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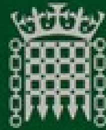

House of Commons
Health Committee

Work of the Committee 2007

Second Report of Session 2007–08

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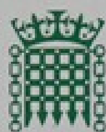

House of Commons
Health Committee

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Second Report of Session 2007–08

Report, together with formal minutes

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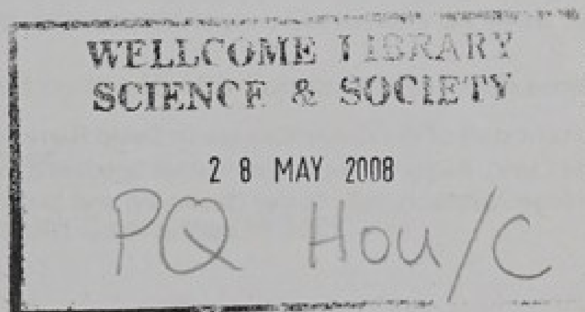

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The Health Committee

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*)

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

Powers

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

Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at www.parliament.uk/healthcom

Committee staff

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

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1 Introduction

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

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

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

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

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

4. Financial scrutiny of health expenditure is at the centre of our work. A continuing theme throughout 2007 remained the financial situation in the NHS and its effect on general health policy. In December 2006 we published our Report, *NHS Deficits*, which examined the reasons for the NHS recording a £500 million deficit in 2005–06.[5] In 2007, we followed-up our work on *NHS deficits* by looking in detail at some of the biggest spending projects run by the DoH. For example, our *Workforce Planning* Inquiry looked at how effectively the Department and the NHS planned to meet the latter's future workforce requirement (70% of NHS funding is related to staff costs); and our *Electronic Patient Record* Inquiry examined the project to introduce a national IT programme for the NHS.[6]

1 Newsletter to Royal College of Surgeons, December 2007

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

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

4 Department of Health Departmental Report 2007 (CM 7093)

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

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

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

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

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

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

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

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

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

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

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

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

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

11. The Committee received visitors from overseas parliaments including a delegation of the German Health Committee who wanted to discuss our Report, *The influence of the Pharmaceutical Industry*, published in March 2005.[11] We also met visitors from the South African National Assembly who wanted to discuss public and patient involvement in the provision of health services. We value these opportunities to discuss issues of mutual interest with colleagues from overseas parliaments.

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

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

10 See Annex 3 for a full list of visits

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

2 Core Tasks

14. In accordance with a Resolution passed by the House in May 2002, which requested the Liaison Committee to establish common objectives for Select committees, Select Committees have been asked by the Liaison Committee to perform certain core tasks which are designed to provide a framework to encourage 'a more methodical and less ad-hoc approach to the business of scrutiny'.[12] The following section describes the core tasks and gives a commentary of how our work related to them.[13]

15. 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 our 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

16. 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 the preceding task, is to "examine specific output from the Department expressed in documents or other decisions".

17. We scrutinise the policy originating from the Department of Health through inquiries on specific proposals and through evidence sessions with the Secretary of State or relevant Ministers. Our inquiry into *Audiology Services*[14] was in response to the Government's announcement in March 2007 of a new framework for audiology, *Improving Access to Audiology Services in England*, which sought to address the extremely long waiting times for patients wishing to upgrade their analogue hearing aids. During our oral evidence session we explored whether the Government's proposals would succeed in delivering digital aids to those who needed them most. Our Report, *Audiology Services*, drew attention to the position of patients in certain areas of the country who had to wait for up to two years to receive treatment and recommended that the Government should include audiology in its 18-week targets. In its response, the Government conceded that "no local

12 Liaison Committee, Second Report of Session 2001–02, *Select Committees: Modernisation Proposals*, HC 692, para 16

13 The table in Annex 3 provides a summary of the core tasks and how our work related to them

14 Health Committee, Fifth Report of Session 2006–07, *Audiology Services*, HC 392

health system will be credible in claiming success on 18 weeks if it does not make excellent progress in tackling long waiting times affecting large numbers of its local population".[15]

18. In October 2007, we held an evidence session with Professor the Lord Darzi of Denham who, in June 2007, had been appointed Parliamentary Under Secretary of State. Lord Darzi, an eminent surgeon, who combines his clinical and ministerial work, has been given a specific task "to conduct a nationwide review of the NHS in England", and to set out a "vision for health services in the 21st Century". Lord Darzi is due to report his conclusions in June 2008 but, in October 2007, he gave some indication of his thinking when the Government published an interim report, *Our NHS, Our future.* This interim report set out principles against which the Government judged the NHS should operate in the future and announced a number of immediate actions such as measures to tackle Healthcare Acquired Infections (HCAI) in hospitals, and the establishment of a new Innovation Council in the NHS.

