

<p><u>MEETING</u></p> <p>HEALTH OVERVIEW AND SCRUTINY COMMITTEE</p>
<p><u>DATE AND TIME</u></p> <p>MONDAY 5TH OCTOBER, 2020</p> <p>AT 6.00 PM</p>
<p><u>VENUE</u></p> <p>VIRTUAL MEETING</p> <p>LINK TO VIRTUAL MEETING: https://bit.ly/3kmz76R</p>

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	BARNET CARE HOMES Impact of Covid-19 on Care Settings and support provided during the pandemic – to follow	3 - 22
1.	ADULT ELECTIVE ORTHOPAEDIC SURGERY REVIEW To follow	23 - 66

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Barnet Health Overview and Scrutiny Committee

October 2020

Title	Care Homes and Covid 19
Report of	Executive Director, Adults & Health, Barnet Council and Colette Wood, Barnet borough lead director, NCL CCG
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – Care Homes and Covid 19 in Barnet Appendix B Care home infections – Covid-19 Appendix C – Letter Care and Reform
Officer Contact Details	Dawn.wakeling@barnet.gov.uk Colette.wood1@nhs.net

Summary

At its previous meeting, the Committee requested a report be brought to the next meeting outlining the impact of Covid 19 on Barnet's care homes and the actions taken by the Barnet health and care system to support homes to manage Covid 19.

This report provides this information. At the meeting itself, officers from the CCG and council will be present to respond to questions on this topic.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Committee have requested to receive a report outlining the impact of Covid 19 on Barnet's care homes and the actions taken by the Barnet health and care system to support homes to manage Covid 19.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter. They are empowered to make further recommendations should they wish.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan Barnet 2024, which includes a priority of integrating health and social care and providing support for those with mental health problems and complex needs.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The NHS and local authorities have received additional funding from central government to address Covid-19. This funding has been used to cover the costs of PPE provided to care homes. Care homes have also received dedicated funding from government in the form of the Infection Control Fund. The costs of training, support from the Care Quality Team, Public Health, CCG Infection, Prevention and Control Team, GPs and the clinical in-reach team are contained within existing organisational budgets.

5.3 Social Value

- 5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 Risk Management

5.5.1 Not receiving this report would present a risk in that the Committee might not be properly appraised of this health related matter.

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 Consultation and Engagement

Not applicable.

5.8 Corporate Parenting:

Not applicable.

6. BACKGROUND PAPERS

6.1 None.

Appendix A – Care Homes and Covid 19 in Barnet

Introduction

There are 85 registered care and nursing homes in Barnet, with 2550 beds. This includes homes for adults over 65 and for adults of working age. Barnet has the second highest number of total care home beds in London and the highest number of care home beds for people over 65 in London. With such a large care provider sector in the borough and cognisant of its duties under S5 of the Care Act 2014, the council has for a number of years ensured that it provides support to care homes and other care providers in the borough. The council has an established Care Quality Team of 14 staff, which provides advice, training and support to care settings. This includes support and learning networks for all registered managers; and training initiatives such as the Significant 7 and safeguarding training. The team works closely with CQC and the CCG to provide both proactive and reactive support. Since the start of the pandemic, the council and CCG have increased the level of support provided to care providers. This has included free PPE, infection prevention and control (IPC) training, 7 day a week support from Public Health and the Care Quality Team; support with essential supplies and business continuity; and the creation of a dedicated GP clinical lead for each care home and a clinical in-reach team for care homes, staffed by community health staff.

Each local authority was required to produce a care home support plan for review by the department of health and social care earlier in the year. This document is attached as Appendix C and has been published on the council's website. That document gives an overview of the support provided. Appendix B sets out more details on infection levels, whilst this appendix sets out more details on the clinical support provided and gives updates on key developments since the plan was published.

1. GP clinical lead and clinical in-reach

Prior to the pandemic, there was already a significant focus within the NHS on work to ensure that primary care and community health services provided an enhanced level of care to people who live in care homes.

In March 2020, NHSE/I published the Enhanced Health in Care Homes (EHCH) Network Contract Directed Enhanced Service (DES) and accompanying EHCH Framework (EHCHF) with the intention that this would be delivered from 1st October. During COVID-19, on 1st May, NHSE/I published a letter asking primary care and community health services to provide a minimum level enhanced support to care homes from 15th May.

37% of North Central London's care homes are located within Barnet, making up 44% of the NCL care home bed base, but despite this, Barnet has historically been the only NCL borough without an in-reach model of clinical support, to provide enhanced healthcare support to some of the borough's most clinically vulnerable residents. The need to provide

the right clinical offer to care homes became even more acute during the early weeks of the pandemic.

In response to this, and the requirements set out in the NHSE/I letter, a task and finish group including health and social care representatives and a range of clinicians, developed and mobilised a Covid19 focused in-reach offer for Barnet's care homes which went live in May 2020.

This was a nurse led intervention working in partnership with GPs to provide a specialist and multidisciplinary approach to registered nursing and residential homes that had the highest number of non-elective hospital admissions, alongside homes which were identified as needing additional support during the Covid-19 response.

This service, the Barnet One Care Home Team, has three primary functions:

- a) To support the review of patients identified as a clinical priority for multi-disciplinary assessment and care, identified through the General Practice weekly 'check in' with care homes.
- b) To support the delivery of personalised care and support plans for care home residents.
- c) To provide medication support to care homes.

The One Care Home Team worked alongside the council's Care Quality and Public Health teams to provide wrap-around support to homes throughout the pandemic period.

The CCG also launched a new Locally Commissioned Service (LCS) with GP Practices, to support general practice to deliver the national clinical support requirements for nursing and residential care, and enable primary care to respond effectively to the additional pressure Covid-19 placed on the care of patients in this cohort. All practices with patients resident in a CQC registered care home signed up to offer the LCS, and each care home received a letter detailing the new LCS and confirming their named GP practice. Each home also has a named clinical lead responsible for weekly check-ins and linked to the One Care Home Team to provide personalised care and support plans for residents. Though an interim model, this echoes many of the requirements in the more comprehensive Enhanced Health in Care Homes service DES. By putting in place the LCS and care support offer, the local system has already implemented core elements of the DES in preparation for the full service to be in place from October 2020.

Building on the learning gained throughout the period, the Integrated Care Partnership is now overseeing the development of a long term clinical model for Barnet's care homes, in line with the requirements of the DES and informed by the Enhanced Health in Care Homes Framework. A task and finish group, reporting to the ICP Delivery Board, including leads from the CCG, council, Primary Care Network Clinical Directors, the local acute hospital and the community services provider, is working to design the future in reach offer.

The consensus is that a community based clinical in-reach team comprising of matrons and other allied professionals, along with access to specialist input from geriatricians and other specialists when required, provides the highest level of quality care. The model is based on best practice and evidenced through similar schemes currently available in other NCL boroughs where such provision has demonstrated improved outcomes for people and for reduced activity in secondary care.

2. Testing

Care Homes can now receive regular testing for all residents and staff. Staff are tested on a weekly basis and residents on a monthly basis. This regular testing was initiated by department for health and social care (Department for Health and Social Care). Initially care homes with residents aged 65+ or dementia were prioritised, with a priority list generated by Care Quality Team considering older adults, number of new cases, recurring cases or concerns and larger care homes.

As from the 7th September 2020 all care homes are able to apply for regular testing (weekly testing for staff and monthly testing for residents), by registering on the government portal <https://www.gov.uk/apply-coronavirus-test-care-home>.

The majority of older adults care homes have testing in place for staff on a weekly basis (76%) and residents (82%). 8 Older adults homes are not carrying out any regular testing.

There have been delays in the expansion of the national testing offer to working age adults care homes, Extra Care and Supported Living services. To ensure that these care settings have testing in place the Council has worked with CLCH and North Central London ICS to deliver testing across these care settings. This testing offer is still available and is targeted where testing cannot be sought through the national route.

Testing for staff is available for the national portal or staff with Covid-19 symptoms can arrange testing through NCL testing capacities.

3. Visiting policy

The Council has a visiting policy which summarises the national guidance and sets out the local policy in Barnet, based on local evidence of the infection spread, and describes how the guidance will be implemented.

The policy supports visits to care settings under the following conditions:

- There is no evidence of local community transmission or clusters or outbreaks related to care settings of Covid-19 in Barnet.

- Care settings have followed government guidance, have a visiting policy in place and have undertaken a risk assessment.
- There are no Covid-19 cases recorded at the home (or have been recorded within the past 14 days)

This policy is regularly reviewed by the Director of Public Health, who has the responsibility in statutory guidance to assess the risk of allowing visitors to care settings and provide recommendations to care settings in respect of visiting. The policy is regularly reviewed and may be changed depending on prevalence of Covid-19 within the borough or local areas.

Currently the majority care homes within the borough are allowing visiting, with 11 care homes not allowing visitors due to Covid-19.

4. Winter preparations

The Council and CCG are continuing to work closely with care providers to prepare for outbreaks or a potential second wave:

- Developing and improving Outbreak Plans for different care settings.
- Support with business continuity planning (and lessons learned).
- Working with health colleagues to ensure good quality infection control training and support continues.
- Providing financial support for care settings to improve infection control.
- Working with system partners across NCL to avoid step-down of Covid positive patients to care homes and to instead make use of intermediate care beds through a new ICS protocol.
- PPE will continue to be provided, as well as care homes now being given free PPE by central government through the national system

The Council has recently carried out a survey of all care providers in the borough to fully understand the current picture in the borough and provide extra targeted support where required. The Care Quality Team will continue to collect data over the winter to inform how we target support and ensure all care providers are prepared to manage future Covid-19 outbreaks.

DHSC winter plan

The department of health and social care published its winter plan on 18th September 2020, which sets out DHSC's priorities for care homes over the winter to prevent Covid 19 infections. Officers are working through the implications of this plan and liaising with care homes about its recommendations.

North Central London After Action Review

Barnet council is committed to continuously improving support to care providers through the health and care system. As a result, the council championed the development of an NLC ICS wide after-action review of support to care settings, which recently completed and was chaired and sponsored by the council's executive director of adults and health. The review has led to an agreed ICS wide action plan which is now being implemented, with the aim of providing improved support and processes to care providers over winter and in the event of a second peak of the pandemic. This review is being presented to the North Central London JHOSC at its 25th September meeting and the papers outlining the review and its findings are attached here.



