

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

TUESDAY 7TH DECEMBER, 2021

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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	MINUTES	3 - 10

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Decisions of the Health Overview and Scrutiny Committee

12 October 2021

Members Present:-

AGENDA ITEM 1

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Golnar Bokaei
Cllr Saira Don
Cllr Lisa Rutter
Cllr Alison Moore
Cllr Anne Hutton
Cllr Geof Cooke
Cllr Barry Rawlings

1. MINUTES (Agenda Item 1):

Matters arising from the minutes of the meeting held on the 28 July 2021:

Agenda Item 10, Page 8 of the Minutes of the meeting held on 19 May 2021 – NHS Trust Quality Accounts 2021/21 RFL NHS Foundation Trust Quality Account. The Dementia Care plans requested by Councillor Rutter at the meeting held on 19 May 2021 had been circulated to the Committee on 15 September 2021. Members were also sent a contact name and an email address for any further queries they might have.

Agenda Item 10, Page 8 of the Minutes of the meeting held on 28 July 2021 – Alternative Provider Medical Services (APMS) Cricklewood Update. Four questions had been raised at the last meeting:

1. Who are the other shareholders apart from Sree Agarwal?
2. How many services do Penceat Medical Ltd run?
3. How long had they been running these services?
4. What type of questions were asked during the procurement process?

The answers to these questions had been circulated to Members on 12 October 2021 and hard copies were available at the Meeting. The Chairman raised concerns in relation to the answer to Question 3: 'The Service was registered with the CQC in June 2020'. The Chairman enquired as to whether the services could have been running before Penceat Medical registered with the CQC and, if they were not, she was concerned that the services had been running for a very short amount of time which did not allow for much long-term reassurance on the ability of the company to provide the medical care required.

Members reiterated the concerns of the Chairman and commented that parts of the local Community already had a distrust of health services. Members advised that any company taking over this contract would need to be able to deal confidently with significant challenges to regain the confidence of the Community. Members expressed their concern that the company did not have a proven long-term track record of being able to provide quality services.

Colette Wood, Director of Integration, North Central London Clinical Commissioning Group (NCL, CCG), explained that the procurement had been undertaken in-line with the relevant laws and procedures. She also updated Members that her team had met with Penceat Medical around 4 to 5 weeks ago to confirm what plans the Company had around working with the Community. Colette Wood commented that the responses the

CCG received had been very reassuring, that the company demonstrated they had conducted due diligence of the area and that the group of GPs working there had significant experience. She also assured Members that, as with all GP Practices in Barnet, Penceat would be subject to stringent contractual arrangements.

Members asked what the handover procedure would be. Colette Wood explained that the CCG recognised that the Practice had gone through a difficult time over the last few years with a high turnover of staff. Therefore, the CCG had held a number of meetings with Penceat and the GP Federation, who would continue to be the care takers for the next couple of months. She reiterated that assurances had been provided on the ability of Penceat to take on this Practice and they had been very clear about their plans and how they would meet the needs of the various population groups.

RESOLVED that the Committee approved the Minutes of the Meeting held on 28 July as an accurate record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

None.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

None.

4. REPORT OF THE MONITORING OFFICER (Agenda Item 4):

None.

5. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):

None.

6. MEMBERS' ITEMS (IF ANY) (Agenda Item 6):

None.

7. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 7):

The Minutes of the meetings of the North Central London Joint Health Overview and Scrutiny Committee held on 12 March, 19 March and 25 June 2021 were noted.

8. CORONAVIRUS AND VACCINATION UPDATE (Agenda Item 8):

The Chairman invited the following to the table:

- Dr Tamara Djuretic - Director of Public Health, London Borough of Barnet
- Deborah Sanders - Chief Executive, Barnet Hospital
- Colette Wood - Director of Integration, North Central London Clinical Commissioning Group (NCL CCG) (Joined virtually).

Dr Djuretic provided an update on the Coronavirus cases and Vaccination Programme in Barnet. Similar rates of infection levels had been recorded over the last 10 to 11 weeks, which suggested there was now a baseline of case rates within the Borough.

Dr Djuretic said that 40% of children had been infected with Coronavirus, which equated to around a quarter of all infections and this demonstrated why it was important for the vaccine to be rolled out to young people. She also commented that the booster programme was underway and would increase the immunity of those vaccinated at the start of the pandemic. A decrease in hospital admissions had been recorded over the past few weeks, however a slight increase had been seen during the week commencing 4 October, but the increase was not significant.