19. We questioned Lord Darzi on these matters in some depth, including the evidence base on which the Prime Minister had judged deep-cleaning of hospital wards to be a cost-effective method for tackling HCAI. We expect to take evidence from him in the summer of 2008 when he concludes his review and publishes his final report.

Task 2: Identification of emerging policies or deficient policy

20. Core task two requires the Committee "to identify and examine areas of emerging policy, or where existing policy is deficient, and make proposals". In 2007, the Committee conducted a major inquiry into *Workforce Planning.* The inquiry, which began in late 2006 and ended in the spring of 2007, arose out of concerns that the sudden end of the rapid expansion in recruitment which the NHS had experienced in the early part of this century had resulted in a significant reduction in vacant posts and great difficulties for newly qualified staff in finding jobs. Our Inquiry examined how effectively workforce planning, including that for clinical and managerial staff, had been undertaken and how it should be done in future, particularly in the light of the 2006 Government White Paper *Our health, Our Care, Our say,* which outlined the Government's intention to increasingly shift the provision of healthcare out of hospitals to the primary sector. Our Report, *Workforce Planning,* published in March 2007, was critical of the Government's failure to avoid a boom and bust cycle in workforce numbers and pay levels.

21. Building on our long tradition of examining areas where Government health policy is deficient the Committee decided to hold an inquiry into the NHS National Programme for Information Technology. Our *Electronic Patient Record* Inquiry was undertaken in response to widely-held concerns about delays experienced by the programme (the largest civilian Information technology project in the world). During this Inquiry we discovered evidence of an over-centralised management and that lack of co-ordination between the Department, its suppliers and the NHS had contributed to delays in the project.

22. Our disquiet about the quality of workforce planning in the NHS was reinforced by serious concerns, both within the medical profession and more widely, about the difficulty

15 The Government Response to the Health Committee Fifth Report of Session 2006–07, *Audiology Services,* CM 7140

experienced by some junior doctors in attaining hospital training posts following the introduction in 2007 of the Modernising Medical Careers (MMC) programme, a major reform of medical training. That concern was compounded by the abandonment of the Medical Training Application Service (MTAS), a national computer system designed to support the MMC recruitment and selection process.

23. Immediately before the Summer Recess of 2007, we announced our *Modernising Medical Careers* Inquiry which would examine these issues and identify lessons to be learned. We began taking oral evidence in November and we expect to conclude our inquiry and publish our Report in the spring of 2008.

24. The one-off oral evidence session which we held with Rt Hon Alan Johnson MP in July 2007, soon after his appointment as Secretary of State, enabled us to consider deficiencies in Government policy over a range of health issues and to follow-up on some of previous inquiries.[16] We took the opportunity to question him on Healthcare Acquired Infection rates, the cost-effectiveness of Independent Sector Treatment Centres (ISTCs) and the 18-week waiting time target. We were able to follow-up these issues with the Secretary of State when he appeared before us again in November.

Task 3: Scrutiny of draft bills

25. 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 2007. However, as in 2006 when we examined provisions relating to smoking in the Health Bill after second reading, we looked at the proposals for patient and public health aspects of the Local Government and Public Involvement in Health Bill in our Report, *Patient and Public Involvement in the NHS (HC 278–1)* which was published in time to inform the House's debate on the Bill's report stage. This Report found that the Government's proposals were too ambitious for the budget; the demands placed on the new organisations charged with carrying out patient and public involvement should be tailored to the budget the Government was able to provide.

26. In December 2007, two members of the Health Committee were appointed to the Public Bill Committee scrutinising the Government's Public Health and Social Care Bill. The Bill makes provision for the establishment of a new Quality Care Commission to inspect health and social care provision in England. The proposed establishment of a new Arms Length Body is a development that this Committee notes with interest.