NCL JHOSC Agenda
250920.pdf

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Appendix B Care home infections – Covid-19

Recent Covid cases

The table below covers the total number of cases over the past 6 weeks in Barnet. The majority have been asymptomatic and identified through the national system for weekly staff testing and monthly resident testing in care homes.

	20/08/2020	27/08/2020	3/09/2020	10/09/2020	17/09/2020	24/09/2020	Total
Staff	4	1	3	1	4	5	18
Residents	4	0	4	2	0	1	11
Total	8	1	7	3	4	6	29

**Care providers provide this data directly to the Council*

Total Cases

The below table covers all confirmed and suspected cases reported to LBB since 12 March 2020

	No. cases	Combined total
Staff (suspected)	29	56 (35 in Care Homes - 62%)
Staff (confirmed)	27	
Residents (suspected)	84	176 (135 in Care Homes – 76%)
Residents (confirmed)	92	
Total	232	

**Care providers provide this data directly to the Council*

There have been 95 deaths in care settings (ONS data) since 12 March 2020, with 1 of these deaths since 1 July 2020.

LCRC has reported that since 12 March 2020 there have been 80 outbreaks in Barnet care settings.

Since the introduction of regular care home testing in care homes the number of cases has varied between 1-8 per week, with the majority of positive cases being asymptomatic staff.

Care settings include residential & nursing homes (85 with 2550 beds) supported living, extra-care and home care.

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Appendix C

To: CareandReform2@communities.gov.uk

John Hooton
Chief Executive
London Borough of Barnet
2 Bristol Avenue
Colindale
London NW2 4EW

Date: 28th May 2020
Email: john.hooton@barnet.gov.uk

To Whom it may concern

In response to the letter from the Minister of State for Care to Council Leaders on the 14th May, I am writing to outline the support that partners in Barnet are offering to care homes. I am also enclosing our spreadsheet return, along with detail of the collective work by all London councils to support health and care during the Covid-19 pandemic, at appendix 1.

Please note that the numerical responses on the attached spreadsheet were taken from Capacity Tracker on 28th May, with responses from 64 homes including mental health and learning disability homes for all survey questions; plus an additional 3 responses to the first survey question only. The council and CCG are following up with providers that have indicated they can't meet any of the requirements or have not been accessing the support available.

I am pleased to confirm that system partners, working with the care sector have put in place support in line with the requirements set out in HM Government's Covid-19 care home support framework.

There are a large number of care homes, supported living and extra-care schemes in Barnet. CQC information shows that Barnet has the highest number of care home beds for the over-65s in London, with 2445 beds. Total beds including those for the under 65s are 2505. Given the significance of the care market locally, Barnet council has provided support for care homes for many years through its dedicated Care Quality Team.

In addition:

- The council and NHS Barnet CCG (now merged into the North Central London CCG) have been working together for a number of years to enhance clinical skills and support in care homes
- The five councils in the north central London STP footprint have been working collectively to support care providers
- The North Central London STP has been supporting councils in their work to support the care market throughout the pandemic, notably through extensive support with access to testing for staff
- Councils across London has been working collectively to monitor the state of the care market on a daily basis, using their shared intelligence system

Throughout the pandemic, the Barnet Resilience Forum (BRF) has monitored the situation in Barnet care settings. The BRF have reviewed this plan prior to submission and our shared level of confidence in the support in place for care homes in Barnet is high. We recognise that some elements of the plan have been put in place more recently, i.e. the national primary care clinical support model for care homes. As such, we recognise that some of these services are in the process of being 'bedded in' at the time of writing.

This plan has also been reviewed by the Leader of Barnet Council, the lead member for adult social care, the Chair of the Barnet Health and Wellbeing Board, HealthWatch Barnet and Inclusion Barnet (our local user led organisation).

Permanent support in place

The Care Quality Team is a dedicated team of 14 staff which works with care providers throughout the year providing: training, support, information sharing, networking for providers and targeted support where providers need additional help. The team provides training and a support network for registered managers, and a wide range of training for providers, such as safeguarding, mental capacity training and a range of staff development workshops. The team conducts regular check-ins, quality review visits, monitors provider quality and support providers to develop their own bespoke improvement plans. The team works closely with CQC and the CCG to enhance clinical skills and support in care homes. For example, there is a long-standing training programme for providers on the 'Significant Seven' and we have implemented the 'Red Bag' scheme.

The five councils in north London – Barnet, Enfield, Haringey, Camden and Islington – formed a programme of work to support adult social care providers, chaired by Barnet's DASS, at the time the north central London sustainability and transformation partnership (NCL STP) was formed. We have collectively provided training and development for the social care provider workforce to a value of over £600,000 and have levered in support for providers from a range of partners, for example, Capital Nurse has supported over 70 nurses working in nursing homes to achieve its 'passport to leadership' qualification and supported overseas nurses working in care homes to achieve UK registration.

The 5 councils also developed and launched the 'Proud to Care North London' recruitment portal in June 2019. The portal is a free to use on line recruitment portal for care providers and showcases jobs in north London, the wide range of career pathways available and case studies, to increase recruitment and retention into the sector. The portal also offers care providers access to training and career development support for their staff. As part of the London Resilience Forum's response to Covid-19, our North London Proud to Care portal has been rolled out across London, to increase recruitment into the care sector in all London boroughs.

The link to the portal can be found here: <https://www.proudtocarenorthlondon.org.uk/>

Support to providers during Covid-19

Our pre-existing arrangements meant that the council and partners were in a good position to provide the additional support required by providers from the start of the epidemic in London. In summary we have:

- Established a system of daily data and information monitoring of the care market and providing rapid support and intervention where needed. This system uses personal contact between the Care Quality Team and providers, plus data from the London ADASS Market Insight Tool, Public Health England and the national Capacity Tracker. This produces a daily dashboard including summary on Covid-19 positive and possible cases in residents and staff, deaths in care settings, issues log covering the whole care market in Barnet, which forms the basis of the work programme for the Care Quality Team, Public Health and Infection Control Team
- Increased council financial support for care providers through providing a 5% cash uplift on placements in the form of a grant to residential and nursing homes, along with adopting payment 'on plan' for homecare providers
- Established a system of procurement and delivery of Personal Protective Equipment at no cost to providers, which provides regular deliveries & emergency supplies if needed
- Reimbursed care providers for any other Covid-19 related PPE that they have sourced themselves
- Established a dedicated 7-day Public Health support and advice line for care providers, staffed by the Director of Public Health and Public Health Consultants, which advises care homes on supporting residents with Covid-19 and managing outbreaks
- Establishing 'virtual' GP and Pharmacy appointments for care and nursing home residents, led by the North London Clinical Commissioning Group
- Established the national model of enhanced clinical support to care homes in Barnet, led by the North London Clinical Commissioning Group
- Delivered webinars on incidents and outbreaks management, infection control advice and appropriate use of PPE
- Created early access to staff testing through local NHS testing sites, in addition to the national testing programme

- Weekly support calls to each provider
- Weekly communications to providers summarising, and with links to, key guidance and information.
- Dissemination of training and advice
- Organised deliveries of basic supplies (toilet rolls etc) where homes report they are having supply issues
- Coordinated information and responses to care providers from a range of organisations including North Central London Clinical Commissioning Group, Public Health England and the London Resilience Forum

The following sections outline the support available in more detail.

Daily monitoring of the care market

The Care Quality Team has daily contact with providers across Barnet, making regular calls to all care providers to understand current issues and offer support. This includes collecting information on Covid-19 cases, hospital admissions, PPE levels, issues with supplies and any other support needs from either social care, public health and clinical colleagues.

All care homes in Barnet have a link officer to contact to raise and talk through issues or access support from the council or our partners.

This information, combined with that collected through NHS Capacity Tracker, is used to prioritise our support to care homes and monitor any quality concerns with providers.

Financial support

The council has put in place a range of financial measures to support care providers during the pandemic.

Barnet council has given Care Homes a 5% increase in care fees for council placements (calculated based on the gross care home fee, not just the council contribution), in the form of a grant, from the 1st April.

The council has made 522 deliveries of PPE, supplying circa 630,000 items of PPE at no cost to care providers since March. The council has also reimbursed the costs of additional PPE needs of providers during the pandemic. The value of this support to date is c.£1m.

The council welcomes the additional funding for care providers through the national Infection Control Fund. As set out in the national guidance, 75% of this funding is being given directly to all care homes in Barnet on a per bed basis, to support the workforce. The remainder of the funding will be used to support the home care workforce.

The NCL CCG has changed its provider payment process to improve provider cashflow, prioritising payments based on commissioned care for care homes (with retrospective reconciliation where required).

In line with national requirements, all care and support following hospital discharge has been funded by NHSE/I, channelled through the NCL CCG. As part of this, NCL CCG has offered increased rates for placements made during the pandemic (above AQP rates). In addition, alternative accommodation following discharge will be paid for using these funds.

The CCG has funded vital signs monitoring equipment for care homes, along with iPads to support virtual consultation.

The CCG has also funded a new Care Home Locally Commissioned Service to ensure additional GP care is provided to care homes ahead of the implementation of the Primary Care Network DES in October 2020.

In kind support from the CCG and STP has included roll out of NHS Mail, infection prevention & control (IPC) training and support, 10 IPC super-trainers, testing and PPE.

Alternative accommodation

The council, the 4 other north London councils, the CCG and community health providers worked collaboratively to secure additional accommodation in care and nursing homes to: facilitate isolation if needed; achieve faster hospital discharge and provide surge capacity for the peak of the pandemic. 61 additional nursing and residential care beds were secured, along with extra community health beds being put in place. Throughout the period, we have had a continuous supply of vacant beds, meaning that Barnet has had the capacity to provide alternative accommodation if needed.

The Care Quality Team has also worked with all care homes in Barnet to assess and support their ability to provide isolation for residents if needed. We can confirm that all Care Homes who have had Covid-19 cases have been able to self-isolate individuals safely. As part of a recent survey to accompany this document, we have had confirmation from 65 care homes (of 67 homes who have responded to this question on the survey at the time of writing) that they are able to isolate residents within their care home. Only 2 providers, which have not had Covid-19 cases to date, said this would be difficult and we are already working with these homes on their business continuity plans to ensure if anyone within the homes (both small residential homes for working age adults) contracts Covid-19, people can self-isolate.

