

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 12 March 2024

### **Present:**

Councillor Mark Brock (Chairman)

Councillors Will Connolly, Robert Evans, Alisa Igoe,  
David Jefferys, Charles Joel and Tony McPartlan

Michelle Harvie

### **Also Present:**

Councillor Felicity Bainbridge, Councillor Dr Sunil Gupta  
FRCP FRCPATH, Councillor Alison Stammers, Charlotte  
Bradford and Councillor Diane Smith, Portfolio Holder for  
Adult Care and Health

#### **44 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies were received from Stacey Agius and Jo Findlay.

#### **45 DECLARATIONS OF INTEREST**

There were no additional declarations of interest.

#### **46 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

#### **47 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 30TH JANUARY 2024**

**RESOLVED** that the minutes of the meeting held on 30<sup>th</sup> January 2024 be agreed.

#### **48 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

The Chairman welcomed Angela Helleur, Site Chief Executive – PRUH to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that there was good news in respect of the data for Elective Recovery with no patients waiting over 104

weeks. The aim was to now get the figures for 78 weeks down to zero by the end of March, and the Site Chief Executive was confident that this target would be met. Bariatrics and orthopaedics were trickier to address, and work was ongoing. The next goal was to focus on 64 weeks.

There was good recovery in relation to cancer treatment and the data was showing a month-on-month improvement for the 28 day Standard. In relation to the backlog, the Site Chief Executive was confident that the target would be met by the end of March.

In respect of Emergency Care, the Site Chief Executive reported that February had been challenging and performance had been affected by industrial action although there had been improvements in performance in March. A range of initiatives had been implemented in order to drive these improvements.

The Site Chief Executive reported that there were still a number of delays with ambulance handover and there was a need to improve performance between 30 and 60 minutes.

The Sub-Committee was also informed that there was a set of initiatives in place aimed at reducing delays around 12-hour breaches.

In respect of Estates, the Site Chief Executive reported that work on the new Endoscopy Unit was due to complete in March 2025 and the new MRI Scanner was now in place.

In relation to finance, it was anticipated that the end of year deficit would be bigger than planned and steps were being taken to address this.

In response to questions, the Site Chief Executive confirmed that the DM01 pathway related to the ability to see patients in 6-weeks. Results were not affected and both clinicians and patients could access results.

With respect to ambulance handovers, the Site Chief Executive highlighted that when Emergency Departments (EDs) were full this affected the ability of effectively see and treat patients. The Trust had the ability to trigger a response and redirect ambulances to other EDs. The Trust had a good relationship with the London Ambulance Service, and this helped to manage demand. The Committee noted that it was important to establish good flow throughout the department and there was a need to plan for same day emergency care.

In response to a question, the Site Chief Executive confirmed that a range of interventions had been put in place to address the challenges with ambulance handover. The Team was working on flow and the ambulatory pathway. Since 2023, Epic had impacted the ability of clinicians to see patients, industrial action and winter pressures had also had an impact.

In response to a question concerning where the resource for the additional capacity was coming from, the Site chief Executive confirmed that she did not have the figures but would report back to the Committee

In response to a question around reoccurring delays with appointments, the Site Chief Executive confirmed that industrial action had had a significant impact and any patients affected by reoccurring delays were encouraged to contact the hospital for an update.

It was noted that the new model of same day emergency care would make a big difference to waiting times. It was also hoped that increased continuity of care would deliver further improvements. It was further noted that within the Trust it was acknowledged that further work was needed around demand and capacity.

The Sub-Committee noted that the Savings Plan needed to be agreed by the Regulator and the Trust Board and once this had happened it would be presented to the Health Sub-Committee for information.

The Site Chief Executive explained that the issue of NHS funding was very complicated and until the savings plan was in place and the impact of the cost-cutting and efficiency measures that were in place was understood it was not possible to answer whether it was possible to run the hospital within the funding envelope that was available. There was no simple solution, and the hospital was well supported by the national team and the Southeast London ICB with the development of the best possible plan. A Member highlighted the ongoing issue of fairer funding for Bromley, noting that the demography of the Borough had a significant impact on the funding available.

In response to a question concerning the impact of building works on local residents, the Site Chief Executive confirmed that she was not aware of any danger and had been informed that the buildings works were on track to complete in March 2025. The aim was to deliver the building works with as little disruption to local residents as possible.

The Chairman thanked the Site Chief Executive for the update to the Sub-Committee.

**RESOLVED that the update be noted.**

**49            DEVELOPMENTS IN COMMUNITY PHARMACY**  
**Report ACH24-019**

The Chairman welcomed Raj Matharu, Chair – Community Pharmacy London to the meeting to provide an overview of key work and developments undertaken by the Community Pharmacy Service.

Mr Matharu explained to the Sub-Committee that the Covid Pandemic essentially changed everything and highlighted the asset that was Community Pharmacy.

In response to questions around Pharmacy First, Mr Matharu confirmed that the walk-in service was working well and that patients found it easy to visit their pharmacist. There was a need to manage the expectations of patients' and be clear that there was a specific access point for antibiotic treatment. Capacity was also an issue, and it was noted that it would have been helpful to have all the IT systems in place. There was also a need to ensure that the whole pharmacy team was used to support the process.