Objective B: To examine the expenditure of the Department

Task 5: Examination of expenditure

27. Core task five is "to examine the expenditure plans and outturn of the Department, its agencies and principal NDPBs". We consider our responsibility to examine the expenditure of the Department of Health and NHS as central to our work. With a budget

16 Oral evidence taken before the Health Committee on 25 July 2007, Responsibilities of the Secretary of State for Health Services, HC 991

of over £90 billion in 2006–07, the Department is Whitehall's second largest spender of public money.[17] Continuing our custom 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 under six headings: General expenditure; Capital investment; NHS Plan reform expenditure; the NHS spending programme; Activity, performance and efficiency; and The Departmental Annual Report. In all we asked the Department to provide information in 137 areas. Many questions sought updated figures and so added to an important consolidated data series. Other questions, included for the first time in 2007, related to areas that we felt required further scrutiny, such as health inequalities and productivity. Following the completion of the data set we published the PEQ on our website and included spreadsheets containing further breakdown of data relating to Primary Care Trusts.[18]

28. Shortly after the publication of the PEQ, we held two evidence sessions so that we could question the Department further in particular areas. The first session was with senior departmental officials, including the Permanent Secretary, the Department's Finance Officers and the NHS Chief Executive. The second session was with the Secretary of State. These sessions allowed us to explore important areas of financial expenditure by the Department in more depth than was possible in other inquiries. In 2007 for example, we examined how the NHS had gone about turning a substantial financial deficit into a similarly large surplus so quickly, and what effects this might have had on staff and services—an issue subsequently reported widely in the media. Some of this questioning allowed us to follow up our *NHS Deficits* Report, published in December 2006, particularly in relation to our concerns that financial restrictions on SHAs might lead to cuts in training provision. We also focused much of our attention in this year's *PEQ* on the cost-effectiveness and value for money provided by the NHS, an organisation that has seen its budget doubled in ten years.[19]

29. In addition to our *Public Expenditure* Inquiry, we asked the Department to provide us with a memorandum explaining the changes to its budget provision which it sought in the 2006–07 Winter Supplementary Estimate. Our *Electronic Patient Record* Inquiry and our *Workforce planning* Inquiry both examined areas where substantial amounts of public money are spent. In both Reports we made recommendations where we considered greater cost-effectiveness could be achieved.

Objective C: To examine the administration of the Department

Task 6: Examination of Public Service Agreements and targets

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

17 Department of Health Departmental Report 2007 (CM 7093)

18 http://www.publications.parliament.uk/pa/cm/cmhealth.htm

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

31. We examined the Department of Health's Public Service Agreement (PSA) targets in our PEQ exercise. We asked the Department, in both our Questionnaire and oral evidence sessions, about its performance against a key Government performance indicator, PSA target 5, "to ensure that, by 2008, no one waits more than 18 weeks from GP referral to hospital treatment". We were particularly interested to hear from the Secretary of State about whether he remained confident that the Department would reach target 5 in the light of media reports suggesting that the target would be softened. The *PEQ* also gave us the opportunity to examine the Department's performance against PSA Targets 10 and 12 relating to achieving value for money with NHS resources.

32. Our inquiries into *Workforce Planning* and *Audiology* also considered areas in which the Department had imposed targets: managing the staff and the resources of the Department so as to improve performance; and improving the health of the nation. Our *Health Inequalities* Inquiry, which we announced in December 2007, will involve consideration of the key Department of Health PSA target that states, "By 2010 to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth".[20]

Task 7: Monitoring of Associated bodies

33. Task seven is "to monitor work of the Department's Executive Agencies, NDPBs, regulators and other associated bodies". The Committee continued to monitor the work of the Department's Arms Length Bodies during 2007. The NHS itself, which we scrutinise in all of our inquiries, is a federation of Non Departmental Public Bodies. We held a major inquiry into the National Institute for Health and Clinical Excellence (NICE), the NDPB that is responsible for providing national guidance on promoting good health and preventing and treating ill health. During the *NICE* Inquiry we took oral evidence from the NICE Chief Executive and received written evidence from Professor Sir Michael Rawlins, Chairman, and from Andrew Dillon, Chief Executive, NICE. We also took written evidence from the Healthcare Commission during our *Workforce Planning* Inquiry.

34. During our evidence session with Lord Darzi, we asked him about the Government's proposals for the establishment of another Arms Length Body, the Health Innovation Council, which, according to Lord Darzi, will act as "the guardians of innovation, from discovery to adoption".

35. Our Chairman has continued the practice of hosting regular informal meetings which other members of the Committee also attend, with representatives of health sector organisations and other organisations that have a particular interest in our inquiries. The purpose of these meetings is to provide an opportunity for the exchange of information and to discuss any mutual areas of concern. These meetings have proved a useful exercise in informing our work. Sometimes valuable insights are gained from meeting informally with organisations outside of the health field. During 2007, for example, the Chairman held meetings with the Higher Education Funding Council for England and the Refugee Council.

