Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 21 March 2019 at 7.00 pm at Council Chamber, Bromley Civic Centre, Stockwell Close, Bromley, BR1 3UH

PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Philip Normal (Vice-Chairman)
Councillor Danial Adilypour
Councillor Mary Cooke
Councillor Richard Diment
Councillor Alan Downing
Councillor Barrie Hargrove
Councillor Mark James
Councillor John Muldoon
Councillor David Noakes

ALSO PRESENT:

Dr Angela Bhan, Bromley Clinical Commissioning Group
Julie Lowe, Programme Director – OHSEL STP
Hazel Fisher, NHS England London Region
Claire McDonald, NHS England London Region

17 APOLOGIES

Apologies for absence were received from Councillors Juliet Campbell, Chris Lloyd, Robert Mcilveen (replaced by Cllr Mary Cooke) and Caroline Newton (replaced by Cllr Alan Downing.)

18 DISCLOSURE OF INTERESTS AND DISPENSATIONS

The following interests declared at the previous meetings still applied -

- Cllr Judith Ellis declared that her daughter was an employee of Oxleas NHS Foundation Trust;
- Cllr Richard Diment declared that he was a Governor of Oxleas NHS Foundation Trust; and,
- Cllr Barrie Hargrove declared that he was a member of Guys and St Thomas' NHS Foundation Trust.

In addition, Councillor Alan Downing declared that he was President of Diabetes UK Bexley.

19 MINUTES OF THE MEETING HELD ON 26TH SEPTEMBER 2018

The Chairman asked for an update on discharge arrangements. Dr Angela Bhan responded that in all boroughs assessments were being carried out in community settings, not in hospital, and that there was a discharge team with Council support for every hospital. She knew that this was working well in Bromley, with Better Care funding being used to provide packages of care. Dr Bhan was joint chair of a working group on discharge arrangements across south east London. Cllr James added that figures were being collated by the Department of Health by authority, so they could be used to drive best practice.

The Chairman asked about progress with virtual care records. Dr Bhan confirmed that there was a programme across London on this, and south east London was ahead of other areas.

AGREED that the minutes of the meeting held on 26th September 2018 be confirmed as a correct record.

20 CONSULTATION ON CONGENITAL HEART DISEASE (CHD) SERVICES IN LONDON (NHS ENGLAND)

The Joint Committee received a presentation from Hazel Fisher (Programme Director, Cardiac and Paediatrics, Specialised Commissioning, NHS England, London Region) and Claire McDonald (Engagement and Communications Lead, Specialised Commissioning, NHS England London Region) on reconfiguration proposals for Congenital Heart Disease (CHD) in London.

CHD standards were consulted upon and agreed by NHS England in 2015; one of the three centres in London, Royal Brompton Hospital, Chelsea, was no longer compliant with the new standards. There were two proposals to address this, from Royal Brompton Hospital and Kings Health Partners and from Chelsea and Westminster and Imperial College Healthcare. However, commissioners needed to consider a wider range of options to meet the new national standards.

Currently, south east London residents accounted for 2.2% of patients at the Royal Brompton Hospital (both inpatients and outpatients) with most patients attending Guys and St Thomas'. Movement of services to meet national standards would add very little to travel times, and one of the proposals would see services moving to St Thomas' Hospital in Lambeth. The key stages of the reconfiguration process were set out in the presentation, as well as proposals for consultation, which would include overview and scrutiny committees.

The Chairman commented that it was important to emphasise that the Royal Brompton Hospital would continue to provide services.

Cllr Muldoon asked for further detail about patient numbers, whether great

Ormond Street Hospital (GOSH) was a feeder site for young patients at RBH, and whether quality of life for patients was a major consideration. The Committee was informed that approximately half of patients were from outside London – further detailed figures could be provided. GOSH was linked to University College Hospital and did not feed patients through to RBH. There were over 200 standards relating to CHD; many were surgical, but they also reflected broader quality of life issues for patients and their families and were informed by patient representatives.

Cllr Downing asked whether finance was part of the considerations, and when consultation would be carried out (given that this would throw up a range of issues.) Finances were indeed part of the consideration for this programme, and a three to four month formal consultation was proposed. Paediatric co-location was intended by 2022; if this could not be achieved, then there would probably be a decommissioning of services and a re-commissioning along the lines originally proposed in 2017.