She explained that the Country was now moving into Phase 4 of the pandemic, which included learning to live with the virus, vaccinating as many people as possible and building back the economy. The Government's containment framework advised that there were no plans for any future national lockdowns but management plans needed to be in place to respond to any significant increase in rates locally that were above the national or London average. She explained that management plans could include measures such as the requirement to wear masks in schools and the acceleration of vaccination rollouts to help contain the transmission of the virus.

Dr Djuretic informed the Committee that there had been a good reception from schools in relation to the vaccines for 16 to 17 year olds, with vaccinations having been offered in ten schools with an uptake of around 30%. This figure was above the national average, but still not at the ideal level. The reasons for lower uptakes were due to practical issues around getting the vaccine, capacity to administer the vaccinations and the reluctance of some parents who wished to see how things progressed further before having their child vaccinated. Only one dose of Pfizer was being offered to 16 to 17 year olds and it would be delivered in schools with the support of Primary Care if required. Evidence would be used to decide whether a second dose of Pfizer was appropriate in the future.

Members enquired as to whether the data on the number of people vaccinated in Barnet equated to the number of Barnet residents vaccinated, or if this included people from outside the Borough who had been vaccinated at Barnet vaccination centres. Dr Djuretic confirmed that 250,000 people had been registered as having been vaccinated in Barnet and, of those, 200,000 were residents.

A Member raised a concern about side effects, including heart palpitations, that had been reported after receiving the second dose of the Pfizer vaccine. Dr Djuretic said there was currently no evidence to suggest a link between palpitations and the vaccine, however anyone experiencing side effects should report these and any trends would then be investigated.

Members enquired as to what vaccine was being offered as a booster. Dr Djuretic explained that individuals were not given a choice around which booster they received and that it would either be one dose of Pfizer or half a dose of Moderna. She also said that 30% of those who had received the booster had also had the flu vaccine at the same time.

Members asked what the death rates related to hospital admissions were. Deborah Sanders advised that the death rate remained low but there had been a slight increase in the number of hospital admissions of younger adults, most of whom had been unvaccinated. However, admissions and death rates were not as high as had been seen in the first phases. She confirmed that not all patients with Covid had been admitted

because of Covid as some were asymptomatic but tested positive on arrival. The Chairman asked what reasons those who had been admitted to hospital unvaccinated had given for not wanting the vaccine. Deborah Sanders explained that the reasons were varied but that some had been influenced by misinformation and it was often hard to persuade people otherwise.

A Member queried whether death rates for cancer had increased since 2019. She replied that hospitals were working very hard to catch up on all cancer referrals that had taken place pre-covid and that cancer leads were working extremely hard but that there were no specific figures available at the moment on the number of deaths. She further explained that diagnostic hubs were being set up within the community and that the Royal Free and Finchley Memorial Hospital had increased capacity for MRI scans, cancer pathways and other pathways, creating increased capacity at a local level. There were also proposals to provide a diagnostic hub within the Wood Green Shopping Centre to enable people to attend in more convenient settings.

Members enquired as to the update of vaccinations for Care Home staff and whether unvaccinated staff would be able to continue working in Care Homes. Dr Djuretic advised that around 92% of Care Home staff had now received the first dose and 75% the second dose. Colette Wood advised that work in collaboration with the Council had taken place to deliver the Care Home Vaccination Programme and that only a small number of staff remained unvaccinated. She explained that, where possible, these individuals would be re-deployed as they would be unable to continue to work in Care Homes in they remained unvaccinated.

Members asked whether an increase in the uptake of the flu vaccination had been evident in Health Care workers. Dr Djuretic said that there was no data to suggest any significant increase in flu vaccination uptakes compared to previous years. However, this data could be looked at and circulated to Members. Deborah Sanders advised that there was a concern around the reluctance of staff to take up the flu vaccine but the hospital was doing all it could to encourage staff to be vaccinated.

Members asked for more information on the booster programme, including how people would be invited to receive it, how it would be administered and what the possible side effects might be. Dr Djuretic said she could circulate further information to Members. Colette Wood advised that people would be contacted via their GP Practice when their booster vaccine was due and that cohorts of people would be contacted in the same order as before.

The Chairman asked the Governance Officer to request a briefing paper from Dawn Wakeling, Executive Director of Adults London Borough of Barnet, on the plans for Care Home staff redeployment for those not wanting to have the vaccine and business continuity plans for Care Homes.

RESOLVED that the Committee noted the written and verbal updates on Coronavirus and Vaccination Update.