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

Task 8: Scrutiny of major appointments

36. Task eight is "to scrutinise major appointments made by the Department". During 2007, the Committee did not hold any evidence sessions specifically to examine appointments but we did take evidence from Ministers and officials soon after their appointment. In July 2007, we took evidence from Rt Hon Alan Johnson MP soon after his appointment as Secretary of State. In October 2007 we held an evidence session with Lord Darzi, three months into his post as Parliamentary Under Secretary of State for Health. During our PEQ inquiry, we questioned David Flory, newly appointed as Director General of NHS Finance, Performance and Operations.

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

37. Task nine is "to examine the implementation of legislation and major policy initiatives". Both our inquiries into *Workforce Planning* and *NICE* have considered the history of significant legislation since 1999, including the implementation of the *NHS Plan 2000.*

38. During our *Workforce Planning* Inquiry, we considered the extent to which the NHS Plan's ambitions for "more staff, better paid" in the health service had been achieved through increased recruitment and new contracts. The inquiry looked at the rapid expansion of the NHS workforce following the 2000 NHS Plan which far exceeded the numbers set out in the Plan, with significant financial consequences. We also found disturbing evidence that the boom was to be followed by a downturn in workforce numbers and pay levels. Our conclusion that NHS workforce planning had followed a disastrous boom-and-bust cycle was widely reported and we made a range of recommendations for improvement as well as setting out a vision for a more productive, more flexible and more primary care-centred health service workforce.

39. During the NICE inquiry, we examined the Institute's track record since its creation and the vigorous debates about the organisation's future role. We looked at how to improve NICE's working processes, particularly in order to speed up the assessment of new health technologies.

Objective D: To assist the House in debate and decision

Task 10: Informing public debate

40. Task ten requires us "to produce reports which are suitable for debate in the House, including Westminster Hall, or debating committees". Our Report on *NHS Deficits* was debated on an Estimates Day on 13 March 2007, and our report on *Independent Sector Treatment Centres*, was debated in Westminster Hall on 10 May 2007. Our *Electronic Patient Record* Report is due to be debated in Westminster Hall on Thursday 21 February 2008.

3 Other issues

Working practices

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

42. During 2007, the Committee continued to its practice of publishing written evidence at the beginning of an inquiry. By making available written evidence in one volume, and on the Committee's webpage, the Committee and witnesses are able to view the evidence that has been submitted, often a stimulus to further discussion. Similarly those in the media and the general public who follow our inquiries benefit from having sight of the evidence.

43. As we did last year, we placed on our webpage the Department's response to the PEQ questionnaire one week before 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.

44. Another practice worth noting is the programme of informal meetings held by the Chairman, and open to all members of the Committee, on certain Mondays throughout the year. As described earlier (see paragraph 35), these informal meetings present an opportunity for a wide range of organisations with an interest in the health sector to discuss current health policy in an informal setting. Organisations we met over the last year ranged from representatives of Royal Colleges to organisations promoting healthy diets for children. Some of these meetings, such as those held with pharmaceutical companies, gave us useful background information to our inquiry on NICE.

Petitions

45. On 19 January 2005 the House approved the Procedure Committee's recommendation that a copy of each petition presented to the House should be sent to the relevant departmental committee. During 2007 we have received a number of petitions, on a range of health-related topics, some of which may prove useful to future inquiries.

Witness feedback

46. The Liaison Committee asks that we seek written feedback from witnesses through a generic questionnaire. The questionnaire asks 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. The aim of the exercise is to assist the Committee and its staff in improving the effectiveness of these meetings.

47. Although we did not receive the volume of formal feedback we expected, we were pleased that the feedback we did receive was very positive indeed. Most witnesses expressed satisfaction with their experience of appearing before the Committee. We were particularly pleased to note the comments about the Committee from Mr Bernard Ribeiro, President of

the Royal College of Surgeons.[21] The small number of negative comments we received were almost exclusively directed at problems experienced with the amplification system in the meeting room; a matter which, we hope has now been addressed.

Looking forward

48. In the first part of 2008 we will focus in particular on three areas of health policy. We expect to conclude our major inquiry, *Modernising Medical Careers,* in the spring. In February we will inquire into an area of health policy which has attracted much media and public comment in our *Dental Services* inquiry, during which we will take evidence from the Department, Ministers, Primary Care Trusts and working dentists. In March we expect to begin a major inquiry into *Health Inequalities*, an inquiry which will cut across many aspects of health policy and demand much of our attention in late spring and early summer. We also expect to question Lord Darzi on the findings of his review of the NHS which is expected to report in the summer.

