



House of Commons
Health Committee

The work of the Committee in 2008–09

Second Report of Session 2009–10

Report, together with formal minutes

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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), Martin Gaunt (Second Clerk), David Turner (Committee Specialist), Lisa Hinton (Committee Specialist), Frances Allingham (Senior Committee Assistant), Julie Storey (Committee Assistant) and Gabrielle Henderson (Committee Support Assistant).

Contacts

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Contents

Report	<i>Page</i>
1 Introduction	3
2 Core Tasks	5
Objective A: To examine and comment on the policy of the Department	5
Task 1: Examination of policy proposals; and Task 4: Examination of departmental documents and decisions	5
Task 2: Identification of emerging policies or deficient policy	6
Task 3: Scrutiny of draft bills	6
Objective B: To examine the expenditure of the Department	6
Task 5: Examination of expenditure	6
Objective C: To examine the administration of the Department	7
Task 6: Examination of Public Service Agreements and targets	7
Task 7: Monitoring of Associated bodies	7
Task 8: Scrutiny of major appointments	8
Task 9: Examination of the implementation of legislation and major policy initiatives	8
Objective D: To assist the House in debate and decision	9
Task 10: Informing public debate	9
3 Other issues	10
Working practices	10
Informal meetings	10
Visits	10
Follow-up to previous reports	11
Publication of written evidence at beginning of inquiry	11
Publication of spreadsheets of PEQ data on website	11
Petitions	11
Looking forward	12
Annex 1 Subjects covered by the Health Committee in 2008–09	13
Annex 2 Core tasks fulfilled	14
Annex 3 Sessional Information	15
Annex 4 Informal meetings held	20
Formal Minutes	21
List of Reports from the Committee during the current Parliament	22

1 Introduction

1. The Health Committee consists of eleven Members of Parliament: ten drawn from the three largest parties and one Independent Member.¹ The Committee's role is to examine the expenditure, administration and policy of the Department of Health (DH) and its associated public bodies. This is a considerable task: the Department is responsible for the stewardship of nearly £100 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.² The Department is also responsible for a range of other activities, including oversight of a number of important Non-Departmental Public Bodies and other arm's length bodies.

2. In carrying out our work we aim to undertake detailed inquiries into major policy issues, examine how the DH 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 2009 we published the following Reports at the conclusion of our inquiries (the Government responses are shown in brackets):

First Report	NHS Next Stage Review	HC 53 (Cm 7558)
Second Report	Work of the Committee 2007–08	HC 193
Third Report	Health Inequalities	HC 286 (Cm 7621)
Fourth Report	Top-up fees	HC 194 (Cm 7649)
Fifth Report	The use of management consultants by the NHS and the Department of Health	HC 28 (Cm 7683)
Sixth Report	Patient Safety	HC 151 (Cm 7709)
Seventh Report	The Appointment of the Chair of the Foods Standards Agency	HC 856

4. We also hold one-off evidence sessions with ministers and officials. For instance, in March 2009 we took evidence from the then Secretary of State for Health, Alan Johnson MP, together with the Chief Executive of the NHS and the DH Permanent Secretary. The session focused on the operating framework for the NHS in England, allowing the Committee the opportunity to pose questions on a number of different policy areas.

5. Financial scrutiny of health expenditure is a major part of our work. Our annual inquiry based on our *Public Expenditure Questionnaire* (PEQ), which includes an evidence session with senior officials, remains at the heart of this scrutiny. However, we also look at expenditure in other inquiries such as our scrutiny of the use of management consultants by the NHS and the DH, and our examination of top-up fees. 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 Service Agreements (PSAs) and

1 Committee membership is comprised of six Labour, three Conservative, one Liberal Democrat, and the Independent Member for Wyre Forest.

2 Department of Health Departmental Report 2009 (CM 7593)

targets. We monitor its associated public bodies, examine the implementation of major policy initiatives and scrutinise major appointments. For instance, in July 2009 we held a pre-appointment hearing with the Chair-elect of the Food Standards Agency, Lord Rooker. This was our second pre-appointment hearing since the mechanism for Select Committees to scrutinise key public appointments was established by the Liaison Committee in 2008.³ This is discussed further under Objective C below.