Placing clinical and other volunteers into care homes

Barnet has a strong tradition of volunteering, with thousands of volunteers active in our communities every week. As part of our wider Covid-19 response, we created a volunteer role for residents who would like support and for care providers when capacity is stretched. Volunteers can offer care homes support with the following:

- Cooking and food preparation
- Support with IT and digital skills so people can keep in touch
- General support for residents in shared areas, for example overseeing shared areas during meal times

Placement of volunteers is arranged by the Council's Covid-19 Community Help Hub and Care Quality Team, and in line with safeguarding requirements. In addition, arrangements have been put in place for support with meals and food from the council's school meals provider should this be needed.

Infection Prevention and Control

The CCG and council have worked together to put in place training, support and advice on infection prevention and control (IPC) for care homes in Barnet. A robust system is in place to ensure homes have access to up to date guidance. The following training and support is in place:

Public Health Helpline

The dedicated Barnet Public Health Helpline is open 8am to 8pm, 7 days a week, to provide Public Health advice and support for providers managing outbreaks or supporting residents with Covid-19. The Director of Public Health and Public Health Consultants are also proactively contacting care settings managers to offer advice and support, in conjunction with the care quality team.

CCG Infection Prevention and Control Helpline

The CCG has established a helpline, which operates Monday – Friday, 0900 – 1700. The helpline offers advice and guidance regarding Infection Prevention and Control (IPC). The IPC team also has a website with all up to date resources in one place:

<http://www.northcentrallondonccg.nhs.uk/my-health/covid-19/infection-prevention-and-control/>

CCG Infection prevention and control, PPE and Testing virtual drop in sessions

A weekly virtual drop-in session is held every Wednesday at 2.00pm via Microsoft teams by the CCG IPC team, with Public Health, Health Protection Team, GPs and Care Quality also in attendance. The sessions give an opportunity for staff in care homes to have their questions or queries on testing, self-isolation, infection control or PPE answered. The CCG also provided two IPC/PPE webinars that were offered to all care providers in March.

CCG Train the trainers

NCLCCG has put in place ten 'Super trainers' who provide face to face or virtual 'training for trainers' in IPC for Care Homes in Barnet. All care homes in Barnet have either had training, are booked onto training or have declined, mostly because they have already received training. The CCG has also provided, and will continue to provide, this training to home care providers.

Webinars

The council and CCG ensures that details of regular Webinars from Public Health England, Health Colleagues or any partners are shared with Care Providers when they occur. Details of these are advertised on the NCL IPC website.

Informal support for Registered Managers

Skills for Care Registered Managers have set up an informal WhatsApp group across North Central London for peer support for Registered Managers across the region. The Care Quality Team is promoting this support opportunity to managers in Barnet.

Testing

The council, CCG and north London STP have been working together to ensure testing is available for residents and staff in care homes. The North Central London STP made their testing sites available to care home staff from 4 April, followed shortly after by the national testing programme becoming available to care staff. Within the first few weeks of staff testing, LBB worked with providers to get 200+ care staff tested and are now helping to co-ordinate local support to access testing within care settings.

The key teams working with care homes in Barnet (Care Quality, Public Health and IPC) have issued regular information to care homes on how to access testing and offer advice and follow up to providers. Testing is available for symptomatic and asymptomatic residents and staff.

Testing is available to care home staff via the:

- National testing programme (drive through at Wembley; mobile sites in Barnet, home testing)
- STP testing programme (4 walk in sites across the STP including Barnet General Hospital)
- New whole care home testing programme via dedicated national booking portal
- Prior to the commencement of the national whole care home testing programme, the STP and council had launched a local pilot of whole care home testing, covering 6 care settings in Barnet.

Testing for residents is available via:

- PHE (for initial outbreak)
- Hospitals (prior to discharge)
- The whole care home testing programme.

The London Coronavirus Response Service has reported that testing has been carried out with 50 Care Settings in Barnet between 13 March and 12 May 2020.

Since the expansion of the testing offer through the National Portal and through NCL, there have been

10 Care Homes where all residents and staff have been tested, with plans for testing at 10 further care settings over the next week.

PPE and equipment

The council has ensured that all care settings in Barnet have access to the latest guidance on Personal Protective Equipment (PPE) from Public Health England as well as access to training and webinars to support proper use of PPE.

The council has been procuring PPE and distributing for all care providers since early March 2020 at no cost to providers, as well as reimbursing providers for PPE they have purchased themselves.

The care quality team contacts care providers twice weekly to collect information on PPE to help inform procurement and organise deliveries of PPE to care providers. There is also a clear route for emergency requests for PPE with deliveries available at evenings and weekends when required. The council has supplied 629,235 items of PPE to care providers in Barnet. Total costs of PPE supplied and reimbursed to date are c. £1m.

Hand Sanitiser	Eye Protection	Gloves	Coveralls	Aprons	Face Masks	Visors	Total PPE
5,704.00	6,482.00	237,833.00	813.00	192,286.00	184,733.00	1,384.00	629,235.00

Covid 19 medical equipment

The Barnet Directorate of the NCL CCG has sent out a medical equipment pack to all CQC registered care homes which consists of the following equipment:

- O2 saturation monitor
- Thermometers (in ear) together with single use ear covers
- Blood pressure monitor
- Pen Torch

Where a care home has more than 20 beds, 2 packs have been distributed to them.

Each home has also been sent an iPad at no costs to them so that they are able to conduct virtual check ins/consultation for their residents with their registered GP. Training guides for the iPad have also been shared as well as webinars to support use and a named contact should they have any queries with how to use.

Workforce support

Barnet system partners, the north London councils and the STP have been providing support to the care home workforce since before the Covid-19 epidemic, through our workforce development programme, Significant 7 training across all care homes in the borough and Proud to Care.

Between mid-March and 26 May 2020 Barnet council has received 265 expressions of interest to work for local care providers through the NCL Proud to care Portal.

In addition to the Proud to Care recruitment approach across NCL we have built on our quality offer by designing a workforce development framework for care providers in light of Covid-19. This includes developing support and training in increased areas of need (e.g. IPC as covered above; digital maturity) and also a wellbeing section, including a peer support group, the WhatsApp group for registered managers (with clinical input as required) and access to the NCL STP developed Together in Mind resources.

During the pandemic, we have focused on supporting the workforce through securing PPE, training, and supporting accessing testing.

We have issued guidance to care providers on the safe management of staffing rotas during Covid-19 and entitlements if staff are sick or self-isolating. We have confirmed with care home providers that they

have the ability to ensure staff do not work across different homes. 95% of care homes in Barnet are individually owned. Our larger providers which have more than 1 home have confirmed that staff are only working in single homes to reduce infection risk.

Through our Care Quality Team and use of the Market Insight Tool, we monitor staffing levels in care homes and the number of staff sick or self-isolating by care setting, so are able to respond if necessary. In line with national guidance, the Infection Control Fund is being passported to care homes to cover relevant staffing costs.

Clinical support

Virtual GP and Pharmacy appointments

The CCG and council have provided each care home in the borough with a cellular iPad at no cost, so that homes can have 'virtual ward rounds' with primary care GPs and pharmacists. This enables allows GPs and Pharmacists to conduct consultations and ward rounds for residents who require primary care input or a medication review through a video link. This has been in place since late March.

Locally Commissioned Service

From the 15th May, the NCL CCG has put in place the national clinical support offer for care homes, with a named clinical lead for each care home, weekly check-ins and a multi-disciplinary team to provide personalised care and support plans for care home residents.

A Locally Commissioned Service (LCS) has been launched with our GP Practices which will help support general practice to deliver the national clinical support requirements for nursing and residential care home patients as detailed in Dr. Kanani's letter dated 1 May 2020, as well as the ability to respond to the additional pressure Covid-19 has placed on the care of patients in this cohort. All practices who have patients registered at a CQC care home are signed up to offer this service and a letter has been sent out to care homes advising them of this LCS and their named GP practice.

Barnet One Care Home Team

Barnet has implemented a One Care Home team, led by Central London Community Healthcare NHS Trust (CLCH) with local partners. The team is led by a clinical lead nurse and four community matrons who will support all care homes across Barnet. They will be part of a wider Multi-Disciplinary Team (MDT), including social care, physiotherapists, pharmacists, assistant practitioners and rehabilitation support workers who will work directly within the team.

The service aims to:

- support the review of patients classified as a clinical priority for MDT assessment and care, identified through the general practice weekly 'check in' with care homes
- help with the delivery of personalised care and support plans for care home residents
- provide pharmacy and medication reviews support to care homes.

The team will help to improve the direct management of individual patients in homes and improve the knowledge and skill base of staff, particularly for nursing and care home staff in these homes in relation to the Covid-19 response.

There is a weekly meeting between all professionals supporting care homes to share information, highlight areas of concerns and to plan support to homes including testing, clinical input, PPE and social care support.

We are very proud of the Barnet care sector and the work it does to support and empower our residents, and are pleased to have been able to support them during the Covid-19 pandemic. We welcome the opportunity to set out the work we have been doing and look forward to your feedback.

Yours sincerely

John Hooton
Chief Executive



Barnet Health Overview and Scrutiny Committee

5 October 2020

Title	Adult Elective Orthopaedic Services Review
Report of	Anna Stewart, Programme Director, NCL CCG
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	
Officer Contact Details	Anna.stewart3@nhs.net Programme Director, NCL CCG Tracy.scollin@barnet.gov.uk Governance Officer, LB Barnet Tel 020 8359 2315
Summary	
The report provides a summary of the adult elective orthopaedic services review.	

Recommendations

1. That the Committee considers, comments on and notes the report.

1. WHY THIS REPORT IS NEEDED

The Committee has requested to receive a report on the adult elective orthopaedic services review further to its consideration by the Joint Health Overview and Scrutiny Committee on 4th September 2020.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter. They are empowered to make further recommendations should they wish.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 Not applicable in the context of this report.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Not applicable.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.”