9. LONG COVID AND RECOVERY OF SERVICES (Agenda Item 9):

The Chairman invited the following to the table:

- Dr Kola Akinlabi - Clinical lead for Long Covid, Central London Community Healthcare NHS Trust (Joined virtually)

- Deborah Sanders - Chief Executive, Barnet Hospital

Dr Akinlabi updated the Committee on data surrounding Long Covid and the number of cases in Barnet. Dr Akinlabi agreed to circulate his presentation following the meeting which would be published alongside the Agenda papers. Members enquired whether Barnet had more cases than any of the other five North Central London boroughs because it has the largest population, or whether the number of cases is in proportion to its population. Dr Akinlabi advised he would circulate the answer via email.

Deborah Sanders provided an update on the recovery of services which had been suspended due to the pandemic. She informed the Committee that there were currently 13 members of staff at Barnet Hospital off sick due to Long Covid and that various support measures had been put in place to assist these individuals.

She explained that over the last 18 months there had been a significant increase in the waiting list for several services and that the priority now was to recover and reduce this list as quickly as possible. During the first phase of the pandemic, most elective work had been halted, apart from cancer treatment, as the pandemic had resulted in the hospital being unable to deal with elective work as well as caring for Covid patients. Many outpatient and theatre staff were redeployed to Intensive Care Units during this time. During the summer, several services began to be restored with the Royal College of Surgeons' priority guidance being used to establish the order in which services should be re-opened. New pathways for services had been set up to ensure they were Covid secure. The second wave of the pandemic last winter did start to have some impact on the gains that had been made in the summer however, during the third wave, services continued and numbers on the waiting list had reduced since April 2021.

Deborah Sanders informed that Committee that approximately 9,500 patients had waited more than a year, which was very worrying, and it was the hospital's top priority to keep reducing this number. Some services had been more affected than others including ear, nose and throat, trauma orthopaedics and ophthalmology.

The Chairman raised concerns about long queues being experienced at Barnet Hospital and that residents had reported that some security staff had been unhelpful and off-hand as well as many patients having to stand for some time queuing in the car park because A&E was full. Deborah Sanders replied that due to capacity issues and the need to keep the Emergency Department Covid secure, there had been times when patients had needed to wait outside. She said that a second entrance had now been opened, as well as a second waiting room. However, due to staff shortages, the hospital was not always able to open the second waiting room. She said the security guards had been reminded of the need to provide good customer services and she hoped there would be no further reports of unhelpful behaviour in future. There was a focus on recruiting more Emergency Department staff, with 35 new nurses in the pipeline. Avoidance of overcrowding in the Emergency Departments was important and currently 150 patients could be accommodated at any one time in Urgent Care and A&E, but this was at the top of what could be accommodated within Covid secure guidelines. The A&E Department had been designed to accommodate 275 patients a day whereas 487 people had attended A&E on the previous day, 11 October, with 49 being admitted onto the Wards.

The Chairman also raised a concern on behalf of residents who had experienced an issue whereby their appointments had disappeared from the Electronic Patient Record (EPR) system. She asked what had caused this and what had been done to resolve the situation. Deborah Sanders explained that the new EPR system had gone live around 8

October and that this had involved the transfer of all patients' records from the old system to the new one. Tests were conducted before the go live date which indicated that not all patients' records were seamlessly transferring over, so the hospital was aware it was an issue that needed to be addressed. To resolve this, 35 additional people were recruited to ensure all records that needed to be inputted manually would be done and a hotline was set up to deal with any patients who turned up for appointments but their records could not be found on the system. She advised that manual records were uploaded in chronological order so that those needing to be seen first would be ready on the new system. All records would be completed within the next 2 to 3 weeks and floor walkers and super users had been trained up to aid staff in using the new EPR system.

A Member noted that their recent trips to the Royal Free with a family member had been impressive. They had been seen quickly with hardly any waiting and the service was comparable to that of a private hospital. The Member stressed that the same processes needed to be embedded at Barnet Hospital to improve the service and care for patients. Deborah Sanders agreed that conversations needed to be had about how to put the same investment into Barnet Hospital.

A Member raised concerns about the level of pressure and work being experienced by staff and how this might be having a negative effect on patient care. Deborah Sanders explained that staff shortages were an everyday battle and that a balance had to be met each day to ensure areas were suitably covered. She said that staffing the Intensive Care Unit was often the trickiest, as there was far less willingness to work there now. She said that the hospital was working hard on both retention and recruitment initiatives with overseas recruitment being the NHS's primary campaign currently, whilst they waited for new nurses in the UK to be trained and qualified. She also advised that there were much better wellbeing offers in place for staff than before the pandemic.

RESOLVED that the Committee noted the verbal updates.

10. HEALTHWATCH UPDATE AND ACCESSING YOUR GP REMOTELY (Agenda Item 10):

The Chairman invited to the table:

- Nitish Lakhman – Manager, Barnet Healthwatch
- Councillor Caroline Stock – Chairman, Barnet Health & Wellbeing Board

Nitish Lakhman provided a snapshot of the findings in relation to patients' experiences of accessing GP appointments remotely.

