

Decisions of the Health Overview and Scrutiny Committee

12 July 2018

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Val Duschinsky (Vice Chairman)
Cllr Golnar Bokaei
Cllr Geof Cooke
Cllr Saira Don
Cllr Linda Freedman
Cllr Anne Hutton
Cllr Alison Moore
Cllr Ammar Naqvi (substitution)

Also in attendance

Ms Dawn Wakeling – Strategic Director for Adults, Communities and Health
Dr Tamara Djuretic – Director of Public Health

Apologies for Absence

Cllr Paul Edwards

1. MINUTES (Agenda Item 1):

The minutes were approved.

Matters arising from the previous meeting:

- Diabetes Awareness week update: The Chairman reported that the Diabetes Awareness event held at Brent Cross Shopping Centre on 7 June had been a great success. Diabetes UK had been involved and the event had included GPs, diabetic nurses, dieticians, representatives from Greenwich Leisure, Saracens Sports Foundation and retinal screening services. It was noted that Public Health Barnet had its own diabetes questionnaire and advice on how to prevent diabetes. On the day, 25 people were diagnosed as pre-diabetic and 23 people as diabetic. In all, 97 people were tested.
- The Chairman noted that the Committee was still awaiting an update on the diabetic alerting system that had been mentioned in the previous Quality Account (2016-17) of the Royal Free London NHS Foundation Trust (Minutes of 24 May, P.10). Dr Shaw agreed to take this back to the Royal Free Hospital (RFH). **Action: Dr Shaw**
- A Member referred to the Minutes of 24 May, P.2 and mentioned that the Care Closer to Home Integrated Networks (CHINs) information was still awaited from the HOSC meeting of 5 February 2018. The Governance Officer would request this. **Action: Governance Officer**

- The Chairman reported that she had contacted Cllr Paul Edwards following the meeting on 24 May 2018 in relation to Health and Adult Social Care Integration (Minutes of 24 May, P.3). Cllr Cornelius had reiterated that this was within the remit of the Health and Wellbeing Board (HWBB) and was discussed at their meetings which he was welcome to attend. However, if he wished to scrutinise a specific aspect, then the HOSC could add it to their Agenda.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Councillor Edwards. Councillor Naqvi substituted for him.

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

Councillor	Agenda Item(s)	Declaration
Councillor Cooke	9	Non-pecuniary interest by virtue of his daughter being employed by UCLH
Councillor Hutton	9	Non-pecuniary interest by virtue of Finchley Memorial Hospital being within her Ward

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

There was no report.

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

There were none.

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

There were none.

7. "FRONT DOOR" AT BARNET HOSPITAL AND ROYAL FREE HOSPITAL (Agenda Item 7):

The Chairman invited the following to the table:

- Dr Steve Shaw – Chief Executive Officer of Barnet Hospital, Royal Free London NHS Foundation Trust
- Ms Kay Matthews - Director of Commissioning, Barnet CCG
- Dr Debbie Frost - Chairman, Barnet CCG
- Ms Sarah de Souza - Director of Commissioning, Barnet CCG
- Ms Lisa Robbins – Manager, Healthwatch Barnet

Dr Shaw explained that further to the Royal Free Hospital (RFH) achieving Foundation Trust status in 2012 and acquiring BH in 2014, in 2017 the Royal Free Group (RFG) had been set up as part of the NHS Vanguard Programme. This model involved groups of

providers sharing services in order to reduce unwarranted variation in patient care and to increase efficiency.

Dr Shaw noted that Mr Dominic Dodds is Chairman of the RFG and Sir David Slomon is CEO. Ms Kate Slemeck had been appointed Chief Executive of the Royal Free Hospital (RFH) in January 2018 and Ms Natalie Forrest is Programme Director for the redevelopment of Chase Farm Hospital.

Dr Shaw reported that the past winter at the RFH and BH had been challenging, but an improvement on the previous year, despite severe weather. The national target currently requires that 90% of patients who attend A&E are seen within four hours and then either admitted or discharged. This target will increase to 95% in 2019.