5.5 Risk Management

5.6 No risks have been identified.

5.7 Equalities and Diversity

5.7.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.7.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.8 Consultation and Engagement

Not applicable.

5.9 Corporate Parenting:

Not applicable.

6. BACKGROUND PAPERS

6.1 Joint Health Overview and Scrutiny Committee, 4 September 2020:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=360&MId=10705&Ver=4>



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NCL Adult Elective Orthopaedic Review – Evaluation of responses to the consultation

London Borough of Barnet – Health Overview
and Scrutiny Committee

Anna Stewart, Programme Director
5 October 2020

Timeline...what's happened so far

1 February 2018...

- NCL joint commissioning committee (JCC) signed-off the mandate for the review of adult elective orthopaedic services in north central London

August – October 2018

- Carried out a desktop equalities review to identify impacted groups. Engaged patients, residents and other stakeholders on the draft case for change and rationale for the review. Five clinical design workshops held to establish the model of care

December 2018

- JCC approved the design principles for a new model of care and received the feedback from the engagement

January 2019

- JCC approved the overarching timeline, revised governance and accepted the recommendation around final contract form

May 2019

- JCC agreed the **Clinical Delivery Model** and **Options Appraisal Process** and issued them to providers for them to submit options

July 2019

- Carried out the options appraisal process

August - December 2019

- Drafting of pre-consultation business case
- NHS England assurance process

January 2020

- JCC approved the pre-consultation business case and made the decision to publicly consult

13 January to 6 April 2020

- **Public Consultation on proposed model of care**

Contents

- Summary of the proposals for consultation
- Summary of findings from the consultation
- Summary of the findings of the final stage of the Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA)
- Impact of Covid-19 on the proposals
- Next steps in the process
- Confirmation of the proposal that will be put forward for approval and areas that will be covered in the decision-making business case
- Appendix with further detail on consultation findings

Supporting materials

Copy of the full consultation document can be found at:

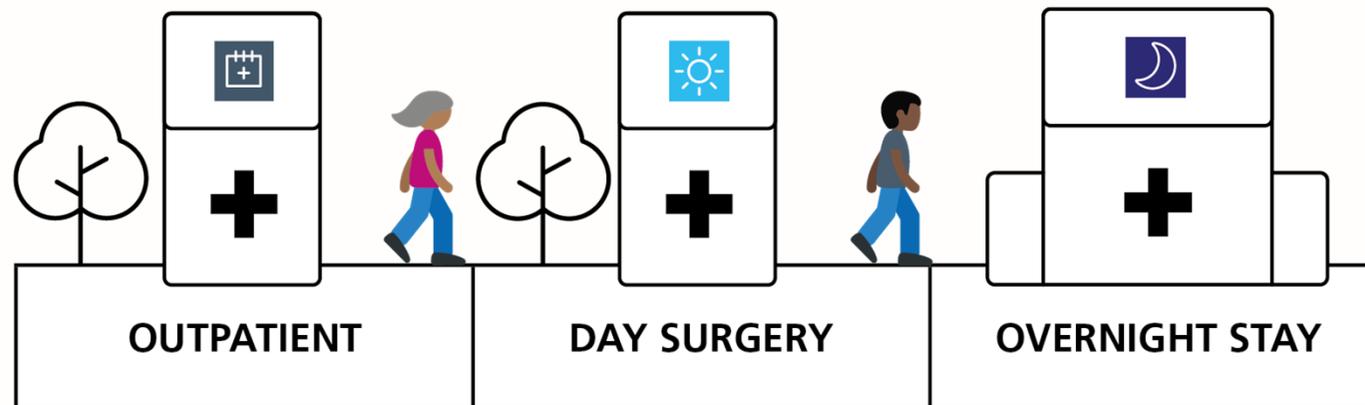
- https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/NLP_Orthopaedic-review_FINAL-1.pdf

Full copies of the Consultation Outcome Report and third and final stage of the health inequalities and health equalities impact assessment can be found at:

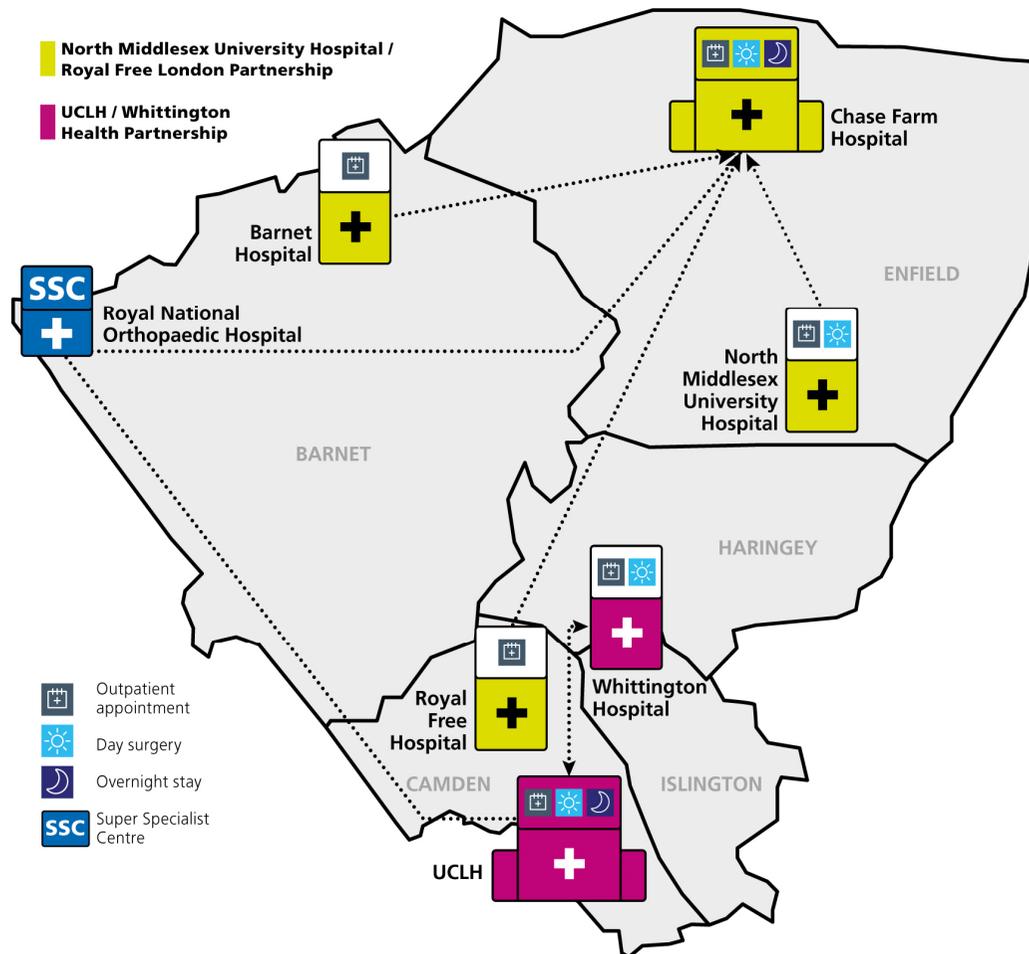
- <https://conversation.northlondonpartners.org.uk/orthopaedics-evaluation-reports/>

Summary of our proposals

- Two partnerships for planned orthopaedic care:
 - **University College London Hospitals** working with **Whittington Health**
 - **The Royal Free London Group** (Royal Free Hospital, Barnet Hospital, Chase Farm Hospital) working with **North Middlesex University Hospital**
- **Chase Farm Hospital** and **University College London Hospital** with dedicated operating theatres and beds, for patients who need to stay overnight
- **A choice** of NHS hospitals for those needing **day surgery**
- **A choice** of NHS hospitals for **outpatient appointments**



Where would patients go in future?



Patients would choose one of the two partnerships

The choice would determine where outpatient care and surgery would take place

GPs and physiotherapists would support decision-making

The public consultation

- The consultation plan was developed with input from providers, patient representatives and Healthwatch colleagues
- It drew on the equality impact assessment which indicated those groups who could be most impacted by the proposals
- Public consultation ran from 13 January to 6 April 2020
- Used a wide combination of methodologies
- Last few weeks impacted by the Covid-19 Pandemic, and 20 events scheduled between 16 March and 6 April were cancelled
- Following consultation with the JHOSC chair, the remainder of the consultation was conducted virtually, through:
 - Targeted telephone interviews (focusing on groups identified as potentially more impacted)
 - Reminders to third and voluntary sector contacts for a response to the consultation.

Consultation exercise – levels of participation



Three deliberative events

(open for attendance of all stakeholders and residents across NCL)



66 meetings

with stakeholder groups at which there were **1205 attendees**



12 outreach sessions

with information at NHS trusts, libraries, community events and community centres



595 survey responses



31 emails, letters, forms of media, including 24 responses from a range of professional bodies