Cllr Noakes asked whether it would be possible to continue with just two compliant services in London and whether there was any capital funding associated with the Kings Health Partners bid. In response, it was explained that any move had to be planned to ensure continuity of services and consolidating the expertise of the existing teams. Care would have to be commissioned – it could not just grow organically. At present, this was widely seen as a positive move to improve services. Capital funding would be part of the considerations, and the assumption was that there would be money from the sale of the Royal Brompton site (although the Trust would continue to operate from its other sites.)

The Chairman thanked Hazel Fisher and Claire McDonald for their presentation, and looked forward to further consultation on the proposals.

21 POPULATION HEALTH AND LIFE EXPECTANCY

Julie Lowe, Programme Director, Our Healthier South East London, presented a report on population health and life expectancy in south east London. The report included borough level background information as previously requested by the Committee. She pointed out that although the overall figures for life expectancy were broadly comparable across the region and with London and England figures, there were differences in, for example the age profiles of the boroughs, with Bromley being older and Lambeth younger, and there were also differences in the healthy life expectancy and disability free life expectancy figures, particularly for men in Lambeth, and women in Bexley and Greenwich. The aim was to stop people from moving towards needing more services.

Cllr James asked about how these statistics would fit into the response to the NHS Ten Year Plan, and asked for confirmation that this committee and the boroughs individually would be consulted. In response, it was confirmed that work was being carried out to establish exactly what needed to be done and at what level

this would feed into the Long Term Plan – a response was needed by the autumn. In some cases life expectancy was falling, and it was confirmed that there would be a major focus on prevention and managing long-term conditions earlier. The NHS had moved from a sickness service dealing with episodes of ill-health, to a helping people to live longer, healthier lives. The Committee and boroughs would be consulted on responses to the Long Term Plan – Lewisham Healthwatch had been commissioned by NHS England to lead the initial phase of public engagement.

Cllr Adilypour requested more breakdowns of figures between boroughs on issues such as heart disease rates and lung disease rates for a future meeting.

Cllr Noakes highlighted two figures in the report – that 26% of children in the six boroughs were living in poverty, and that 75% of people over 55 were living with at least one long-term condition – and asked whether that was in line with national expectations. Dr Bhan emphasised that the over 55 figure could include a range of both minor and serious conditions that were being managed. About 50% of those with high blood pressure had not been identified – it was important that they were diagnosed and given suitable medication. The Long Term Plan contained a lot about prevention and dealing with heart disease and high blood pressure.

Cllr Normal asked if there was any information on the background of those with long term conditions. Dr Bhan confirmed that there was accepted evidence that some conditions were more prevalent in certain groups – people from the Indian sub-continent were more prone to diabetes and heart disease than other groups. It was also accepted that most diseases were more common in deprived populations, and that these populations were less likely to access screening services. More detail on this was available for each borough in their Joint Strategic Needs Assessments. The South East London Clinical Programmes Board did look at issues such as the uptake of screening in each borough and what could be done to target improvements.

22 ROLL-OUT OF HUBS/UCC/UTC

The Committee received a presentation on Urgent and Emergency Care Services in South East London, covering emergency departments (A&E), urgent care services, urgent treatment centres (which had to have access to x-rays and blood tests and appointments bookable through 111), GP hubs, GP at hand, NHS 111 and the 999 service. It was important to help people access the right service, so that they were not passed from one service to another. GP hubs enabled people to book appointments up to 8pm. GP at hand was an option often favoured by young people, and involved de-registering from the normal GP service. The NHS 111 service had been re-commissioned to be an integrated care service, with more clinicians. The service included GPs, nurses and paramedics; the service could book GP out of hours services, GP home visits and urgent treatment centres. It was hoped that by the end of the year 111 could book patients into normal daytime

GP appointments, although there were some cultural issues to overcome. It was hoped that 111 would be the central point of contact – the glue – for all urgent care services. The Long Term Plan included the ambition that 111 would become integrated urgent care services, and north east London and south east London were the only areas in London to have achieved this. The other aim in the Long Term Plan was that everyone should have better access to same day services.

Cllr Diment commented that one of the problems in Bexley was that people had a perception that they could not get reasonable appointments with their GPs, so they went straight to the urgent care centres. They had also found that people were travelling from well outside the area to attend the urgent care centre at Erith, leading to capacity problems. Dr Bhan agreed that access to GPs was a real problem – GP access hubs were part of the answer. It was often the case that there were appointments available at weekends, but the overall answer was to communicate better with the public and respond to their needs. Urgent treatment centres could also book into GP hubs, which should help. It was also hoped that booking through 111 would be an option. The Long Term Plan also included the development of Primary Care Networks – groups of GPs working more closely together providing services for populations of around 30,000 to 50,000 people, enabling them to take advantage of economies of scale to provide wider ranges of services and urgent appointments. GPs were expected to join these networks by May. Dr Bhan agreed to raise the issues of low awareness raised by Cllr Diment with her colleagues in Bexley.

