

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 21 November 2023

Present:

Councillor Mark Brock (Chairman)
Councillor Felicity Bainbridge (Vice-Chairman)
Councillors Alisa Igoe, David Jefferys, Charles Joel,
Tony McPartlan and Alison Stammers

Michelle Harvie

Also Present:

Charlotte Bradford (*via conference call*)
Councillor Will Connolly (*via conference call*)
Councillor Dr Sunil Gupta (*via conference call*)
and Councillor Diane Smith, Portfolio Holder for Adult Care
and Health

16 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Robert Evans and Co-opted Member, Stacey Agius.

17 DECLARATIONS OF INTEREST

Councillor Stammers declared that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership.

18 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

19 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 5TH SEPTEMBER 2023

RESOLVED that the minutes of the meeting held on 5th September 2023 be agreed.

**20 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

The Chairman welcomed Angela Helleur, Site Chief Executive – PRUH and South Sites and Frances Barnes, Senior Head of Midwifery – KCH, Denmark Hill to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Chairman led Members in congratulating the Site Chief Executive on her permanent appointment to the role.

The Site Chief Executive informed Members that Epic, an electronic patient record system, had been jointly launched across King's and Guy's and St Thomas' (GSTT) on 5th October 2023. The roll out had gone as well as expected. It was noted that they were still in the implementation phase and issues were being experienced in relation to reporting access which had been anticipated. There had been some issues specifically within primary care and they were working with colleagues to rectify this.

With regards to performance, Members were advised that the figures for elective recovery looked concerning, however this had been impacted by the reporting issues and they were monitoring the accuracy of this data. It was noted that some activity had been scaled down due to the implementation of Epic – there were challenges in addressing the elective backlog, however clear plans were in place. The cancer diagnostics were below trajectory, partly due to industrial action and Epic, but processes were in place to ensure patients were tracked. The Site Chief Executive advised that emergency performance was also below trajectory and remained a challenge. However improvement plans were in place, and they were working closely with community partners on admission avoidance and hospital@home services.

Members were informed that the new MRI at the PRUH was on track and a microwave thyroid ablation procedure had been completed. The mortuary redevelopment was also underway and on target for handover in January 2024. The new EV charging facilities in the car park would be installed by March 2024 and, following a question at the last meeting, it was confirmed that the stability of the car parking deck had been fully tested and there were no concerns. The endoscopy unit had now been signed off – there had been an increase in the cost due to the length of time for tenders to be issued and returned, but was on track to be completed by March 2025. In terms of next year's programme, further works would be undertaken including a complete roof replacement; nurse call system replacement; and ward lifecycle refurbishments.

The Site Chief Executive informed Members that the annual King's Stars Awards event had been held on 2nd November 2023 to celebrate the efforts of staff across the organisation. More than 300 nominations were submitted earlier in the year and winners were announced on the night.

In response to questions, the Site Chief Executive said that the challenges related to Epic had been anticipated as they were moving a number of electronic patient record systems onto one, but this would ultimately provide a number of advantages. There had been issues around transition, particularly for the Outpatients department, and it would take time for clinicians to familiarise themselves with the system. The challenges related to reporting were being resolved fairly quickly – data was being collected at a local level, but it did not automatically feed into the Epic system. Clinicians were highlighting issues around ordering tests – there were workarounds, but these took longer. A system of governance and escalation was in place for each clinical speciality, and they were also receiving support from Epic and other hospitals that already had the system in place. It was hoped that these issues would be fully resolved by January 2024. There had been a few incidents of patients receiving results/diagnosis before their GP surgeries and the text alert system had been turned off for a period. These were being looked at as ‘serious incidents’ – patients should not be getting alerts or access to records until they were offered a follow up appointment/discussion.