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

8. While inquiries into specific topics form the bulk of the Committee's work, the scope of our activity is wider. On Monday afternoons the Chairman and other Members of the Committee meet informally with a wide range of people and organisations with an interest in health-related subjects.⁴ In addition, the Committee has undertaken a number of visits to health establishments both in the UK and overseas to receive briefings from relevant experts, and to assess the quality of services first hand.

9. We are keen to follow-up recommendations made in reports in previous sessions and we often do this during our one-off evidence sessions, such as the one with the then Secretary of State, Alan Johnson MP, in March 2009. In this session we sought updates on progress in a number of different policy areas. It is our intention to hold similar one-off evidence sessions in 2010, subject to there being sufficient time before the General Election. In addition, progress on implementing recommendations is pursued during major inquiries (for example, in our health inequalities inquiry we followed recommendations about obesity and food labelling made in previous reports), and in subsequent correspondence with the Department. Our methods of working are outlined in Chapter Three.

10. We received help in our inquiries from the National Audit Office, and the House of Commons Library and Scrutiny Unit. We are grateful to Imperial College London, from whom we commissioned a survey on Patient Safety and we have benefited enormously from the expertise of our specialist advisers.

11. We have also continued to enjoy positive relations with the Department of Health. Ministers and officials have been helpful and attended evidence sessions when requested. We are particularly grateful to 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. However, we have had some concerns about the Government's news management; on the day we published our report on *Health inequalities*, the Chief Medical Officer's report which recommended introducing a minimum price for alcohol was leaked to the press and the proposal was immediately condemned by a member of the Cabinet, prompting a great deal of news coverage. This may have been a coincidence; we hope so.

12. Statistical information about the Committee's work is published in Annex 3.

3 Liaison Committee, First report of Session 2007–08, *Pre-appointment hearing by select committees*, HC 384

4 A list of the meetings is shown in Annex 4.

2 Core Tasks

13. 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

14. 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

15. 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”.

16. We scrutinise the Department of Health’s policies through inquiries on specific proposals, typically resulting in a Committee Report. 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. Our Report, published in January 2009, concluded that although there was much to commend in the review, notably its emphasis on quality, we doubted whether PCTs had the ability to implement the proposed reforms.

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.

17. We have examined policy proposals in a number of other inquiries. Our inquiry into *Top-up fees* considered the Richards Review on *Improving access to medicines for NHS patients*. We concluded that while the proposal to allow patients to buy additional end-of-life drugs was the best option for the NHS, it would be difficult to achieve in practice and could disrupt patients' continuity of care and the coordination of information-sharing. Meanwhile, our inquiry into *Health Inequalities* considered EU proposals in respect of food labelling. Our current inquiry into the future of social care services examines the Government's Green Paper *Shaping the Future of Care Together*.

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". Almost all of our inquiries in 2008–09 fulfilled this objective, as we typically examine subject areas which have either attracted criticism, or within which new policies are emerging. For example, the Committee identified commissioning as a weak link in the health service in a number of inquiries in recent years, and as a result elected to launch an inquiry specifically into this subject in 2009. A further example is our current inquiry into *Alcohol*, where we are examining possible policies to tackle the alarming increase in recent years in alcohol-related deaths. Our inquiry into *Health Inequalities* looked at concerns that current policies were unlikely to meet Government targets.

Task 3: Scrutiny of draft bills

19. 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 2008–09. However, as part of our inquiry into *Alcohol*, we considered measures contained within the Policing and Crime Bill to tackle the misuse of alcohol. Furthermore, our examination of the *NHS Next Stage Review* included scrutiny of the NHS constitution outlined in the Health Bill 2009.

Objective B: To examine the expenditure of the Department

Task 5: Examination of expenditure

20. Core task five is "to examine the expenditure plans and outturn of the Department, its agencies and principal NDPBs [Non-Departmental Public Bodies]". We consider this responsibility central to our work. With a budget of over £90 billion in 2009–10, the Department is Whitehall's second largest spender of public money.⁷ As in previous years, the Committee undertook an inquiry into the Department's finances as part of its *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 were published in hard copy as well as on our website.

21. In January 2010 the Committee will hold an evidence session with senior Departmental officials, including the Permanent Secretary and the NHS Chief Executive, on the PEQ. As

in previous years, it is anticipated that this session will allow us to explore important areas of financial expenditure by the Department in greater depth than is possible in other inquiries. Our previous PEQ inquiry resulted in the Committee publishing a Report on *The use of management consultants by the NHS and the Department of Health*. We were pleased that the Government partially agreed to the Committee's recommendations, and agreed to publish NHS data from 2010.