21 As quoted in the Introduction

Annex 1 Subjects covered by the Health Committee in 2007

Subject	Evidence Sessions	Outcome
Workforce Planning	3	Report, March 2007[22]
Patient and Public Involvement in the NHS	4	Report, April 2007
Audiology Services	1	Report, May 2007
Responsibilities of the Secretary of State for Health	1	Oral evidence, July 2007
The Electronic Patient Record	4	Report, September 2007
Our NHS, our future	1	Oral evidence October 2007
Public Expenditure Questionnaire 2007	2	Written and Oral evidence, November 2007
National Institute for Health and Clinical Excellence (NICE)	5	Report, January 2008
Modernising Medical Careers	3	Inquiry ongoing

22 The Committee also took oral evidence on this inquiry in Session 2005–06

Annex 2 Core tasks fulfilled

Committee Activity	Government and Commission policy proposals	Examination of policy	Legislation	Documents and other departmental decisions	Expenditure	PSA and other targets	Agencies and other public bodies	Major appointments	Implementation of legislation and policy	Debates
Workforce Planning		√			√	√	√		√	√
Patient and Public Involvement in the NHS			√				√			
Audiology Services	√			√	√	√	√		√	
Responsibilities of the Secretary of State		√					√		√	
The Electronic Patient Record		√			√		√			
Our NHS, our future		√		√			√	√		
Public Expenditure Questionnaire 2007		√			√	√	√	√		
NICE							√			
Modernising Medical Careers		√					√		√	√

Annex 3 Visits by the Health Committee in 2007

	Date	Purpose of visit
Medway, Kent	February 2007	Patient and Public Involvement in the NHS
Nashville, USA and Ottawa, Canada	May 2007	Electronic Patient Record and NICE
Homerton Hospital, London	June 2007	Electronic Patient Record
Paris and Amiens	June 2007	Electronic Patient Record and NICE
Edinburgh	July 2007	NICE

Formal Minutes

Thursday 7 February 2008

Members present:

Mr Kevin Barron, in the Chair

Charlotte Atkins
Mr Peter Bone
Jim Dowd
Sandra Gidley
Stephen Hesford
Dr Doug Naysmith
Mr Lee Scott
Dr Howard Stoate
Dr Richard Taylor

Draft Report (Work of the Committee 2007), 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 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 Monday 18 February at 3.30 pm

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.

Session 2007–08

First Report	National Institute for Health and Clinical Excellence	HC 27

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)

The following reports have been produced by the Committee in the 2001–05 Parliament.

Session 2004–05

First Report	The Work of the Health Committee	HC 284
Second Report	The Prevention of Thromboembolism in Hospitalised Patients	HC 99 (Cm 6635)
Third Report	HIV/AIDS and Sexual Health	HC 252 (Cm 6649)
Fourth Report	The Influence of the Pharmaceutical Industry	HC 42 (Cm 6655)
Fifth Report	The Use of New Medical Technologies within the NHS	HC 398 (Cm 6656)
Sixth Report	NHS Continuing Care	HC 399 (Cm 6650)

Session 2003–04

First Report	The Work of the Health Committee	HC 95
Second Report	Elder Abuse	HC 111 (Cm 6270)
Third Report	Obesity	HC 23 (Cm 6438)
Fourth Report	Palliative Care	HC 454 (Cm 6327)
Fifth Report	GP Out-of-Hours Services	HC 697 (Cm 6352)
Sixth Report	The Provision of Allergy Services	HC 696 (Cm 6433)

Session 2002–03

First Report	The Work of the Health Committee	HC 261
Second Report	Foundation Trusts	HC 395 (Cm 5876)

Third Report	Sexual Health	HC 69 (Cm 5959)
Fourth Report	Provision of Maternity Services	HC 464 (Cm 6140)
Fifth Report	The Control of Entry Regulations and Retail Pharmacy Services in the UK	HC 571 (Cm 5896)
Sixth Report	The Victoria Climbié Inquiry Report	HC 570 (Cm 5992)
Seventh Report	Patient and Public Involvement in the NHS	HC 697 (Cm 6005)
Eight Report	Inequalities in Access to Maternity Services	HC 696 (Cm 6140)
Ninth Report	Choice in Maternity Services	HC 796 (Cm 6140)

Session 2001–02

First Report	The Role of the Private Sector in the NHS	HC 308 (Cm 5567)
Second Report	National Institute for Clinical Excellence	HC 515 (Cm 5611)
Third Report	Delayed Discharges	HC 617 (Cm 5645)

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