The Senior Head of Midwifery informed Members that a major postpartum haemorrhage (PPH) was blood loss of more than 1,500mls. It would additionally be defined as major obstetric haemorrhage in cases where more than 4 units of blood was transfused, and radiology was required to control bleeding. Pre-labour risk factors included previous caesarean birth; placenta praevia; raised BMI; increased maternal age; uterine abnormalities and ethnicity. Intrapartum (during labour) risk factors included induction of labour; prolonged first stage, second or third stage of labour; operative birth; and caesarean section.

In 2021 the rate of major PPH at the PRUH stood at 5.5%, which was higher in comparison to the national PPH guidance rate of 3.3%. It was noted that a study had been undertaken in 2022, which was much larger, and stated that the national average was 3.5%. The actual year to date PPH rate at the PRUH was 3.6%, and the rolling 12-month rate was 3.2% (as at July 2023) – these figures were comparable to Denmark Hill (3.5% and 3.4% as at June 2023). An audit and deep dives were continuing to be undertaken by the obstetric team at the PRUH – the most recent audit concluded on 15th November 2023 had showed that the PRUH’s rate stood at 3.5%. Currently there were no majors concerns in relation to major obstetric haemorrhage at the PRUH site. A number of recommendations had been put in place including identification of risk factors; prophylactic uterotonics offered to all women for the third stage of labour; and early escalation of PPH had been added back into the face-to-face mandatory training. A Member enquired if an increase in the PPH rate would be related to more patients having underlying risk factors. The Senior Head of Midwifery said that this was a possibility, and this was monitored to ensure there were not any trends emerging. It was noted that the obstetrician leading the audit was looking at the finer details, including giving consideration as to whether there were any elements within the practices of those clinicians that were associated with the higher figures.

In response to questions, the Senior Head of Midwifery advised that during the pandemic training had been held online and included early escalation of PPH. When training returned to being held face-to-face it had unfortunately been missed off the list but had now been added back in. With regards to the number of emergency and elective caesarean sections that were affected by major obstetric haemorrhage, the Senior Head of Midwifery advised of the following rates:

- category 4 (completely elective) – 4.34%
- category 3 – 6.88%
- category 2 – 4.74%
- category 1 – 6.48%

It was noted that the PRUH's PPH rate of 3.5% was for all births. For emergency caesarean sections there was always a consultant obstetrician available via telephone overnight, who was on call from around 9.00pm-7.00am and could be on site if required – there was a stipulation that they be able to arrive at the hospital within 30 minutes. The Site Chief Executive highlighted that they met current guidance in terms of consultant presence on the maternity unit, which was based on the number of births. The Senior Head of Midwifery highlighted that if complex cases were identified the consultant would not leave the hospital until the baby was delivered.

In response to further questions, the Senior Head of Midwifery advised that following all instrumental and operational births a debrief was held by an obstetrician in the post-natal period. Information was also provided electronically (via Epic and the website) and included a leaflet on increased blood loss. This would also be part of the discharge discussion and a midwife would conduct a home visit in the 24 hour period following discharge. It was noted that all women would be seen within 24 hours, at day 5 and again by day 10. If there were any concerns, further visits would be undertaken, and information was provided in terms of escalating post-natal bleeding.

In terms of the number of deaths as a result of major obstetric haemorrhage, the Senior Head of Midwifery advised that sadly there had been 14 deaths (2017-2019) and 17 deaths (2019-2021) – these figures were for the whole of the UK. It was noted that the deep dive looked at potential risk factors including ethnicity. It was confirmed that 'Code Blue' was well established within the maternity services – the theatre team, haematology support, obstetrician team and midwifery team were bleeped on the expectation of a Code Blue.

In response to a question regarding PPH potentially being an indicator for overall maternity care, the Senior Head of Midwifery said that there were no concerns that any of the underlying factors were due to the care provided. As mentioned there were a number of risk factors related to PPH which they would continue to monitor. Members requested that an update on postpartum haemorrhage be provided at the first meeting of the new municipal year.