22. In addition to our *Public Expenditure Questionnaire*, our other inquiries considered NHS expenditure and, in particular, value for money. Our *Health Inequalities* inquiry looked into the cost-effectiveness of Government interventions to tackle inequalities. We concluded that we could not know whether money had been well spent, since the Government had not only not adequately assessed its policies, but also had failed to design them in such a way that they could be evaluated. As a result it was possible that money had been wasted on ineffective and possibly damaging interventions; we recommended the introduction of a more rigorous culture of piloting and evaluation, together with the use of clearly defined goals and robust measures of success.

23. Similarly, our inquiry into *Patient Safety* found that the NHS had failed to collect evidence about whether patients were actually any safer, despite a decade of investment in initiatives to stop harm. We were concerned at the nature of the National Patient Safety Agency's remit, and that it was not using its resources as effectively as it could have.

Objective C: To examine the administration of the Department

Task 6: Examination of Public Service Agreements and targets

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

25. Our inquiry into *Health Inequalities*, which we completed in March 2009, was focused on a key Public Service Agreement (PSA) target. The PSA target is: “By 2010 to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth”.⁸ Our Report noted that this represented a particularly tough target, and that there was a significant degree of scepticism that it would be achieved. Our inquiry also looked at a number of other targets, including those relating to infant mortality, obesity and teenage conception rates.

26. As usual, we examined the Department of Health's PSA targets in our PEQ exercise. Chapter 8 of the Questionnaire covers PSA targets. The Committee expects to pursue a number of these targets in oral evidence with the Permanent Secretary and NHS Chief Executive during the oral evidence session scheduled for early 2010.

Task 7: Monitoring of Associated bodies

27. Task seven is “to monitor work of the Department's Executive Agencies, NDPBs, regulators and other associated bodies”. We monitored the work of a number of the

8 www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Healthinequalities/Healthinequalitiesguidancepublications/DH_064183

Department's agencies and arm's length bodies during 2008–09. In fact, given that the NHS itself is a federation of arm's length bodies, our scrutiny of such bodies is a feature, to at least some extent, of all our inquiries.

28. Two of our inquiries, however, have focused closely on the work of specific arm's length bodies. Our inquiry on *Top-up fees* examined the role played by the National Institute for Health and Clinical Excellence (NICE) in implementing the Richards Review on *Improving access to medicines for NHS patients*. NICE is the body which is responsible for providing national guidance on promoting good health and preventing and treating ill health, and our scrutiny of it in this inquiry followed an earlier inquiry into it in 2007–08. Meanwhile, the Committee's inquiry into *Patient Safety* saw us monitor a number of arm's length bodies, the National Patient Safety Agency and the Care Quality Commission among them. A full list of the associated bodies we took oral evidence from is included in the list of witnesses in Annex 3.

Task 8: Scrutiny of major appointments

29. Task eight is “to scrutinise major appointments made by the Department”. In July 2009 the Committee held a formal appointment hearing, according to the procedures agreed by the Liaison Committee, in respect of Lord Rooker, the candidate for Chair of the Food Standards Agency. We questioned him about how he saw the role, his independence, his relevant expertise and experience, and his priorities for the organisation. Immediately after the meeting we published a report in which we concluded that he was a suitable candidate, and recommended that the Secretary of State make the appointment.

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

30. Task nine requires committees “to examine the implementation of legislation and major policy initiatives”. This year the Committee has devoted a good deal of time to this task. As we have discussed, our inquiry into *Health Inequalities* found serious weaknesses in the Government's policies in this area. Our Report on *Patient Safety* looked at policy developments in the field over the past decade. We credited the NHS for having led the way for healthcare systems throughout the world in the development of patient safety policy but concluded that, in practice, significant progress was still necessary to make NHS services safer. Included within the scope of the Committee's inquiry on *Alcohol* was the consideration of the Government's “Alcohol Reduction Strategy”.

31. In July 2009, we launched an inquiry into *Commissioning*. This was prompted by the Government's launch of “World Class Commissioning”, an initiative designed to radically improve the quality of commissioning across the health service. Our inquiry, which is ongoing, is examining the effectiveness of commissioning by Primary Care Trusts, and the rationale behind the purchaser / provider split. We held one oral evidence session on this inquiry in 2008–09, with several more to follow in 2010, prior to the publication of the Committee's Report.