Dr Shaw explained that there were increasing pressures on both A&E and Ambulance Trusts but targets were being met at BH and the RFH was close to meeting them (87% of patients seen within 4 hours in 2017/18). Ambulance handovers were an important aspect of the target and huge improvements had also been made, whereas in some parts of the country ambulances queued for several hours to get patients through the Front Door. BH was in the top five Trusts in London for ambulance handovers.

The RFH had a new A&E which was at least five times the size of its former one.

Both hospitals had seen increased A&E attendance. The average was 340 patients a day at BH and 320 at the RFH. This was a national problem and the solution was complex and needed to include GPs and Adult Social Care. However, new mechanisms had been put in place within the hospital to encourage staff to be more alert to slow 'processing' regarding patient care. BH was also undergoing a major digital programme to incorporate paperless records.

National Emergency Care teams had been set up to help share best practice around the country and help to release beds earlier in the day to help with the typical surges into A&E in the evening. One tool was the 'Red2Green' campaign introduced by NHS England – a visual management system which reduced wasted time in a patient's journey through the hospital. Culture change across the entire hospital was also needed to achieve A&E targets by helping the flow in and out of the hospital.

Ms Matthews added that a pilot scheme had been carried out at the Front Door of Barnet Hospital (BH) which involved redirecting patients to GPs where appropriate. Appointments were offered directly into nine GP Hubs and this had proved successful. This was due to become 'business as usual' at BH. The same pilot scheme had recently been set up at the Royal Free Hospital (RFH).

An additional 38,000 Primary Care appointments had been introduced at the Hubs and the GPs had access to full patient records. Ms Matthews would forward a map of the Hubs to the Committee after the meeting. The sites had extended hours, with two of them open from 8am-10pm. **Received by Governance Officer**

Ms Matthews noted that patients from areas outside the Borough were also using Barnet's A&E and Walk-In Centres and the CCG was liaising about finance with colleagues particularly in Herts Valleys CCG and Camden CCG.

The Care Closer to Home Integrated Networks (CHINs) had been the driving force behind the Hubs, but detailed data on the reasons for people attending them for Primary

Care Services as opposed to elsewhere were not currently collated. However it had been found that there was variation in how patients from certain GP practices were accessing services and this was important for GPs to understand e.g. it could be related to telephone accessibility, or GP opening times, as well as demographics.

The CCG was also working closely with Local Authority colleagues to ensure that patients had the support they needed to enable them to leave hospital. Dr Shaw expressed thanks to the CCG and Barnet Adult Social Care colleagues as they had been important in helping BH and RFH achieve their objectives. Regular dialogue with Herts Valleys CCG had also been instrumental in improving transfer of care.

Ms Matthews noted that the RFH had been ranked 8 out of 18 in London for Winter performance in 2017/18.

Barnet Hospital Parking Update

Dr Shaw reported that a development master plan had been presented to the Barnet Planning Team as a Pre-Planning Application, which included a 1300-space multi-storey car park at BH. This had been well received and the Trust had procured a professional team to work up a formal masterplan to take forward a Planning Application for the entire Barnet site. This was likely to be submitted in Spring 2019.

Dr Shaw added that the car park was likely to take around three years to complete once the Planning Application had been approved. The Chairman noted that there were already problems accessing the hospital due to lack of parking spaces and that the problem would be exacerbated when further roads around the hospital went into the CPZ in September 2018. A Member stated that the RFH was much better served by public transport. She suggested approaching TfL to discuss possible improved bus routes to BH. Dr Shaw would feed this back. **Action: Dr Shaw**

Dr Shaw would keep the Committee updated on progress including the final number of car parking spaces agreed. He would also try to ascertain what would happen to the wasteland behind the 200 spaces at the current Barnet site. The Chairman would also ask Barnet's Planning Officers to keep the Committee informed. **Action: Dr Shaw, Chairman**

RESOLVED that the Committee noted the verbal report on the Front Door at Barnet Hospital and the Royal Free Hospital.