The Chairman thanked the Site Chief Executive and Senior Head of Midwifery for their update to the Sub-Committee.

RESOLVED that the update be noted.

21 UPDATE FROM OXLEAS NHS FOUNDATION TRUST

The Chairman welcomed Lorraine Regan, Service Director, Adult Community Mental Health/Adult Learning Disability – Oxleas NHS Foundation Trust (“Service Director”) to the meeting to provide an update on the ‘Right Care, Right Person’ (RCRP) approach and demand on services.

The Service Director informed Members that they were currently three weeks into the implementation of the RCRP approach – this was the new threshold to assist the Metropolitan Police Service in determining when to attend calls related to health care incidents. There had been some apprehension about the implementation of the programme however the first few weeks had gone smoothly – Oxleas had not made escalations in terms of decisions that they felt had not been appropriate. Data from the police suggested that there had been a reduction in calls – they were currently undertaking some scenario testing to identify if this had resulted in increased activity within services. It was noted that during the same period they had introduced the new South East London ‘136 Co-ordination Hub’ for those that were detained by the police under Section 136 of the Mental Health Act. As a result they had seen a significant reduction in the number of conveyances to the Emergency Department (ED). Members were advised that daily meetings continued to be held regarding RCRP. There was still work to be undertaken in relation to welfare checks which remained one of the biggest areas of risk for causing increased activity for health and social care partners.

In response to questions regarding planned future work, listed on page 9 of the pack, the Service Director said that a number of the items would be completed by the end of the calendar year, and the remainder by the end of the financial year. To date, all actions agreed had been implemented within the agreed timeframe and there were no reasons to believe any would be delayed.

With regards to demand for services in Bromley, the Service Director advised that community mental health services had seen the most significant increase. The Hub was seeing 600-800 referrals a month which was a 50% increase in demand compared to 2019. This had limited some of the progress and benefits of the transformation programme, however they were starting to see a shift in demand following some successful interventions being implemented. Patients were being placed into group programmes quickly and the ‘did not attend’ (DNA) rates were very low within the initial assessment service. Their partnership with BLG Mind was strong and the service would shortly be co-located in the Rachel Notley Day Centre, Beckenham which would further enhance joint working.

With the significant increase in demand for community mental health services, an increase in demand for crisis and bedding services would usually be anticipated – however this had not been the case and suggested that the work

around community transformation had been successful. Bedding services remained a challenge as they often used more beds than they had within the Oxleas footprint. They had a bed recovery programme in conjunction with the ICS which had been further enhanced and developed. There were a number of actions, with the aim to be able to “live within their means” by April 2025 – this would significantly ease the pressure on the ED and there were also a number of other initiatives that would have an impact on this much sooner.

In response to a question, the Service Director advised that The Hub would attempt to contact service users on five occasions – depending on the urgency of the referral this may include a doorstep visit. If the service user did not engage following these attempted contacts they would be written to advising of a 14-day opt-in period, following which their referral would be closed.

The Chairman thanked the Service Director for her update to the Sub-Committee.

RESOLVED that the update be noted.

22 BROMLEY HEALTHCARE STRATEGY

This item was deferred to the next meeting of the Health Scrutiny Sub-Committee on 30th January 2024.

23 SEL ICS/ICB UPDATE (VERBAL UPDATE)

The Place Executive Lead advised that pressure was being experienced within the Trust following the roll out of the Epic system – there had been a lot of pressure for general practice in relation to the way results were received and reviewed. In response to questions, the GP Clinical Lead advised that the hospital provided pathology services for primary care. These were reported, and results were coded in a particular way which fed into referral/recall systems. Following the roll out some codes had now changed or were reported differently, and they were working closely with primary care across the South East London to resolve these issues as quickly as possible. The delays and issues with coding had impacted on workload and caused some frustration within primary care. However there would be a number of benefits going forward, including the use of My Chart which was an excellent care navigation offer. Patients could interact with the app, and it would also help hospitals interact directly with its patient cohort.