Objective D: To assist the House in debate and decision

Task 10: Informing public debate

32. Task ten requires us “to produce reports which are suitable for debate in the House, including Westminster Hall, or debating committees”. During 2008–09, three of the Committee’s Reports were debated by the House. Our report on *Dental Services* was debated on an Estimates Day in the House on 16 December 2008, while our Reports on *NHS Next Stage Review* and *Health Inequalities* were the subject of Westminster Hall debates on 14 May 2009 and 12 November 2009 respectively. The Committee welcomes the opportunity for its reports to be debated and hence given greater exposure. We also recognise the opportunity that debates present to question ministers further on the Government’s response to our recommendations. However, we must note that the time for the Estimates Day debate was severely curtailed to under two hours by several Government Statements; as a result several Members who wished to speak were unable to do so.

33. We are keen to hold debates on our reports into *Patient Safety* and on *Social Care* (we expect to publish our report on *Social Care* in January 2010).

3 Other issues

Working practices

34. 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

35. In addition to holding formal evidence sessions, on most Mondays when the House is sitting the Chairman, usually accompanied by one or more of the 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 the British Retail Consortium to discuss nutrition and food policy, to representatives of charities including the National Aids Trust and organisations representing hospices. Many of the meetings have provided useful background information to our past and present inquiries. Annex 4 lists the meetings we have held.

Visits

36. Information gathered during Committee visits is often invaluable in shaping and informing our inquiries. The Committee visited New Zealand in March 2009 and held a series of meetings in relation to our inquiries on *Patient Safety*, *Top-up Fees*, *Alcohol*, *Commissioning* and *Social Care*. We found the visit invaluable. The New Zealand health system is very similar to England's, but with interesting differences. We only have space here to outline a few of our findings. PHARMAC is the New Zealand equivalent of NICE and is regarded as the world's toughest rationer of drugs. Medical negligence claims which do so much to undermine openness and hence patient safety here are not a problem in New Zealand. Civil claims for damages arising from negligence are not allowed, but, instead, there is an Accident Compensation Corporation, which provides recompense for people who suffer an injury. The New Zealand Government has removed much of the concern about the costs of long term care by raising the capital threshold before fees have to be paid; as a result, fewer people have to sell their homes and the cost to the Exchequer has been surprisingly small. To reduce some of the problems related to alcohol misuse, the Government is planning to give more power to local people to reject licensing applications.

37. Our inquiry into *Alcohol* also entailed visits to Scotland and Paris. In the former we held meetings in relation to the Scottish Executive's support for the concept of a minimum price for alcohol, a policy option which the British Government has so far opposed. On our visit to Paris we looked at French policy on alcohol advertising and sponsorship, which is banned on television and restricted elsewhere.

38. Each year we make sure we also look closely at the delivery of health services by visiting NHS facilities. In 2008–09, the Committee visited St Thomas', Charing Cross, and Luton and Dunstable hospitals. The Committee visited The London Clinic for a demonstration of the "CyberKnife" system early in 2009–10, and it is planning a future visit to an orthopaedic unit.

Follow-up to previous reports

39. We are keen to follow-up recommendations which were made in our reports in previous sessions, and on occasion the reports made by our predecessor Committee in the previous Parliament. This is achieved during one-off evidence sessions, such as our session with the then Secretary of State, Alan Johnson MP, in March 2009 on the Operating Framework for the NHS in England. In the past year follow-up has also included writing to the Department for an update on progress in implementing the recommendations made in our predecessor Committee's Report on *Palliative Care* in 2003–04. Furthermore, the Committee Chairman's involvement with the All Party Parliamentary Group for Dentistry has allowed the Committee to monitor closely developments in this field subsequent to the Committee's own inquiry into *Dental Services* in 2007–08.

Publication of written evidence at beginning of inquiry

40. During 2008–09, 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. Evidence received after the deadline, often in follow-up to our evidence sessions, is made available online and in most cases as part of the our final Report.