Overarching findings from all feedback channels

Support

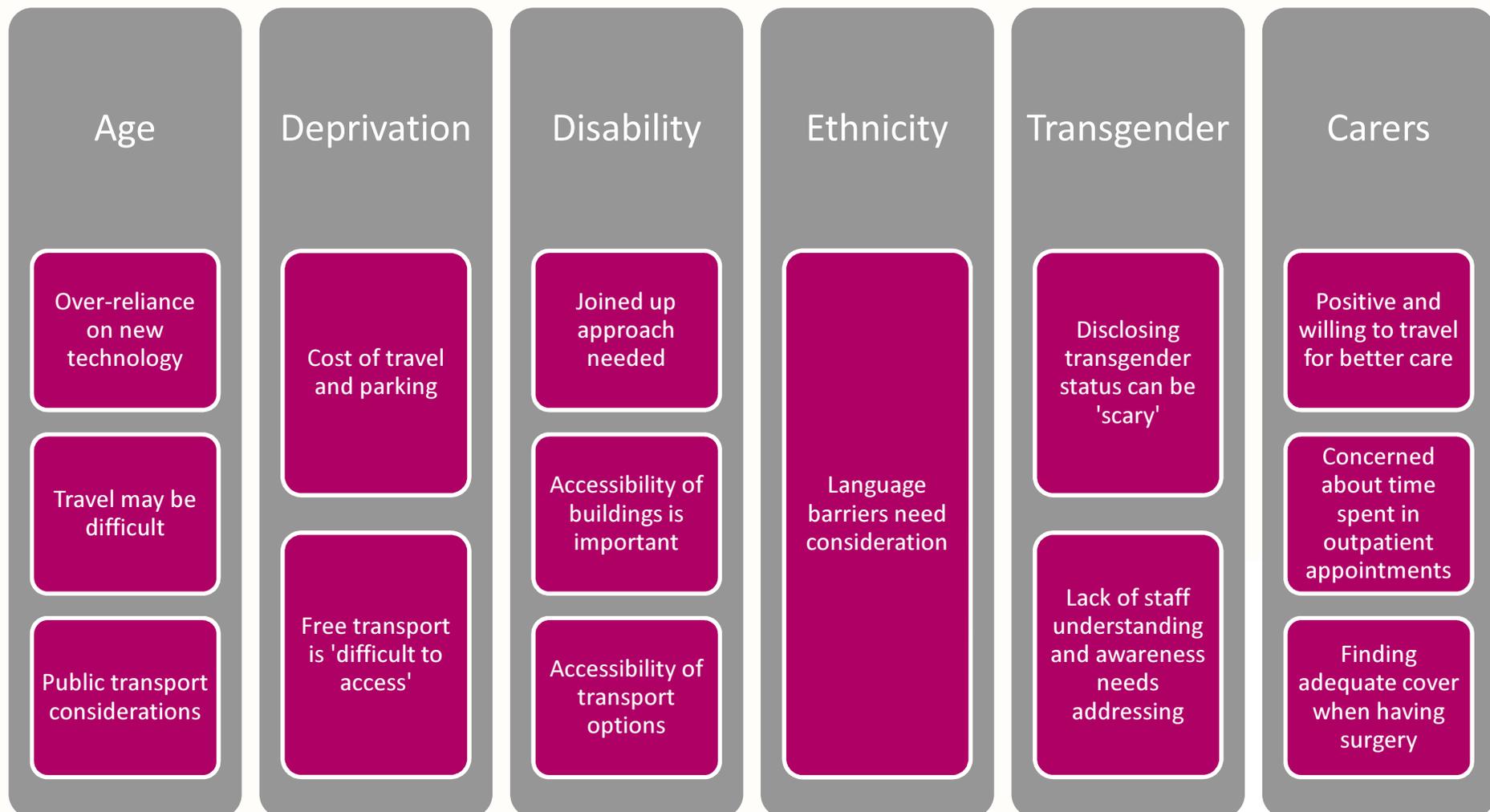
- Over three-quarters of respondents supported the proposals
- They thought they were likely to lead to improvements in elective orthopaedic care
- Service delivery developments (e.g. care coordinator) were seen as positive and likely to improve patient experience
- Separation of emergency and elective services was viewed as positive.

Concerns

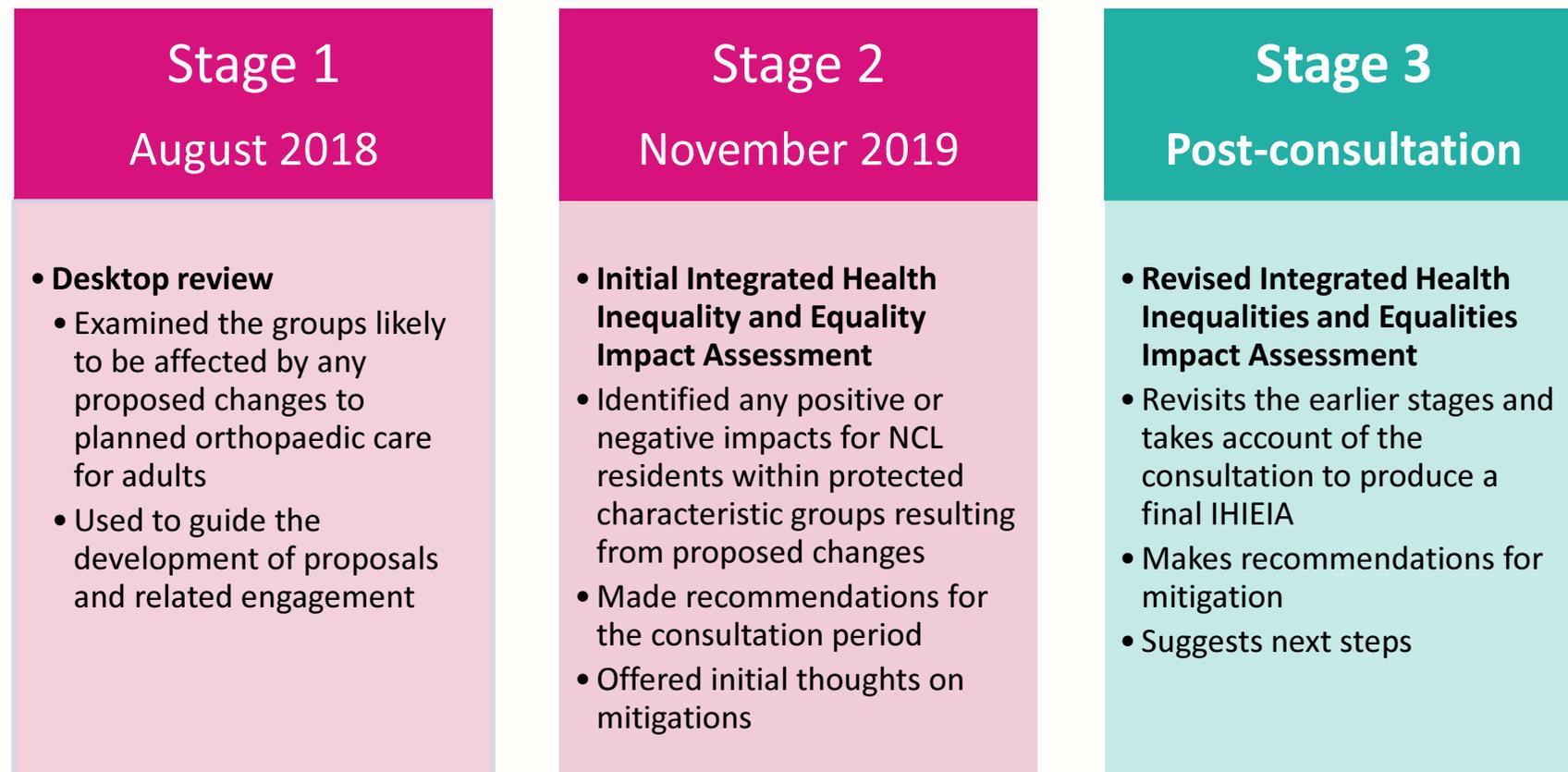
- Concerns were raised around travel and accessibility especially for older people, those with disability and individuals on low incomes
- Also raised was inconvenience of staff travelling between sites, leading to productivity issues and dissatisfaction

Consultation itself was praised, with participants feeling there had been a wide scope of influence

Specific findings in relation to key equalities groups



Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA)



Aims of the stage 3 IHIEIA

- To consider whether the process successfully incorporated the suggestions made in Stages 1 and 2 and to identify any gaps which might still need filled, including and considering the needs of the protected characteristic groups
- To compile a 'long list' of mitigations put forward throughout the entire process, including during the consultation, from which a 'short list' of mitigations would be considered for validation

A validation workshop took place in July 2020 in an online workshop attended by a cross-section of stakeholders

Mitigations suggested

- **Identifying patient needs** – early and comprehensively
- Using systems for **patient held documents** – for example carers' passports, carers' packs and My Health Matters' passports
- Ensuring the **care coordinator role** has the necessary scope
- **The provision of accessible information** – making information accessible to everyone who needs it, at the right time and in the right place
- **Leading at network level** to ensure consistency, avoid duplication and lead on high-level negotiations with partners

A detailed mitigations report is available on the NLP website alongside the final stage of the IHIEIA – link at the start of the presentation

The impact of Covid-19

- Covid does not impact on the decision-making process or change what was heard in the consultation. In fact the model of care on which we consulted – separating emergency and planned surgery – is the model that other specialities are now being asked to adopt to meet the new Covid-19 requirements.
- We are therefore confident that the model of care set out in the consultation will meet the challenges of the post-Covid environment as well as those that were set out in the consultation.
- Before progressing with the decision-making business case, all CEOs of the Trusts involved confirmed their commitment to implementing and that this was part of their approach to elective recovery.
- The context of the Covid-19 pandemic will be assessed in the decision-making business case, including:
 - Increases to waiting lists (as a result of cancelled surgery from March to August)
 - The requirement for planned and emergency care to be separated to meet infection control guidance
 - Delivery of digital options and virtual consultations

Decision making

- **NCL Joint Health Overview and Scrutiny Committee considered the public consultation at its meeting on 4 September 2020 and followed up with letter on 15 September 2020** which confirmed that the ‘consultation with local authorities is of sufficiently high quality and meets the standards we expect as the joint health overview and scrutiny committee for the five boroughs of north central London’. Going on to state that the JHOSC ‘believe the proposal is in the interest of the health service in the areas and the care for our residents and patients’.
- **NCL CCG Governing Body on 24 September 2020** reviewed the independent evaluation of the public consultation, the final stage of the IHIEIA, and was asked to approve the decision-making business case to proceed with the implementation on the new model of care
- **The decision-making business, is published here:**
<https://northcentrallondonccg.nhs.uk/meetings-publications/governing-body/>
 - Confirmed the intention to proceed with the overall model of care as set out in the public consultation and set out way in which the areas of concern that were raised in the public consultation are being address in the detail of the service model
 - Set out the changing context in terms of Covid-19 and how the proposed model of care meets these new challenges
 - Updated the financial modelling from the pre-consultation business case and the plans for implementation assurance and how the clinical network will operate and its governance

Learning from the consultation

Consultation and engagement process

- Local engagement throughout improved the proposals and ensured that they would be effective for the majority
- Good relationships with community groups and the support of stakeholders is key to getting good reach
- Keeping people involved along the way is important
- Shaping consultation exercises so that the voices of those most impacted can be heard.