8. PRIMARY CARE ACCESS AND PRIMARY CARE WAITING TIMES (Agenda Item 8):

The Chairman invited the following to the table:

Dr Debbie Frost – Chairman, Barnet CCG
Ms Kay Matthews – Director of Commissioning, Barnet CCG
Ms Lisa Robbins – Manager, Barnet Healthwatch

Ms Colette Wood – Director, Care Closer to Home
Dr Steve Shaw – CEO of Barnet Hospital, Royal Free London NHS Foundation
Trust

A report from Barnet CCG on waiting times for GP appointments in Barnet and utilisation of extended access (8am-8pm) services was received. Dr Debbie Frost spoke to the report. She noted that various mechanisms were being used to cope with the increased demand on Primary Care. She explained that it was difficult to offer appointments to such high volumes of patients in the traditional way. The pressure was being relieved by input from skilled nurses, pharmacists and others. 'Patient First' was a triage system which ensured that every patient phoning in received a response the same day. Dr Frost added that Barnet was fortunate in terms of Primary Care, with good services in place and good access to patient records. The nine GP Hubs were open either 7.30am-6pm or 8am-8pm. Most of the GP practices also offered extended hours appointments and electronic prescribing was also helpful.

Barnet has 55 GP Practices and a GP-registered population of 424,000. There is good continuity of care and all Practices use the same IT system. The Hubs are currently being used to 80% capacity and feedback from patients is positive. However there is a 10% Did Not Attend (DNA) rate. The Committee discussed the possibility of implementing ways to improve the DNA rate and also to increase usage of the Hubs.

The Chairman noted that the British Medical Association had previously voted against charging for missed appointments. Cllr Don would forward a transcript of a NHS reminder text message she had received, which the Governance Officer would include in the minutes (see below):

We hope to see you at Royal Free Hospital, Clinic 1, on (insert date) at (insert time) for an outpatient appointment. Each missed appointment loses the NHS £160. If you are unable to attend, please reply 'RE-BOOK 9909' or 'CANCEL 9909' if appointment is no longer needed. Reply STOP to opt out.

The Committee agreed it would be worth using similar messages in Barnet to remind the public of the value of the service and cost to the NHS when appointments are missed.

A Member enquired about progress on the GP Workload Collection Tool. Ms Wood noted that this was being developed by NHS Digital and that data would be available soon. The CCG would bring details back to a future meeting. This would include details such as the total number of appointments offered and scheduled, times of these appointments, modes of appointments, healthcare professional types, number of appointments cancelled and demographic details. This would enable the CCG to support GP Practices to reduce unwarranted variation in waiting times. The Vice Chairman noted that Councillors received many complaints from residents about inaccessibility of GP appointments.

Action: Barnet CCG

A Member enquired about the Brent Cross South development and the likely increase in population and how this might impact on the Cricklewood Walk-In Centre. Ms Matthews noted that the Walk-In Centres had been set up prior to the GP Hubs. There was no plan to grow the Cricklewood Walk-In Centre as it was not anticipated that this would be needed, given the presence of GP Hubs. The CCG was currently working through its commissioning strategy for the Walk-In Centres.

Ms Wood added that Barnet CCG and the Council were jointly leading the CHINs programme and working with community partners to wrap community services around GP Practices, as well as harnessing the voluntary sector. In addition, services were being tailored according to the patient; for example some people were happier with online consultations whereas others preferred to see a GP in the traditional way. The CCG was committed to continuing to improve access to Primary Care.

A Member asked how Barnet compared to other CCGs in terms of GPs per capita. Ms Matthews noted that Barnet was the largest CCG in London and was lucky to have a good GP to patient ratio. The CQC ratings had all been positive, with only two Practices being given improvement plans, which was low for a London CCG.

A Member enquired whether patients who turned up at BH and RFH were asked to prove eligibility to use the services. Dr Shaw responded that there was a registration process and patients who were not entitled to use the NHS were sent invoices. The Chairman stated that a significant amount of money had been written off in the last year by the RFH, as many invoices had not been paid.

Ms Robbins commented that a lot of patients reported being confused about the purpose of the Walk-In Centres and where they could access a routine GP appointment. Many thought that the Walk-In Centres were for urgent appointments, so it would be helpful to communicate with the public about this. The Chairman suggested including an article in *Barnet First* with details of the location of the nine Hubs. Other suggestions from the Committee were: leaflet drops through every house, bus stop posters, GP notice boards, Finchley Memorial Hospital Walk-In Centre's and Barnet Hospital A&E's notice boards and Facebook. Ms Wakeling agreed to discuss further with Dr Djuretic and coordinate a plan.