Publication of spreadsheets of PEQ data on website

41. 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 (which will actually be held in January 2010). 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

42. 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. Since then the Committee has welcomed petitions as a means for Parliament to stay in touch with the public's concerns. During 2008–09 we received fourteen petitions, on a range of health-related topics, some of which may prove useful to future inquiries. The petitions we received in 2008–09 are categorised as follows:

Category	Percentage of Petitions
Government policy / legislation	14%
Closure of / termination of services on the healthcare estate	29%
Healthcare services, e.g. pharmacies and residential care	21%
Healthcare estate policies, e.g. retention of live-in wardens	21%
Other	14%

Looking forward

43. Our programme for the forthcoming year is governed by the General Election, which must take place no later than the first week of June. The Committee plans to complete its three major ongoing inquiries—*Alcohol*, *Social Care*, and *Commissioning*—comfortably in advance of this deadline. Should there be time between the Committee completing these inquiries, and the dissolution of Parliament ahead of the election, we may choose to hold a series of one-off evidence sessions with Ministers and others, to investigate topical matters and to follow up on recommendations from previous Committee Reports. The Committee will cease to exist upon the dissolution of Parliament, and a new Health Committee will then be appointed in the new Parliament.

Annex 1 Subjects covered by the Health Committee in 2008–09

Subject	Evidence Sessions	Outcome
NHS Next Stage Review	0 (3 in 2007–08)	Report, January 2009
Work of the Committee 2007–08	N/A	Report, January 2009
Health Inequalities	0 (11 in 2007–08)	Report, March 2009
Operating Framework for the NHS in England	1	One-off evidence session (no Report)
Top-up fees	2	Report, May 2009
The use of management consultants by the NHS and the Department of Health / Public Expenditure on Health and Personal Social Services 2008	1	Report, June 2009
Patient Safety	6 (2 in 2007–08)	Report, July 2009
The Appointment of the Chair of the Foods Standards Agency	1	Report, July 2009
Alcohol	7	Inquiry ongoing
Social Care	3	Report expected to be published January 2010
Commissioning	1	Report expected to be published spring 2010
Total	22	7 Reports

Annex 3 Sessional Information

For website access click on www.parliament.uk/healthcom

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

Members	Meetings attended
Barron, Mr Kevin (Chairman)	26 out of 26
Atkins, Charlotte	19 out of 26
Bone, Mr Peter	12 out of 26
Dowd, Jim	11 out of 26
Gidley, Sandra	25 out of 26
Hesford, Stephen	15 out of 26
Naysmith, Dr Doug	26 out of 26
Scott, Mr Lee	14 out of 26
Stoate, Dr Howard	22 out of 26
Syms, Mr Robert	8 out of 26
Taylor, Dr Richard	26 out of 26
Overall Attendance:	71.3 %

Total number of meetings:	26
Of which:	
Number of meetings at which oral evidence was taken	22
Number of times oral evidence was taken partly or wholly in private	0
Number of wholly private meetings	4
Number of concurrent meetings with other committees	0

Other activities

Informal meetings, including overseas visitors	16
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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 Daphne Austin, Professor Nick Bosanquet, Mr Robert Dredge, Dr Jose-Luis Fernandez Plotka, Mr Tony Giddings, Professor Christine Godfrey, Professor Gerard Hastings, Melanie Henwood, Dr Ike Iheanacho, Professor Alan Maynard, Dr Alex Scott-Samuel, Dr Nicholas Sheron and Professor Charles Vincent.

Witnesses

Cabinet Ministers	1
Other Ministers	6
Members of the House of Lords (of whom 1 was a Minister)	2
Number of appearances by officials from, or representatives of:	
Department of Health	8
Department for Culture, Media and Sport	1
Home Office	1
HM Treasury	1

Executive Agencies, comprising:	1
Medicines and Healthcare Products Regulatory Agency	1
Public Bodies and non-Ministerial departments, comprising:	9
Advertising Standards Authority	1
Care Quality Commission	2
General Social Care Council	1
Health and Safety Executive	1
Healthcare Commission	1
Monitor - Independent Regulator of NHS Foundation Trusts	1
Office of Fair Trading	1
Office of Communications	1
Special Health Authorities	5
NHS Litigation Authority	1
National Institute for Health and Clinical Excellence	3
National Patient Safety Agency	1
NHS Foundation Trust, comprising:	3
Leeds Partnerships NHS Foundation Trust	1
Mid Staffordshire NHS Foundation Trust	1
Newcastle Hospitals NHS Foundation Trust	1
NHS Trusts, comprising:	3
Imperial College Healthcare NHS Trust	2
London Ambulance Service NHS Trust	1
Primary Care Trusts, comprising:	4
Birmingham East and North PCT	1
Gateshead PCT	1
Liverpool PCT	1
Southampton City PCT	1
Other witnesses	72