Consultation findings

- People are broadly supportive of the principle of creating specialist centres – with caveats
- A focus on equalities is key; the needs of carers, economically deprived groups and others were key to the consultation process
- Access is a major concern for some groups and should always be considered alongside clinical factors.



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Appendix: detail of the consultation findings

Ways to respond

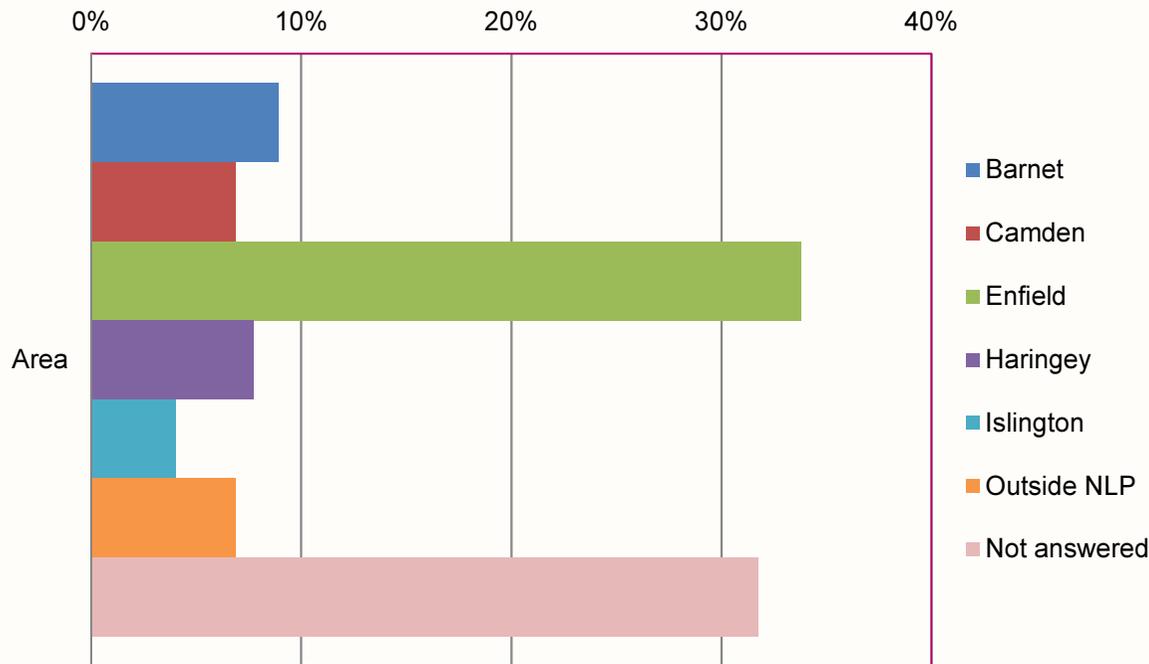
- Answering questions in a structured questionnaire
- Meetings organised by NLP team with stakeholder groups
- Meetings organised by NLP team with specific equalities groups
- Deliberative events (round-table discussions)
- Outreach sessions in the community such as information stands in public buildings
- Individual telephone interviews (transgender, carers, BAME)
- Using a dedicated phone line for feedback
- Written responses by freepost or email
- Social media responses were also monitored.

How the consultation was promoted

- Distribution of materials to health, care and community sites
- Promotion on partner websites
- Social media promotion
- Promotion in printed materials and newsletters
- Promotion in the media
- News stories about the consultation appeared in print and online.
- Facebook advertising campaign (reach of 10,848 people)
- Email campaign to community and voluntary sector in NCL (1,193 community and voluntary sector organisations and community groups)
- NCL Residents' Health Panel (800 members)
- Voluntary sector organisations, Healthwatch organisations, Royal Colleges and other relevant statutory and professional bodies were invited to feedback on the proposals via the questionnaire or in writing.

Who responded – by borough

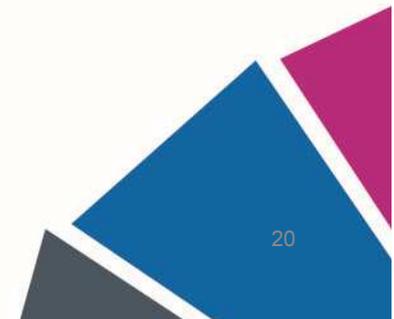
Response by postcodes/actual numbers



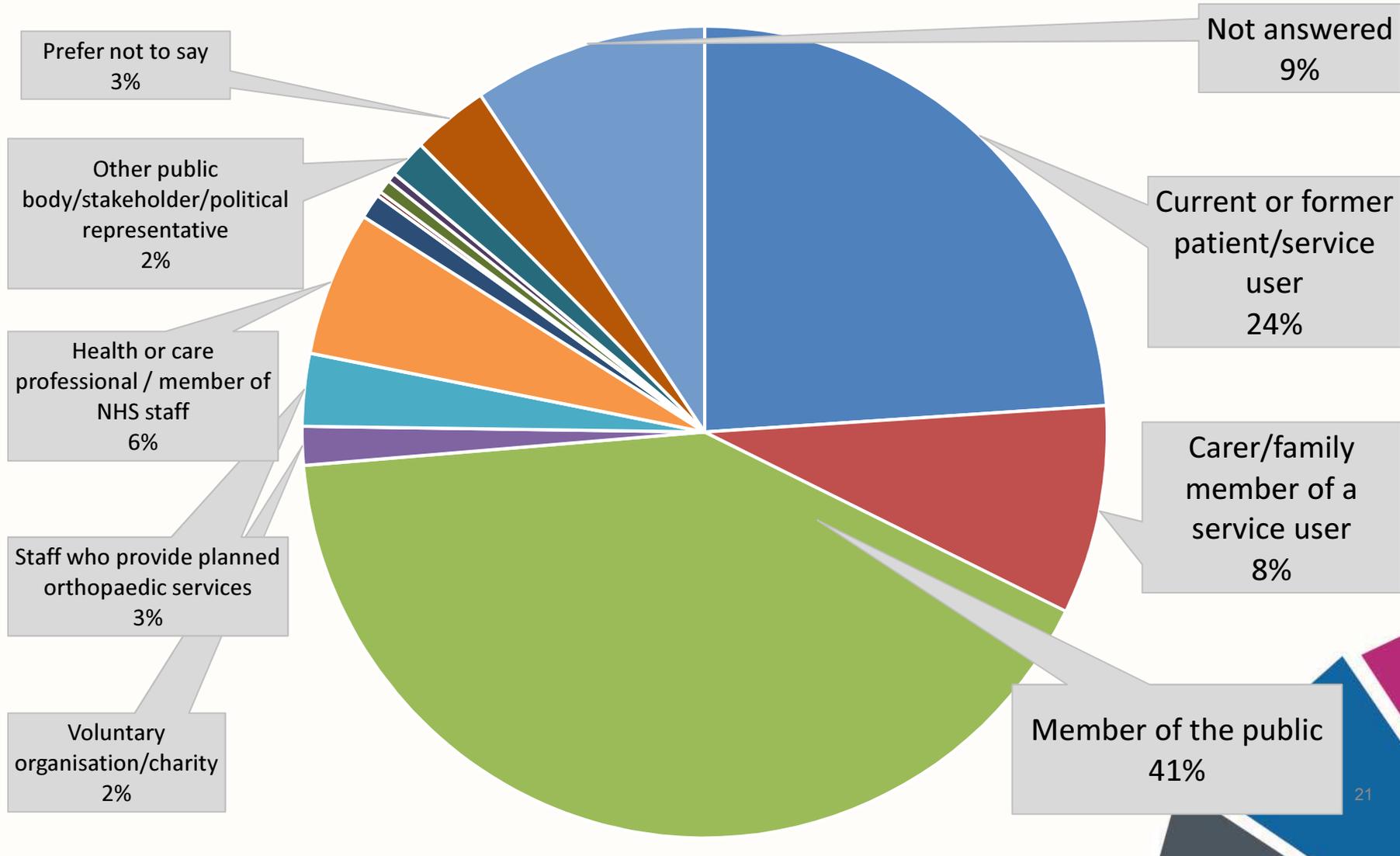
595 responses to the questionnaire

Barnet = 53
Camden = 41
Enfield = 201*
Haringey = 46
Islington = 24
Outside NLP = 41
Not answered = 189

*includes 107 separate
Enfield Healthwatch
surveys



Who responded – respondent type





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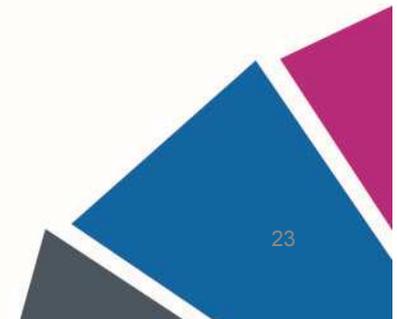
Themes arising from the feedback