The broad consensus had been that there were many positive aspects to this new way of working which included the following:

- Being able to access an appointment whenever was convenient thereby allowing patients to schedule appointments around their life, jobs and commitments.
- Sufficient time being allocated to speak with a doctor.
- Prescriptions being provided on the same day.
- Patients feeling protected from Covid and other illnesses that they might pick up within the GP Surgery Waiting Room.
- The ease of being able to talk to a doctor virtually meant that issues like childcare were not a problem.

However negative aspects of the system had also been reported by many patients which included:

- Inefficiencies of the system, with long forms and numerous questions having to be completed.
- Algorithms sometimes being too sensitive and recommending patients attend A&E, therefore ending up using acute pathways unnecessarily.
- The lack of choice around whether to see a doctor virtually or in person, as the decision is made by the clinician.
- Some medical concerns not being appropriate in a virtual context, with some patients feeling uncomfortable or concerned about digital security.
- Accessibility issues for those unable or not confident in using digital services.
- Privacy and data concerns around sharing personal and sensitive issues online and General Data Protection Regulation (GDPR) requirements not always being adequately communicated to patients.
- Frustration with the inadequate telephone system, with some patients reporting having waited up to 1.5 hours to get through.
- Frustration of patients leading to abuse of reception staff.

Nitish Lakhman reported that issues with the length of the form had been highlighted as an area for improvement. He also said that often patients had to fill out multiple forms for each issue when booking an appointment, which was a downside of some of the systems being used by GPs. Feedback from some GPs had also been that they had been unable to cope with the increased administrative work associated with using E-consult as they had to spend a long time reading through all the forms.

Councillor Stock, Chairman of the Health and Wellbeing Board, said that some forms involved at least six pages of questions, if not more, and that often the questions were either not applicable or did not meet the needs of patients with multiple ailments. She said that patients became frustrated when they just needed to speak directly with a GP and were unable to do so. She explained that digital diagnosis was not always suitable or satisfactory, with some conditions requiring in-person appointments. She also raised concerns about some patients having reported being asked to show inappropriate areas of their body on camera and how unacceptable and upsetting this was. Councillor Stock further raised the issue of non-verbal clues being missed through virtual appointments as well as additional clues or concerns that a doctor may pick up from an in-person visit also potentially being missed, which could delay early interventions and diagnosis of conditions.

The Chairman raised the point that the form meant that the information was all patient led, so that other related symptoms could be missed.

A member raised the issue of religious and cultural traditions and how this had not necessarily been considered. For example, some women would only be able to speak to a female doctor and the system did not allow for this choice. They also stressed the fact that often women would not be comfortable disclosing personal medical information via a digital platform, which could discourage them from seeking medical advice. The Member also mentioned that cases of domestic violence or abuse were often picked up by GPs, which again could be missed through virtual appointments.

A Member enquired as to how many hours GPs were now spending seeing patients in comparison to before the pandemic. Councillor Stock advised that this had been raised at the Health and Wellbeing Board and that data was being compiled.

Nitish Lakhman informed the Committee that recommendations had been made to improve the system which included:

- A hybrid model whereby patients could choose whether they wished to be seen virtually or face to face, which would improve the empowerment and autonomy of patients.
- Simplifying the online booking form, reviewing which questions were essential and providing a filter option for follow-up appointments to reduce data entry for patients.
- GP Practices improving their communication and ensuring all GDPR requirements were clear and available to patients.
- Consideration of implementing a call back feature to reduce the length of time patients had to wait on the phone.

The Committee agreed that they had a duty to challenge systems and ensure that any safeguarding issues were properly considered and addressed. The Committee further agreed that a model whereby there was a balance between when it was appropriate for an on-line consultation and when face to face was required, was most important.

Members asked for data on the number of hours GPs were seeing patients to be provided at the next meeting on the 7 December. Healthwatch Barnet would be invited back to the next meeting, as well as Colette Wood, a GP, a Carer and a member of a Patient Participation Group (PPG).

RESOLVED that the Committee noted and commented on the written report and verbal update.

11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 11):

7 December 2021 Meeting:

- Update on Coronavirus, the Coronavirus Booster and Flu Vaccination.
- Mid-year Quality Accounts.
- Briefing on accessing GP appointments remotely.
- Childhood Inoculation and Birth Registration.

To Be Allocated:

- Early 2022 - Children and Young People's Oral Health in Barnet.
- APMS update six months after opening.

RESOLVED that the Committee noted the Forward Work Programme.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):

The meeting finished at 10pm.