With regards to acute services the Place Executive Lead noted that they had been impacted by periods of industrial action, with more to follow. The hospital had done a good job in ensuring that minimum standards were met, however this had resulted in increased waiting lists. Across South East London they were managing to “keep their heads above water” in relation to

this years' target of patients not waiting more than 78 weeks, but this was a considerable challenge.

Members were advised that, as mentioned at the previous meeting, a national management cost reduction exercise was being undertaken – all ICBs had been asked to reduce management costs by 30% by April 2025, with 20% of these reductions in place by April 2024. The ICB had reviewed its activities and delivery to ensure they were fit for purpose, meeting core requirements and statutory functions. The proposed structure, which included the Bromley team, was out for consultation until 29th November 2023. A management response would be provided by mid-December 2023 and the structure would be implemented in the new year. They were working with partners to ensure the right structures were in place to deliver the One Bromley priorities and it was noted that not all processes would be completed for 2024. In response to questions, the Place Executive Lead noted that the management cost reduction just related to the ICB team, and did not include partner organisations, and a broad approach had been taken. There was already a lot of sharing of resources, information and intelligence – they had looked at what they could do differently as a partnership, for example using the Better Care Fund (BCF) to support some posts. They were looking to reduce the baseline cost of running an ICB team – inevitably there would be some redundancies, but savings would be made in terms of the ongoing costs.

The Place Executive Lead informed Members that the autumn/winter campaign for flu and COVID-19 immunisations had commenced in September. Bromley residents were able to access the vaccinations in a number of ways – through their GP practice; the Health Hub in The Glades Shopping Centre; Primary Care Network (PCN) sites; and 20 pharmacies. Bromley had one of the best uptake percentages across London however it was not at the level seen in previous years. It was noted that the programme would continue until Christmas and would be scaled down in the new year. All of the care homes in Bromley had been visited with the offer of flu and COVID-19 vaccinations for residents – Bromley Healthcare had also been assisting with the delivery of vaccinations for those that were housebound. It was noted that a further COVID-19 vaccination programme was expected to take place in spring 2024.

In response to a question from the Chairman, the Place Executive Lead advised that following learning taken from previous campaigns GP practices had been asked to use a variety of different methods to contact patients, rather than using text reminders all of the time. The Chairman considered that there did not appear to be as much advertising pressure in relation to the vaccinations and noted that private companies seemed to be stepping away from offering vouchers to staff for the flu jab. The Place Executive Lead said that there may be less need due to more staff working from home, but they could look at undertaking more media work with organisations and campaigns to improve uptake. Other Members echoed the comments made by the Chairman – it was noted there were lots of reminders on social media, however the target audience would not necessarily use these platforms. It was agreed that the Place Executive Lead would provide information to

Councillors which could then be shared with residents. In response to a question, the Place Executive Lead advised that a number of pharmacies delivering the vaccinations had free on-street parking nearby.

With regards to mental health services, the Place Executive Lead said there was an increasing need for capacity – they were seeing an increased number of people in A+E with mental health issues, and some of these individuals were staying there for long periods of time. As previously mentioned they had been working across South East London to increase capacity in terms of bed number and enhance the psychiatric liaison service.

Members were advised that a consultation regarding paediatric oncology services would be running until 18th December 2023. For patients living in SEL, Kent, Sussex and Surrey, specialist children’s cancer services were currently provided by The Royal Marsden NHS Foundation Trust, however if a patient required paediatric intensive care they would be transferred to St George’s Hospital, Tooting. Two options for the new paediatric oncology centre were proposed:

- Evelina London Children’s Hospital, Lambeth, south London with conventional radiotherapy services at University College Hospital; or,
- St George’s Hospital, Tooting, south London, with conventional radiotherapy services at University College Hospital.