Overseas Visits

Date	Destination	Members	Staff	Purpose	Cost
27.3-2.4.09	New Zealand	Barron, Atkins, Dowd, Gidley, Naysmith, Stoate, Taylor	2	Patient Safety	£51,736.78
14-16.9.09	Paris	Barron, Atkins, Dowd, Gidley, Naysmith, Syms, Taylor	2	Alcohol	£12,385.56

Visits to European Institutions

None.

UK Visits

Date	Destination	Members	Staff	Purpose	Cost
12.3.09	Charing Cross Hospital	Barron, Stoate, Taylor	2	Patient Safety	Nil

Date	Destination	Members	Staff	Purpose	Cost
21.5.09	Luton & Dunstable Hospital	Barron, Gidley, Taylor	2	Patient Safety	£53.20
10-11.6.09	Edinburgh	Barron, Atkins, Gidley, Naysmith, Stoate, Taylor	2	Alcohol	£4,163.45

Reports and Oral and Written Evidence

Title	HC No. (2008–09)	Date of publication	Government reply
First Report: <i>NHS Next Stage Review</i>	53-I	13.1.09	Cm 7558, published 12.3.09
Oral and Written Evidence: <i>NHS Next Stage Review</i>	53-II	13.1.09	Not applicable
Second Report: <i>Work of the Committee 2007–08</i>	193	29.1.09	Not applicable
Third Report: <i>Health Inequalities</i>	286-I	15.3.09	Cm 7621, published 18.5.09
Fourth Report: <i>Top-up fees</i>	194-I	12.5.09	Cm 7649, published 6.7.09
Written Evidence: <i>Top-up fees</i>	194-II	28.1.09	Not applicable
Fifth Report: <i>The use of management consultants by the NHS and the Department of Health^A</i>	28	4.6.09	Cm 7683, published 22.10.09
Sixth Report: <i>Patient Safety</i>	151-I	3.7.09	Cm 7709, published 13.10.09
Oral and Written Evidence: <i>Patient Safety^B</i>	151-II	7.9.09	Not applicable
Seventh Report: <i>The Appointment of the Chair of the Food Standards Agency</i>	856-I	8.7.09	Not applicable
First Special Report: <i>Patient Safety: Care Quality Commission, Monitor, and Professor Sir Ian Kennedy's Responses to the Committee's Sixth Report of Session 2008–09</i>	1019	4.11.09	Not applicable
Written Evidence: <i>Alcohol</i>	368-II	23.4.09	Not applicable
Written Evidence: <i>Social Care</i>	1021	13.11.09	Not applicable
Written Evidence: <i>Public Expenditure on Health and Personal Social Services 2008</i>	1190	8.12.08	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-i	30.4.09	Not applicable

Title	HC No. (2008–09)	Date of publication	Government reply
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-ii	13.5.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-iii	19.5.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-iv	7.7.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-v	15.7.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-vi	24.7.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Alcohol</i>	368-vii	21.10.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Commissioning</i>	1020-i	29.10.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Social Care</i>	1021-i	5.11.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Social Care</i>	1021-ii	11.11.09	Not applicable
Uncorrected Oral Evidence published on the Internet: <i>Social Care</i>	1021-iii	19.11.09	Not applicable

^A Incorporating evidence sessions on Public Expenditure on Health and Personal Social Services 2008 (28-i) and the Operating Framework for the NHS in England (HC 340-i)

^B Incorporating HC 1161-i and ii, Session 2007–08

Government replies to Reports for Session 2007–08

Reply to the Committee's Fifth Report: *Dental Services*, published as Cm 7532 (20.1.09).

Reply to the Committee's Sixth Report: *Foundation trusts and Monitor*, published as Cm 7528 (29.1.09).

