunotherapy for moderate and severe insect (bee and wasp) venom anaphylaxis.

ii. Short Clinical Guidelines on:

   - What is the most effective method of diagnosing anaphylaxis of any cause in adults and children.
   - What is the most effective method of follow-up treatment of a patient following an anaphylactic reaction.
These are being discussed at NICE’s Topic Selection Committees and we are awaiting feedback about their decision. I would like to reassure you that these proposals will be given very serious consideration, should they be given the Topic Selection Committee approval for progression.

Also last month, Skills for Health published the National Occupational Standards (NOS) for allergy at the British Society for Allergy and Clinical Immunology conference. The NOS will help to improve standards of care for patients, through providing access to on-line training for all healthcare professionals involved in providing care for patients with allergies. They will also help to ensure that these patients are given timely and appropriate care. The NOS are in the final stages of preparation and should be on the Skills for Health website in the near future.

The Royal College of Paediatrics and Child Health have provided the Department of Health with their report from the scoping work they undertook regarding the development of a care pathway for children with allergic symptoms. We have asked them to take forward the next stage of this work to develop and publish the actual care pathway. This will be an invaluable tool for clinicians in managing children with possible and actual allergic reactions. We hope that this work will be completed next year.

The Council on Toxicity has also commenced discussion to discuss its advice on peanut avoidance and consider whether this should be amended in light of new evidence. The minutes from their meetings are available at http://cot.food.gov.uk/cotmtgs/cotmeets/. We anticipate that the Council will provide its advice to the Department of Health by the end of the year.

The House of Lords report of its inquiry on allergies also recommended that a lead Strategic Health Authority should be established. Following an open tender exercise in May this year, the North West SHA was given the role of leading on allergy services, with a remit of championing improvements in allergy services across the NHS and specific responsibility for working with stakeholders to develop a pilot allergy centre.

To turn to your queries regarding allergy workforce, as you correctly state, we have increased training posts by an additional 5 allergy and 5 immunology posts. As you will be aware, workforce planning in the NHS is managed and led at a local level by the Strategic Health Authorities (SHAs) taking into account the national policy direction. Therefore, it is their responsibility to create posts for allergists where they feel the speciality is needed. According to data from the General Medicine Group of consultants in the NHS Information Centre workforce census, there were 18 allergy consultants (FTE 16) as at September 30 2007. In 2004, there were 26 allergy consultants (FTE 18). The Paediatric consultants are not divided into sub-groups in the census so it is not possible to give the figures for those working with allergies in children.

As a result of the NHS Next Stage Review, the Department is looking at how to ensure that workforce planning is aligned with the new models of care. Given that the majority of allergy patients are seen and managed in primary care, the focus of education and training should be on GPs. The NOS developed by Skills for Health, together with the development of care pathways and clinical guidance, will help enhance the knowledge and expertise of primary care staff caring for patients with allergies.
You also query what work is being taken forward to establish allergy centres. The Government recognises that people with complex allergies need and deserve specialist advice and support to help them to maximise their health and well-being and investment in the NHS will help deliver service improvements, including allergy services, across the board. However, the responsibility for commissioning of allergy services rests with individual Primary Care Trusts (PCTs) and it is for them to ensure that they are commissioning services sufficient to meet local need.

You will be aware that PCTs have to set priorities for investment and reform across a range of service areas including allergy. We have recognised that allergy services have not always been given the focus that they require, which is why we have appointed NHS North West to lead improvements in allergy services. The intention is that NHS North West will explore and develop models that can be shared with the rest of England that will deliver improved patient care for people with allergic diseases.

I am pleased to report that considerable progress is already being made towards the delivery of a pilot allergy centre. With the support of PCTs in the region, NHS North West have asked the North West Specialised Commissioning Group (NWSCG), through the North West Specialised Commissioning Team (NWSCT), to co-ordinate the work programme that will be required to commission this service. The NWSCG had already established, in January 2008, a Task and Finish Group (TFG) to review specialised allergy services in the region. The TFG, with a membership drawn from clinicians, service managers, commissioners, public health professionals and third sector organisations, has developed proposals for a network based approach to allergy care in the North West for adults and children and young people. The proposal is to create linked paediatric and adult services, delivered from a number of locations across the region, co-ordinated by an allergist lead. The proposal builds upon previous investment, in addition to the costs of service provision through contract prices, by the NWSCG in allergy services. It is anticipated that the allergy network arrangements will be in place for April 2009. It is our view that if a region such as the North West can deliver on this agenda and lead by example in establishing an integrated service other areas of England will follow.

I hope that this has helped reassure you that the Government is still actively committed to improving the lives of patients with allergies and the services we provide for those living with the condition.

15 December 2008
Formal Minutes

Thursday 22 January 2009

Members present:

Mr Kevin Barron, in the Chair

Charlotte Atkins
Mr Peter Bone
Sandra Gidley
Stephen Hesford

Dr Doug Naysmith
Dr Howard Stoate
Mr Robert Syms
Dr Richard Taylor

Draft Report (Work of the Committee 2007–08), proposed by the Chairman, brought up and read.

Ordered, That the Chairman’s draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 48 read and agreed to.

Annexes 1 to 4 agreed to.

Two Papers were appended to the Report as Appendices 1 and 2.

Resolved, That the Report be the Second Report of the Committee to the House.

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

[Adjourned till Thursday 29 January at 9.30 am]
# List of Reports from the Health Committee

The following reports have been produced by the Committee in this Parliament. The reference number of the Government’s response to the Report is printed in brackets after the HC printing number.

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