Action: Ms Wakeling, Dr Djuretic

The Chairman asked Ms Matthews and Dr Frost also to consider where it might be appropriate to inform the public about the Hubs.

Action: Ms Matthews

Ms Robbins explained that one of the roles of Healthwatch was to help different groups, especially people new to the UK, to understand how the health system works. It was funded by the Department of Health (DH) but managed by the Local Authority. Ms Robbins also represented Healthwatch at the Health and Wellbeing Board (HWBB).

Ms Robbins reported that Healthwatch had found, through a piece of work with Middlesex University, that many young people did not understand the health system and some were therefore attending A&E unnecessarily. Healthwatch had put together a list of current services: Ms Robbins suggested using this as a starting point to inform people of GP Hubs. Ms Robbins would liaise with the CCG on this and also share it with Dr Shaw and Dr Djuretic.

Action: Ms Robbins

Ms Robbins noted that a useful way to disseminate this information was through community groups, refugee groups and schools/sixth form.

A Member asked how the problems regarding GP recruitment could be alleviated. Dr Frost agreed that it was harder to recruit GPs than before and this was partly due to long hours and heavy workload as well as other factors. Systems such as electronic

prescribing would alleviate the burden, as well as input from other Healthcare professionals. She added that Barnet attracted sufficient numbers of GPs at present.

RESOLVED that the Committee noted the written and verbal reports.

9. UTILISATION OF FINCHLEY MEMORIAL HOSPITAL (Agenda Item 9):

A written report was received.

Ms Matthews reported that FMH had been under-utilised since it was built and, a year ago, it was operating at 73% capacity. 'Adam's Ward' had been opened in December 2017, increasing use to 89%. The Breast Screening Unit would be moved inside the building around the end of July and also a CT scanner had been placed in FMH as part of a London-wide University College London Hospital (UCLH) research project on lung cancers, increasing usage of the building to 92%.

Plans were still underway for a GP Practice to be brought into the building – the CCG had received three expressions of interest which would be evaluated the following week. The remaining free capacity following this would be 5%, which would remain as 'bookable space'.

The Vice Chairman enquired how GP Practices had been incentivised to move their Practices into FMH. Ms Matthews responded that the use of the building was complex since the CCG picks up any void costs (£1.5million last year) and this would reduce to £200k when a General Practice was in place. It was worth the CCG incentivising GP Practices to set up in FMH. Also, service charges were substantially higher than in any other Healthcare Centre. Benchmarking with other Practices had shown that this was the case and so the CCG had offered to pick up this difference. GP Practices had not wanted to move to FMH without this incentive as the costs were higher than elsewhere. Ms Matthews was asked to provide void costs up to August 2018 and she would follow this up.

Action: Ms Matthews

A Member congratulated the team and asked about the sort of activities that could be carried out in the 'bookable space'. Ms Matthews responded that health-related services could use the space, e.g. the Dementia Café. There was flexibility in how the space could be used and the CCG was keen to collaborate with the Local Authority on this.

A Member enquired about making a better case for improved public transport to the site given the projected higher footfall. Ms Matthews agreed that this would be a good idea, adding that the footfall should rise from the current 200,000 to 300,000 a year. A Member enquired whether the CCG or the NHS was currently liaising with TfL about public transport access. Ms Matthews noted that this had not yet been revisited as there would be a stronger argument when the final footfall had been arrived at. It was anticipated that a GP Practice would be on site by the end of December. She would update the Committee on the situation in either October or November, depending on the information available.

Action: Ms Matthews

A Member enquired whether the chosen GP Practice would have preferential access to the facilities within the FMH compared to other GPs in the area. Ms Matthews stated that she would prefer not to answer the question at this stage in the process but she would respond when the situation became clearer in the near future. It depended to an extent on the bids submitted.