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

Date	Subject
30.4.09	Three, on consideration of the Chairman's Draft Report on Top-up fees

Date	Subject
6.7.09	Two, on consideration of the Chairman's Draft Report on The Appointment of the Chair of the Food Standards Agency

Debates

Committee reports were debated on 1 occasion in the House of Commons and 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

Inquiry	Number of oral evidence sessions
Alcohol	7
Commissioning	1
Operating Framework for the NHS in England	1
Patient Safety ^A	6
Public Expenditure on Health and Personal Social Services 2008	1
Social Care	3
The Appointment of the Chair of the Food Standards Agency	1
Top-up fees	2
Total	22

^A The Committee took oral evidence on this inquiry in Session 2007–08; figures appear in the Return for that Session (HC 1 (2008–09))

Annex 4 Informal meetings held

Date	Organisation
Monday 12 January 2009	Complan Heart Forum Arthritis and Musculoskeletal Alliance
Monday 26 January 2009	Sanofi Pasteur Baxter Healthcare SSL (Durex)
Monday 9 February 2009	Takeda Astellas Phadia Ltd
Monday 23 February 2009	Partnerships in care Centre for Health Management Imperial College Stillbirth and Neonatal Death charity (Sands)
Monday 9 March 2009	Association for Improvements in the Maternity Services (AIMS) Joint Epilepsy Council National Aids Trust
Monday 23 March 2009	Ian Priestner (Symphony) Improvement Foundation
Monday 27 April 2009	Business4Life Astra Zeneca Royal College of Speech and Language Therapists
Monday 11 May 2009	Which? Wellspringcamps UK Benenden Healthcare
Monday 15 June 2009	Healthcare Purchasing Consortium Aviva i-Soft
Monday 29 June 2009	British Retail Consortium David Stout, Director of PCT Network Mede International UK
Monday 13 July 2009	Weight Watchers Food and Drink Federation Dr Sylvia Dobbs
Monday 19 October 2009	CyberKnife LINKs
Monday 2 November 2009	Adastra Software Ltd North London Hospice Thalassaemia and Sickle Cell
Monday 9 November 2009	Qwaiting Circle Anglia

Formal Minutes

Thursday 10 December 2009

Members present:

Mr Kevin Barron, in the Chair

Charlotte Atkins
Mr Peter Bone
Sandra Gidley
Stephen Hesford
Dr Doug Naysmith

Mr Lee Scott
Dr Howard Stoate
Mr Robert Syms
Dr Richard Taylor

Draft Report (*The work of the Committee in 2008–09*), 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 43 read and agreed to.

Annexes 1 to 4 agreed to.

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 7 January 2010 at 9.30 am

List of Reports from the Committee during the current Parliament

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.

Session 2008–09

First Report	NHS Next Stage Review	HC 53 (Cm 7558)
Second Report	Work of the Committee 2007–08	HC 193
Third Report	Health Inequalities	HC 286 (Cm 7621)
Fourth Report	Top-up fees	HC 194 (Cm 7649)
Fifth Report	The use of management consultants by the NHS and the Department of Health	HC 28 (Cm 7683)
Sixth Report	Patient Safety	HC 151 (Cm 7709)
First Special Report	Patient Safety: Care Quality Commission, Monitor, and Professor Sir Ian Kennedy's Responses to the Committee's Sixth Report of Session 2008–09	HC 1019

Session 2007–08

First Report	National Institute for Health and Clinical Excellence	HC 27 (Cm 7331)
Second Report	Work of the Committee 2007	HC 337
Third Report	Modernising Medical Careers	HC 25 (Cm 7338)
Fourth Report	Appointment of the Chair of the Care Quality Commission	HC 545
Fifth Report	Dental Services	HC 289 (Cm 7470)
Sixth Report	Foundation trusts and Monitor	HC 833 (Cm 7528)
First Special Report	National Institute for Health and Clinical Excellence: NICE Response to the Committee's First Report	HC 550

Session 2006–07

First Report	NHS Deficits	HC 73 (Cm 7028)
Second Report	Work of the Committee 2005–06	HC 297
Third Report	Patient and Public Involvement in the NHS	HC 278 (Cm 7128)
Fourth Report	Workforce Planning	HC 171 (Cm 7085)
Fifth Report	Audiology Services	HC 392 (Cm 7140)
Sixth Report	The Electronic Patient Record	HC 422 (Cm 7264)

Session 2005–06

First Report	Smoking in Public Places	HC 436 (Cm 6769)
Second Report	Changes to Primary Care Trusts	HC 646 (Cm 6760)
Third Report	NHS Charges	HC 815 (Cm 6922)
Fourth Report	Independent Sector Treatment Centres	HC 934 (Cm 6930)