Responses to the questionnaire

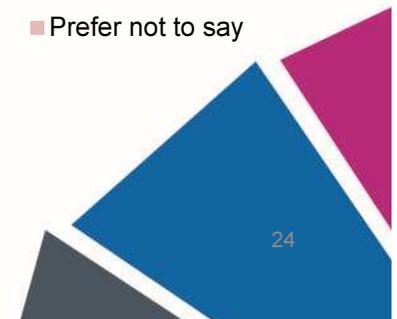
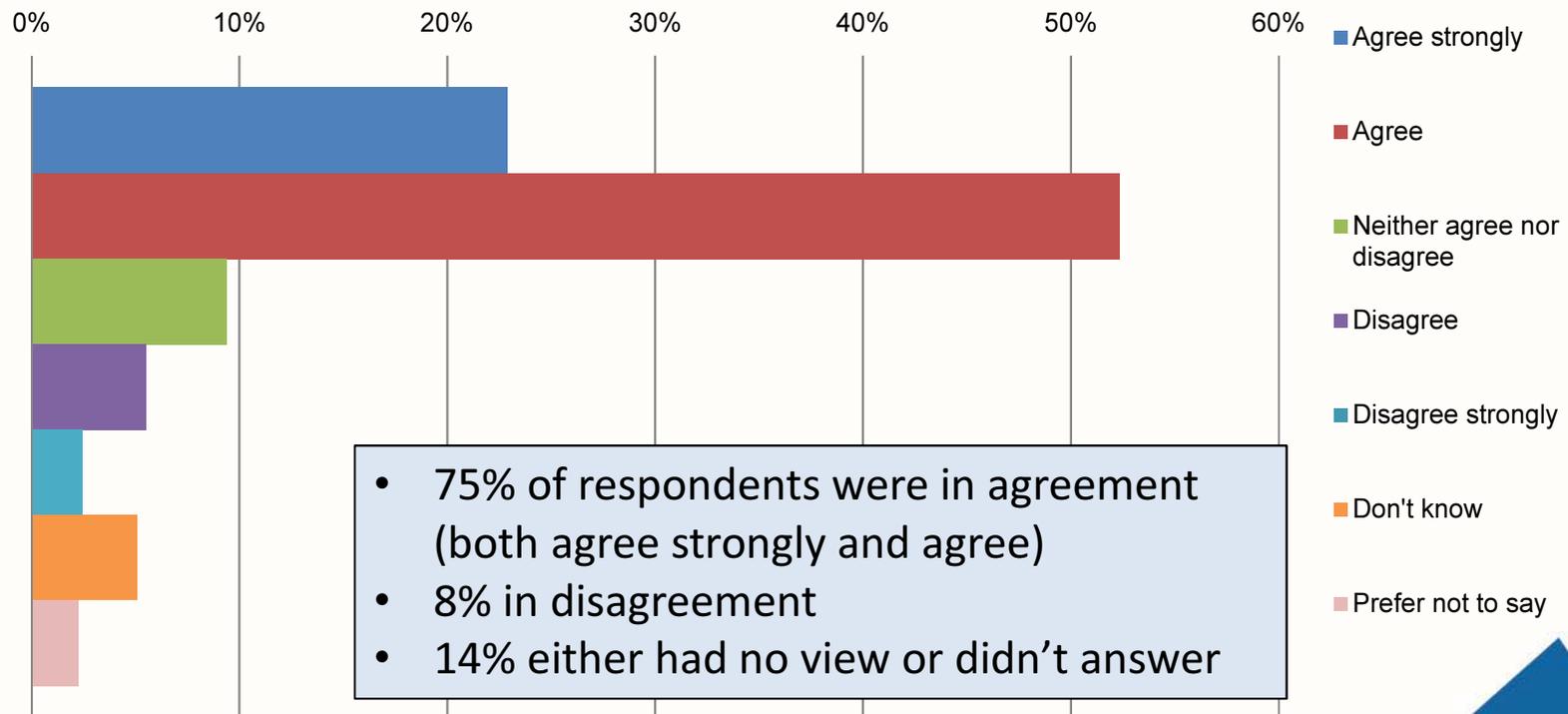


595 responses



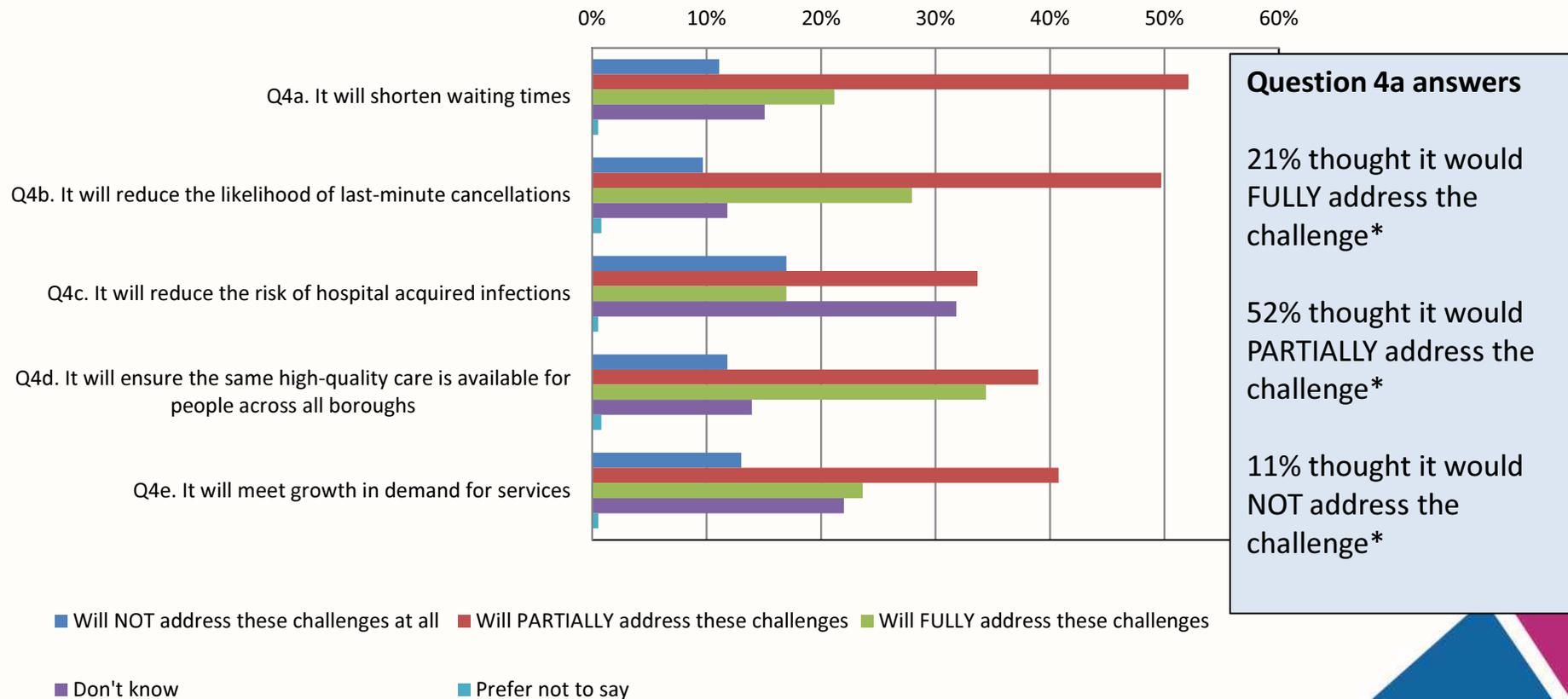
Overall levels of agreement

Q3. Having read or discussed the proposals to what extent do you agree with them?



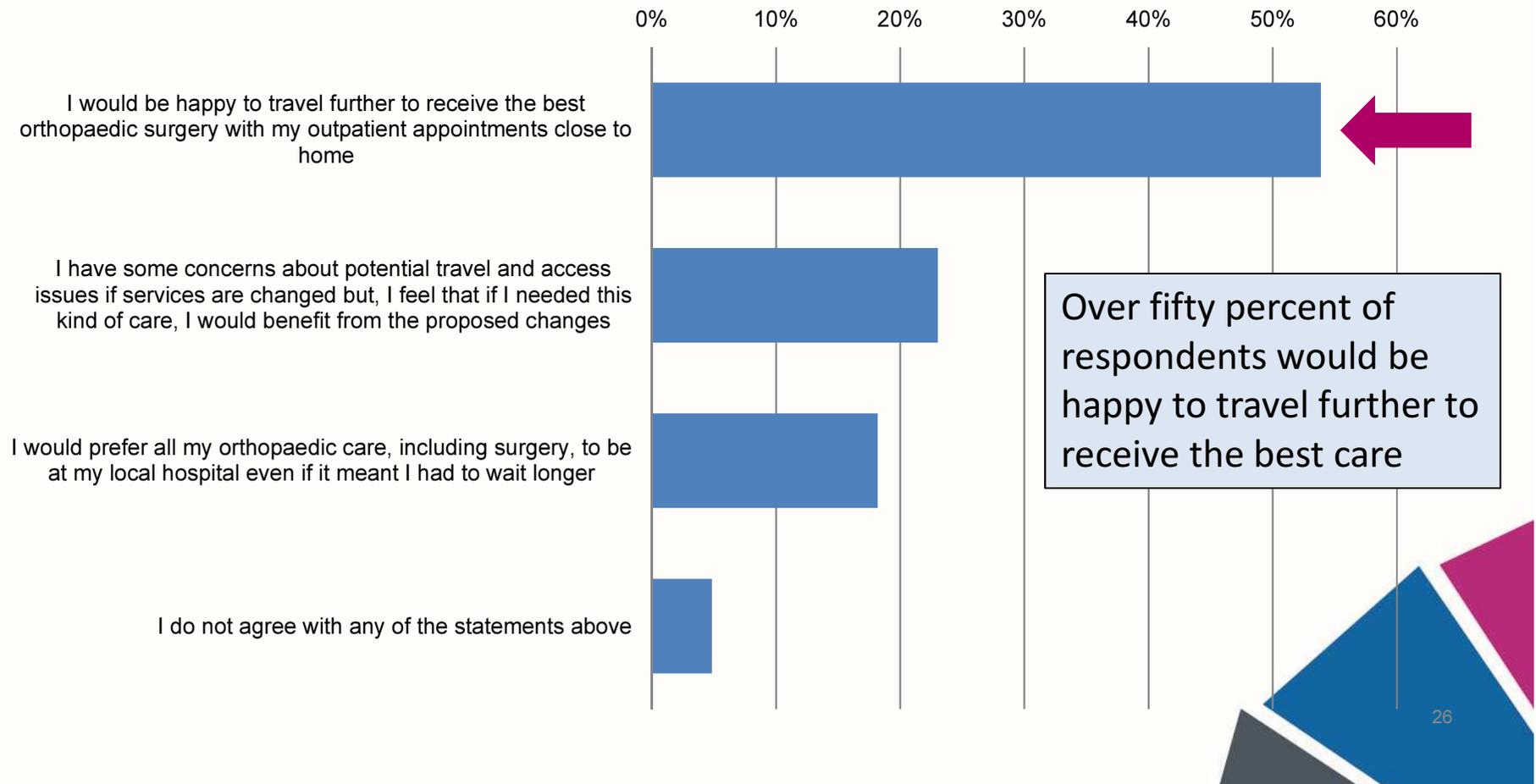
Will proposals address the challenges?