In response to a question around funding, Mr Matharu confirmed that NHS England had provided some funding and the Southeast London ICB had been very supportive. There were ongoing issues with the recruitment of staff and the employment market continued to be challenging.

In response to a question concerning the timeframe for GP to Pharmacy referrals, feedback from patients and the impact on GP time, Mr Matharu confirmed that early feedback had been positive so far and the referral time was within 24 hours.

The Sub-Committee noted that from 2026, all pharmacies would be independent prescribers, and this would represent a huge change. Pharmacists were working with the ICB to look at a medicines optimisation service and it was likely that this piece of work would require some additional funding.

In response to a question around the referral process, Mr Matharu and the Bromley Place Executive Lead explained that there were a number of referral routes into Community Pharmacy. There was a digital referral, with a mini-triage process built in, in addition referrals could be made via the NHS App, the 111 Service, GP Practices and Urgent Care Centres. It was also noted that there was a process to refer patients back to GPs in a timely manner for the treatment of more serious conditions.

The Chairman thanked Mr Matharu for the update to the Sub-Committee.

**RESOLVED that the update be noted.**

**50           SEL ICS/ICB UPDATE  
              Report ACH24-020**

The Place Executive Lead provided an overview of key work, improvements and developments undertaken by SEL ICB and partners within the One Bromley collaborative.

The Place Executive Lead informed Members that in the last few years the role of Pharmacists had been expanded and this had placed a strain on the workforce in terms of meeting the additional challenges and demands. It was highlighted that some patients had a better relationship with their pharmacist than the GP – there was often frequent changes in GP practices whereas

Pharmacists were more consistent. It was highlighted that the Community Pharmacy was an important part of access to primary care.

In response to a question, the Place Executive Lead confirmed that the use of the GP initial triage initiative was widespread and was in use across the Country, although it had only been in place a matter of weeks. It was agreed that there would be a report back to the Committee once the initiative had had time to bed in. In response to a question concerning how the roll-out of GP access was being monitored, the Place Executive Lead explained that feedback was largely picked up through the Patient Experience Report but the ICB were also provided with information.

The Place Executive Lead confirmed that cases of whooping cough were being monitored and whilst there was not a high number of cases in Bromley, there had been some incidents across London. It was highlighted that there were vaccinations for both measles and whooping cough so there shouldn't be any cases. However, the take up of immunisations in Bromley was higher than in other parts of London.

The Director of Public Health confirmed that there had been a national rise in the number of cases of whooping cough and this was something that was being monitored.

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

**RESOLVED that the update be noted.**

## **51 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT**

The Sub-Committee received the Quarter 3 Patient Experience Report for Healthwatch Bromley, covering the period from October – December 2023.

In response to a question, the Operations Co-ordinator, Healthwatch Bromley ("Operations Co-ordinator") advised that the report was provided to a range of partners, and it was hoped that this would help facilitate conversations around the introduction of a call-back service for other health services.

The Operations Co-ordinator confirmed that the responses to the questionnaire were tick box and responses could range from individual to individual and case by case.

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

**RESOLVED that the update be noted.**

**52 SOUTH EAST LONDON JOINT HEALTH OVERVIEW &  
SCRUTINY COMMITTEE (VERBAL UPDATE)**

The Chairman informed Members that the last meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 1<sup>st</sup> February 2024.

The Joint Health Overview and Scrutiny Committee had received the results of the consultation exercise around the reconfiguration of children's cancer principal treatment centre and had agreed its formal response supporting the Evelina London Children's Hospital which was the preferred option for Bromley.

**RESOLVED that the update be noted.**

**53 WORK PROGRAMME AND MATTERS OUTSTANDING  
Report CSD24038**

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

It was noted that an update from the Health Protection Board (including pandemic preparedness) would be considered by the Health and Wellbeing Board at a future meeting.

**RESOLVED that the update be noted.**

**54 ANY OTHER BUSINESS**

There was no other business.

**55 FUTURE MEETING DATES**

A Member raised concerns around public access to the online Briefing meetings and it was noted that live streaming would be made available were possible. Members of the Sub-Committee noted that it was very rare for members of the public to attend meetings. Furthermore, there would be no voting right at the Briefings. The sessions would consist of presentations and questions to the presenters and presentations would follow the same format at formal Health Sub-Committee meetings.

Another Member highlighted the need to ensure that the same item was not scrutinised by multiple committees.

The Sub-Committee noted the following dates for meetings in the 2024-2025 municipal year:

5.00pm, Tuesday 16<sup>th</sup> July 2024

5.00pm, Tuesday 22<sup>nd</sup> October 2024 (Briefing)

5.00pm, Tuesday 10<sup>th</sup> December 2024

*Health Scrutiny Sub-Committee*  
*12 March 2024*

5.00pm, Tuesday 8<sup>th</sup> April 2025 (Briefing)

The Meeting ended at 5.47 pm

Chairman

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