Cllr Dowling commented that a patient with a broken leg turning up at the urgent care centre at Queen Mary's Hospital could be x-rayed, but could not have their leg plastered. Dr Bhan accepted that more severe injuries could not be treated there, but commented that an ambulance would deliver a patient to an A&E department rather than an urgent treatment centre, and patients needing further treatment could be transferred from Queen Mary's.

Cllr Adilypour asked about progress with enabling people to book appointments at urgent treatment centres. Dr Bhan reported that this service had only been introduced a month previously and the only centre where it was not available was St Thomas' Hospital. Cllr Adilypour commented that not many people in Lambeth seemed to be aware of the SELdoc service, and GPs were not very good at signposting to it. Dr Bhan commented that all GPs should have answerphones referring after-hours callers to the 111 service, and she offered to check whether this was happening. Cllr Adilypour also commented that when he had been at St Thomas' it had always seemed overwhelmed by patients with mental health issues. Dr Bhan responded that all hospitals had psychiatric liaison teams to direct people to the right services, but she was aware of the problem and SLAM, Guys and St Thomas' and Kings were working together to address the issue.

Cllr Noakes reported that the normal waiting time for an appointment at his GP surgery, part of the Nexus Group, was three to four weeks, but he was never

offered evening or weekend appointments. He also asked whether patients were re-directed back to their GPs at urgent care centres, particularly as he expected that the cost of a consultation would be greater at an urgent care centre. Dr Bhan responded that patients should be re-directed to GP services, and that urgent care centres should be able to book appointments. Julie Lowe added that this approach would be required once primary care networks were in operation later in the year.

Cllr Normal asked for information about the challenge of integrating the NHS 111 service with GP hubs, and about how messages about 111 were being publicised. Dr Bhan responded that the technology around booking into GP services was being sorted out, including an online app, and that there had been a big publicity campaign on 111, although she accepted that this needed to be ongoing.

Cllr Cooke commented that she found the variety of services confusing, and in particular she was unsure how to steer her constituents. Dr Bhan responded that the main message was for people to ring 111.

Cllr Muldoon commented that he was pleased with developments at Lewisham Hospital, where a number of services were co-located, but there was active re-directing of patients to more appropriate services. There was good practice and he encouraged other Members to conduct visits to see this in action.

Cllr Downing asked whether it was possible to book appointments via the internet for the GP hub. Dr Bhan responded that this needed to be looked at; at present this was only possible with your own GP or via 111.

23 KENT AND MEDWAY HYPER ACUTE STROKE UNITS

A report was received on the decisions made with regard to the reconfiguration of stroke services in Kent to ensure that stroke patients were taken firstly to a Hyper Acute Stroke Unit (HASU), then transferred to an Acute Stroke Unit (ASU). This particularly affected residents in Bexley, but the outcome was that there would be a HASU and an ASU co-located at Darent Valley Hospital (with other centres at Maidstone and Ashford.)

Cllr Diment reported that the decision was being challenged by Medway Council, and emphasised that there was potentially an impact beyond Bexley if the proposals were delayed or reversed, particularly on the PRUH. He suggested that Bromley Members might consider writing to the Secretary of State or alerting their MPs to the issue.

24 CONSULTATION ON PROPOSAL TO MOVE MOORFIELDS EYE HOSPITAL

The Committee received an update on consultation on the proposed relocation of the Moorfields eye Hospital from City Road in Islington to a purpose-built facility on

the St Pancras Hospital site in Camden. It was confirmed that only the services at City Road would be moving - the satellite services at other locations would remain as they were.

25 NEXT MEETING/WORK PROGRAMME

The following issues had been identified for the work programme -

- The impact of the NHS Long Term Plan – the Chairman suggested that regular updates at each meeting would be required;
- Extension of CAMHS services up to age 25;
- Residential Care Beds and access for families;
- Implementation of GP Networks;
- Central commissioning and changes to CCGs – how this will work and how it will be scrutinised.

AGREED that the next meeting be hosted by Greenwich in June.