Q4. Please indicate from the list below, the extent to which you agree that our proposals will help to address these challenges:



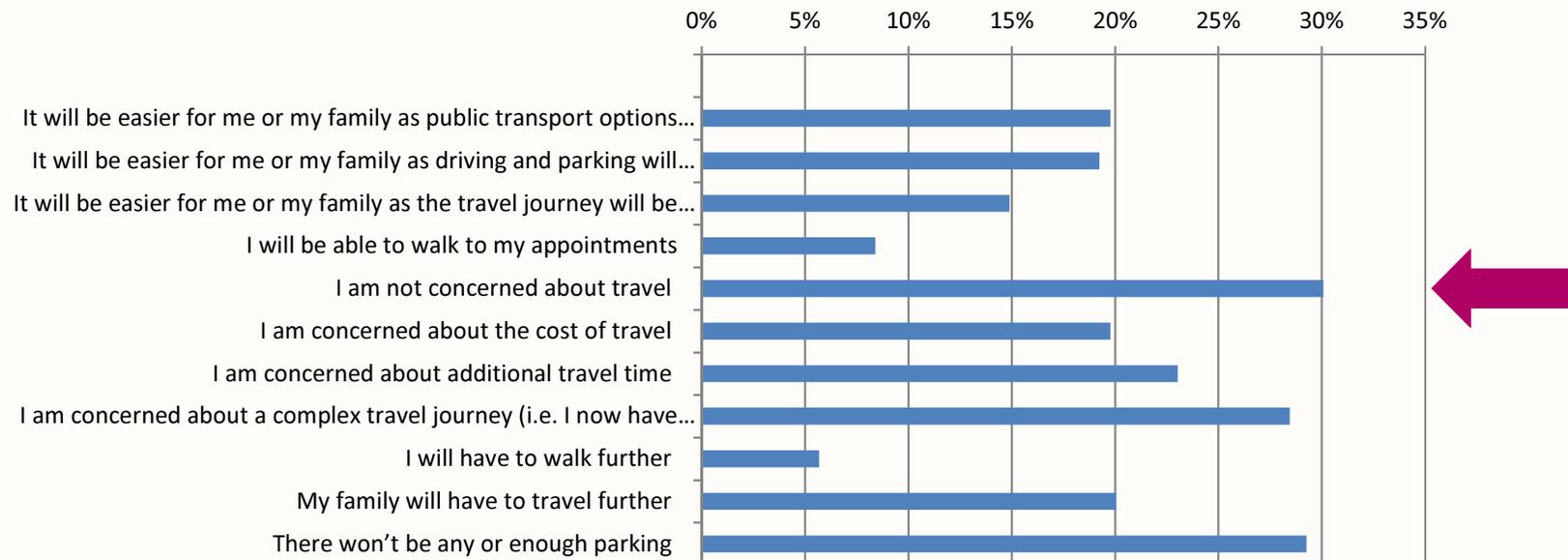
Getting to appointments

Q5. From the list below, please choose one statement that most closely matches your feelings about, or experiences of, accessing planned orthopaedic surgical care.



Feelings about travel

Q6. When considering our proposals, please read through the statements below and select those that most closely match your feelings about travel.



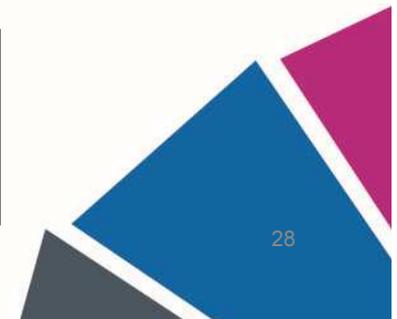
- Approx a **third** not concerned about travel
- 20% felt it could be easier as public transport options would be improved/easier to drive and park.
- Approx a **third** concerned about potentially undertaking a more complex journey/parking
- **20%** concerned about cost of travel, travelling further and additional travel time

Access to healthcare information

Q7. How would you prefer to access information about your healthcare – such as results of tests, appointment information and doctors' letters?

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	21%	28%	13%	6%	3%	29%
b. By telephone	8%	15%	12%	19%	5%	40%
c. Via emails sent to me from the hospital	30%	25%	8%	5%	3%	29%
d. In person at appointments	23%	24%	14%	2%	1%	36%
e. Via a secure hospital website	13%	14%	11%	13%	5%	43%

Via email sent to me from the hospital was preferred by **55%**
 Post was preferred by **49%**
 In person at appointments was preferred by **47%**



Giving information prior to surgery

Q8. Prior to an operation surgical teams need to gather information about patients to help them plan the care needed. Gathering this information early makes care better. If you had to give this information in advance of an appointment, how would you prefer to do this?

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	13%	21%	14%	12%	6%	33%
b. By telephone	10%	18%	12%	14%	6%	40%
c. Replying to emails sent to me from the hospital	25%	24%	9%	6%	4%	31%
d. In person at appointments	30%	24%	12%	2%	0%	32%
e. Via a secure hospital website	15%	15%	11%	12%	6%	41%

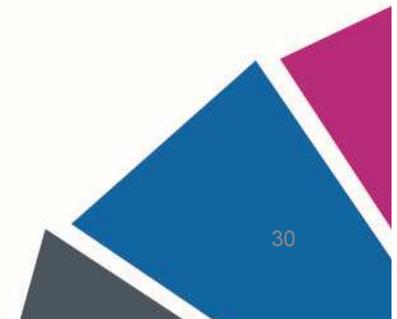
In person at appointments was preferred by **54%**
Via email sent to me from the hospital was preferred by **49%**
Post was preferred by **34%**

Preferred methods for follow up

Q9. After surgery, when a patient leaves hospital, a member of the team contacts them to check on their progress. What is your preference for how this would happen?

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. Via a questionnaire from the hospital that I would return in the post	6%	7%	11%	12%	7%	56%
b. By telephone	29%	27%	14%	11%	3%	17%
c. By responding to an email from the hospital	22%	24%	13%	15%	4%	22%
d. In person at appointments	35%	29%	19%	2%	1%	14%
e. Via a secure hospital website	13%	16%	18%	19%	8%	26%
f. Via a video service (such as Skype, Facetime or similar)	15%	13%	14%	21%	14%	23%

- o In person at appointments was preferred by **64%**
- o By telephone was preferred by **56%**
- o By responding to an email from the hospital was preferred by **46%**



Care coordinator role

Q10. In our proposals, we have introduced a 'care coordinator' to support patients with additional needs (such as dementia, autism, mobility needs or learning disabilities).

- Most comments were positive
- Focusing on communication needs and language/format
- Clear communication with patients, their family and carers to help join up care and explain procedures such as discharge
- Making assessments and providing reasonable adjustments
- Having access to patient information and records
- Need sufficient time to provide an individual service

Ways that proposals could be improved

Q11. Please tell us your thoughts on how we might change or improve our proposals so that you (or someone you care for) can use them.

(Specific reference to Equality Act 2010)

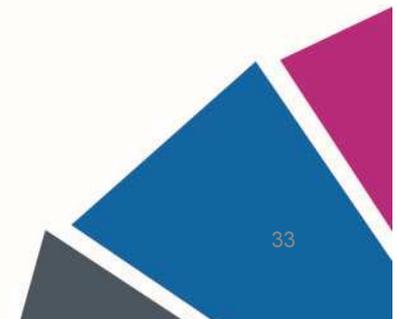
- Most responses were positive or offered suggestions for improvement
- Some responses stated that patients should be given more choice
- There were some additional concerns raised about transport and public transport availability
- Considering the needs of the elderly and disabled were also mentioned
- A few comments related to the decision being a foregone conclusion or a biased consultation.

Responses at discussion groups, meetings and interviews



**81 feedback groups and telephone
interviews were undertaken**

Numbers indicate the frequency of mention



Top five themes from meetings

Should provide a
faster service and
reduce waiting times

The majority of groups
agreed that the changes
made sense

What is the timescale?

Tell patients what to
expect post-surgery to
enable self
management

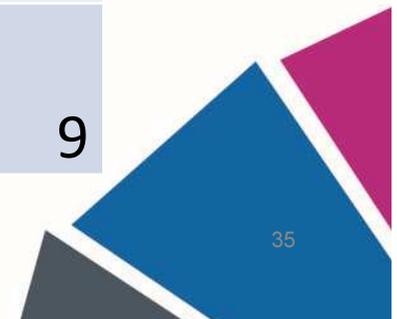
We need more
information



Top five themes from meetings

Views on whether the proposal will address the challenges faced

Support this initiative	25
Should shorten waiting times	14
Should reduce cancellations	14
I am not concerned by the proposals	11
Don't know how these changes will be effective	9

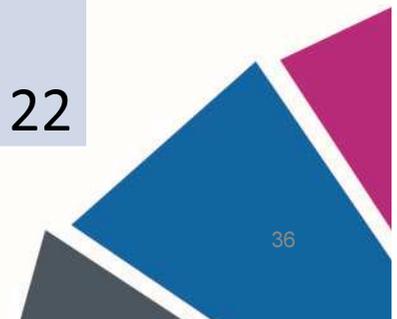


35

Top five themes from meetings

Views on the what is important to people in terms of patient experience and travel

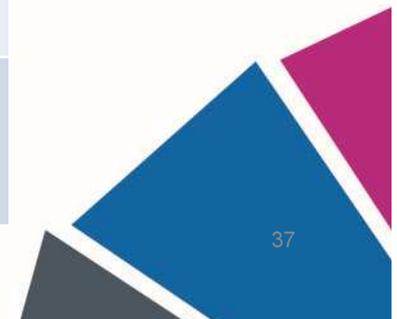
Travel for deprived areas and vulnerable people	27
Chase Farm is not very accessible/by public transport	23
Better bus service/public transport required/speak to TfL	23
Patient transport home after surgery may be required	22
Travel time and distance need to be considered	22



Top five themes from meetings

Views on the role of the care coordinator

Support and assist	38
A good idea	35
Provide information in the appropriate form/ language (easy read/learning difficulties etc)	33
Keep the patient informed	26
Co-ordinate care/with medical team/ communicate	21



Top five themes from meetings

Ensuring the needs of everyone in the community are met

Patient transport/travel cost to patient	9
Information about transportation options	8
Provide disabled/wheelchair facilities	7
Make access by public transport easier	6
Easy read versions for learning difficulty	6

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