The Place Executive Lead informed Members that there were national initiatives to improve access to primary care services. These were divided into four categories:

- empowering patients to access primary care;
- implementing new technologies;
- building capacity within general practice; and,
- cutting bureaucracy.

Members requested that a written report be provided to future meetings of the Sub-Committee.

The Chairman thanked the Place Executive Lead for the update to the Sub-Committee.

RESOLVED that the update be noted.

24 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 1 Patient Experience Report for Healthwatch Bromley, covering the period from April – June 2023.

The Operations Co-ordinator, Healthwatch Bromley (“Operations Co-ordinator”) advised that the document provided a snapshot view of the feedback gathered from patients across the borough. During the Quarter 1 period, 658 reviews of health and care services were shared, and 65 engagement visits were undertaken. It was noted that the Quarter 2 report

had been published the previous day and would be presented at the next meeting.

In response to questions, the Operations Co-ordinator advised that, following a request from internal committee members, the next report would provide a breakdown of responses by hospital Trusts. Regular visits were made to the PRUH and Orpington Hospital and therefore their number of reviews were significantly higher. When visiting organisations to get feedback on services participants were also asked to share wider feedback on other services they had accessed across the borough. There would be a similarity in the majority of the data collected by Healthwatch services that came under the remit of Your Voice in Health and Social Care and the reports had been redesigned to align across these borough. However some data/information may be included following other requests received – they would be happy to receive feedback in terms of areas for improvement.

The Operations Co-ordinator advised that Healthwatch Bromley attended a number of governance meetings across the borough and the reports were distributed to a large number of local partners, including Oxleas, King's, and the SEL ICB. The reports provided a snapshot for a particular quarter – they then looked at the information gathered across the year to identify any emerging issues or opportunities for further research. It was noted that it was not the responsibility of Healthwatch Bromley to address the themes highlighted, they provided the data to local partners to open up further discussion.

In response to questions, the Operations Co-ordinator informed Members that Healthwatch Bromley aimed to try and conduct as many visits as possible, but this also required partners/services to respond to their request for engagements. They always looked for new opportunities to reach out and they would be happy to consider other areas, such as new services that would be offered by pharmacies, to investigate further – however the number of engagements was limited as they relied heavily on volunteers.

The Chairman thanked the Operations Co-ordinator for her update to the Sub-Committee.

RESOLVED that the update be noted.

25 GP ACCESS

The Chairman welcomed Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS (“Associate Director”), Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership (“GP Clinical Lead”) and Dr Claire Riley, GP and Clinical Director for Orpington PCN (“Clinical Director”) to the meeting to provide an update on GP access.

The Associate Director highlighted some key points from the presentation provided. As previously mentioned, the local priorities for improving GP access were reflected in the delivery plan published in May 2023. Work had included:

- empowering patients – Bromley practices had expanded the functions available through the NHS app. An increase in repeat prescriptions, appointment bookings, and general use of the app was being seen – each contact was potentially an avoided phone call.
- implementing modern GP access – this related to patients understanding how their requests would be handled, based on clinical need, and respecting their preference for a response. There was an end to end reshaping of how patient requests were received, assessed and consultations offered.
- building capacity – additional roles were implemented within the wider general practice teams. It was noted that eight new GP trainers had been supported in the borough to expand training places. The training hub was also offering virtual training.
- cutting bureaucracy – the interface between primary and secondary care was important in ensuring there were as few handoffs as possible, and patients were not going back and forth to get the care, advice and support required.

The Chairman highlighted that it was positive to see the increased use of the NHS app and other online platforms. It was requested that an age breakdown of patients using these functions be provided in the next report to the Sub-Committee.