Action: Ms Matthews

A Member enquired whether the CT scanner would be used generally for diagnosis and treatment, rather than purely for the research programme. Dr Frost responded that the CT scanner was needed for patients at higher risk of lung cancer. University College London Hospital (UCLH) would be screening smokers or ex-smokers over 55 for early diagnosis. The facility could be used by others when not in use for the research project as it was part of a national lung cancer project. GPs typically had limited access to CT scanning in any case as the radiation was fairly high. UCLH Partners would pay full rent and the full cost of setting up the facilities.

A Member asked for an update on the land around FMH as he was aware that Barnet Council was in a partnership arrangement with national government to provide extra key worker housing as part of One Public Estate. Ms Wakeling noted that Barnet Council had been awarded funding by the Cabinet Office to run a number of 'One Public Estate' projects, including the land development at FMH. This funding had been provided for feasibility and development work in relation to finding ways of using public sector land that crossed organisational boundaries for housing and also the creation of jobs. The One Public Estate project developed a planning feasibility study for the pocket of land at the FMH site to be developed into either housing or a care facility. The developer, Community Health Partnerships (CHP) – one of the two national NHS property companies – is the owner of the land and building. It is CHP's responsibility to develop the land and secure any planning permission from Barnet Council.

Ms Wakeling said that she would enquire whether, from a Governance perspective, she could invite CHP to a meeting of the HOSC to discuss the land development plans given that this was in relation to a building project. As the land is around a health-related building it may be that it would be relevant for HOSC to invite CHP to discuss this. If appropriate, she would invite CHP to the meeting to update on their plans for FMH.

Action: Ms Wakeling

A Member noted that residents would be keen to know how/whether the site would be developed and requested an update as this situation had been ongoing for some time.

A Member reported that residents had expressed concerns about the area that was being prepared for playing fields and how this area would be managed. A Management Committee had recently been set up regarding this, involving residents a local school representative and local Councillors. There was concern that the playing fields would be chargeable and hired out to external users, which would increase traffic and parking in the area.

Another Member added that more information was required from a community health rather than a commercial point of view.

RESOLVED that the Committee noted both the verbal and written reports.

10. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

(Agenda Item 10):

- A Member noted that point 5.5 in the 'Primary Care Access and Waiting Times' report stated: 'There are no risks'. She felt that ideally the phrase used in other reports to HOSC could be included in future reports, ie 'Not receiving this report would present a risk in that the Committee might not be properly appraised of this health-related matter'. The Governance Officer would check this with the Head of Governance.

Note: The Head of Governance has advised that this should be decided for each report and should not be included where there was thought to be no risk.

- It was noted that Mr Will Huxter from North Central London (NCL) CCG would be attending the next meeting of the JHOSC on 20 July to update on the Sustainability and Transformation Plan (STP). The Chairman suggested inviting him to either the October or November meeting of the HOSC.
- FMH would remain on the agenda for October but may be deferred until November if the updates on the CT scanner and Breast Screening Unit were not available.
- Ms Robbins suggested that she could provide a summary report on Care Homes. Healthwatch had undertaken a series of visits on patients' meal times experiences. The Chairman asked Ms Robbins to forward this to her for consideration. **Action: Ms Robbins**
- A Member noted that written reports were important and more helpful for scrutiny. There was a lot going on at Barnet Hospital (BH) and it would be preferable to have more information in writing. Ms Wakeling noted that HOSC could ask for a report at any time from BH, providing details of what it would like to scrutinise. She recommended however inviting Dr Shaw either in October or November to update on Winter planning. This was agreed. **Action: Governance Officer**
- A Member enquired about Primary Care access and Key Performance Indicators (KPIs) - Report on Waiting Times for GP Appointments in Barnet, Agenda Item 8, P.26. Ms Wakeling noted that this referred to KPIs for Out of Hours and additional appointments through the Barnet GP Federation. She thought the CCG might share this data with the Committee, if it was approved to go into the public domain. She would ask Dr Shaw and the CCG to send in performance data to the Governance Officer for circulation to the Committee. **Action: Ms Wakeling**

It was noted that A&E figures are available online:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2018-19/>

- The Chairman reported that the next meeting would be held on Thursday 18 October. She would liaise with Governance regarding the meeting on 21 November 2018 and would let the Committee know if this was going to be rescheduled.

RESOLVED that the Forward Work Programme was approved.

11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 11):

There were none.

The meeting finished at 9.30 pm