In response to questions, the Associate Director said it was recognised that practices sometime made changes without involving their patients as much as they needed to, and this was being emphasised to them through various forums. As mentioned at the last meeting, support guides had been developed to help structure conversation on access with the Patient Participation Groups. In one area of the borough major changes were due to take place with the introduction of a new system and they had been providing support to practices in terms of ongoing engagement with their patients. The GP Clinical Lead considered that there was variation across the borough but there was a move to try and standardise access. It was highlighted that whichever means was used to contact a GP practice it should result in the same offer, and practices should be explaining this to their patients. A Member advised that their Patient Participation Group had introduced a newsletter to supplement the communication from the practice, which helped remind and direct patients to the NHS app.

The Clinical Director provided two examples of Bromley Primary Care Networks taking a neighbourhood approach to improving access – one related to frailty and the other children as a cohort. The frailty case study focussed on the Wellbeing Café in Orpington. This had been established over a year ago and was held twice a week – approximately 75-80 patients attended each café. This had helped improve access as they were educated on how to use

digital platforms such as e-consult and the NHS app – every attendee had visited PCN and GP practice websites and knew how to utilise them. The café provided a safe space for attendees to meet and engage with healthcare professionals and helped to tackle social isolation. A joint project had been developed between the Orpington and Crays PCNs to look at frailty-specific health needs – focus groups had been involved in the co-design and focussed on cardiovascular disease, respiratory disease and diabetes. Following the success of the café other PCNs across the borough had been providing similar projects, some specific to the needs of their patients such as Mottingham, Downham and Chislehurst PCNs Young Mums Hub.

The Bromley Integrated Child Health (B-CHIP) project had initially been started within the Crays and Beckenham PCNs. This introduced a model whereby a child who visited their GP and needed to be referred to the hospital would immediately be added to a triage list – the GP surgery and consultant paediatrician discussed this triage list on a weekly basis and made a decision in terms of the best pathway. This model had resulted in referrals being avoided in 50% of cases and 20% were seen at the monthly paediatric clinic held in the GP surgery – this had reduced the number of GP appointments. This model would next be implemented in Penge, Bromley Common and Five Elms PCNs, with the aim for it to be scaled out across the whole borough next year.

In response to a question, the Clinical Director said that a wide range of care co-ordinators and social prescribers were involved with the Wellbeing Café, and both roles were vital in supporting patients. Social prescribers signposted patients to help with things such as financial difficulties, housing issues and other support. The impact of this had been seen in terms of the large number of referrals made by the café to external social prescriber appointments. Mytime Active also offered a huge amount of support to the café, including delivering exercise classes. Members commended the work being undertaken in relation to the new initiatives and expressed well wishes in terms of rolling them out to other areas of the borough.

The GP Clinical Lead highlighted that although general practice continued to maintain its responsibility of same day urgent care, prevention of long-term conditions the work at a neighbourhood level would be crucial. It was noted that an engagement session had also been held with Patient Participation Groups from across the borough and co-production would be an important part of the transformation journey.

The Chairman thanked the Associate Director, GP Clinical Lead and Clinical Director for their update to the Sub-Committee.

RESOLVED that the update be noted.

The Chairman informed Members that the South East London Joint Health Overview and Scrutiny Committee had met virtually on 19th September 2023. An in depth update had been provided regarding the autumn/winter vaccination programme. As mentioned earlier in the meeting, the consultation on the proposals for the reconfiguration of children's oncology services was underway and would run until 18th December 2023 – it was agreed that a link to the consultation would be circulated to all Members following the meeting.

It was noted that a meeting of the Committee would be taking place that evening, which coincided with the Adult Care and Health Policy Development and Scrutiny Committee. Further dates into the new year were still to be confirmed.

RESOLVED that the update be noted.

27 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD23128

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

As suggested during the meeting, the following item would be added to the work programme:

- Update on postpartum haemorrhage – King's College Hospital NHS Foundation Trust (summer 2024)

RESOLVED that the update be noted.

28 ANY OTHER BUSINESS

There was no other business.

29 FUTURE MEETING DATES

4.00pm, Tuesday 30th January 2024

4.00pm, Tuesday 12th March 2024

The Meeting ended at 5.54 pm

Chairman