Decisions of the Joint Health Overview and Scrutiny Committee

6 February 2018

Members Present:-

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Martin Klute, London Borough of Islington (Vice-Chair)
Councillor Alison Cornelius, London Borough of Barnet
Councillor Abdul Abdullahi, London Borough of Enfield
Councillor Jean Roger Kaseki, London Borough of Islington
Councillor Samata Khatoon, London Borough of Camden
Councillor Graham Old, London Borough of Barnet
Councillor Anne-Marie Pearce, London Borough of Enfield
Councillor Charles Wright, London Borough of Haringey

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THE LONDON BOROUGH OF CAMDEN

Minute Item 1

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **TUESDAY, 6TH FEBRUARY, 2018** at 2.00 pm in Committee Room 1, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Abdul Abdullahi, Jean Kaseki, Samata Khatoon, Graham Old and Anne Marie Pearce

MEMBERS OF THE COMMITTEE ABSENT

Councillors Martin Klute, Alison Cornelius and Charles Wright

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were recived from Councillors Martin Klute and Alison Cornelius.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Pippa Connor declared that she was a member of the RCN and that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS

There were no announcements.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

5. DEPUTATIONS (IF ANY)

There were no deputations.

6. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)

Consideration was given to a presentation from health officers circulated in the supplementary agenda.

Dr Josephine Sauvage, Joint Clinical Lead for Using NHS Money Wisely, North Central London CCGs introduced the item. She explained that the CCGs had reviewed the approach they were taking to the PoLCE matter. As the issues related to clinical decision-making, then there was not a need for the formal consultation that would need to take place if there was to be a 'substantial variation of services'.

Dr Sauvage highlighted the need to ensure that NHS money was spent effectively, and that there was consistency in the way residents were treated in neighbouring boroughs. She said that there were some conditions, the example given was chalazions on the eye, where non-surgical treatment would be most appropriate – and in the vast majority of cases they would clear up without the need for surgery.

Members asked about how referral management would operate. Dr Sauvage said that different boroughs had different systems for referral management, and some used clinical-decision making-software. She assured the meeting that the aim of referral management was not to have managers acting as gate-keepers. The process would be clinician-led, but in line with what was seen as best practice.

Members asked what drove changes in what were considered Procedures of Limited Clinical Effectiveness. Dr Saivage said that these changes were driven primarily by NICE and occasionally by peer-reviewed evidence from specialist bodies.

Dr Jahan Mahmoodi, the Medical Director of Enfield CCG, addressed the Committee. He said that Enfield CCG had received legal advice that a public consultation was not required, but that Enfield CCG had engaged in consultation in light of the views they had received from Enfield's Health Scrutiny Committee that engagement was desirable.

Members asked why Enfield had moved forward more quickly on this matter than the other four CCGs. Dr Mahmoodi said they were under instructions to evaluate certain pathways as Enfield CCG was referring more people to secondary care than equivalent boroughs. Thirteen areas where this was the case had been identified initially.

Members noted that some of the procedures identified had been removed from the final PoLCE list. They asked why this had happened.

Dr Mahmoodi said this was the case for hearing aids and for knee surgery. He said that the hearing aid consultation had resulted in a large volume of submissions, many of which were from people outside of the borough. He said that they had not been able to move forward on changing the pathway for knee procedures as there were difficulties with access to physiotherapy on the social care side.

He said that Enfield CCG wanted to see standardisation, equity between patients and avoiding a 'postcode lottery'.

Members asked how much money would be saved as a result of the PoLCE measures. They were informed the estimate was £744,000.

Members asked why there was currently variability in the way GPs operated to a degree that it was felt necessary by the CCG to have specific policies on procedures which were of limited clinical effectiveness.

Dr Sauvage said that GP surgeries were small organisations and some were not good at administration, found it difficult to recruit practice nurses, had shortages of staff and were reliant on locums. She also said that some GPs may lack confidence or may have been trained many years ago and may not be up-to-date with the latest professional views on what was clinically effective.

Members asked about how support was given to doctors and how information was disseminated to them. Dr Sauvage said there was an appraisal process for GPs which could provide peer review and peer support. Dr Mahmoodi said that Enfield CCG had tried to engage with doctors through organising meetings in different parts of the borough and members of the Board making visits to surgeries. This had taken place over a seven-month period, both before and during the PoLCE consultation period in the borough.

Members highlighted it was important that efforts be made to engage with GPs and to ensure that they were aware of what was taking place and of the latest professional guidance. They wanted to see this as a continuous process, not solely prior to and during Enfield's public consultation.

Representatives of Healthwatch were present. They raised concerns about the importance of measuring the outcomes of implementing the PoLCE policy and the in ensuring that patient feedback was taken on board.

They also expressed concerns about equalities, as a large number of the conditions mentioned in the PoLCE policy were those disproportionately suffered by older people. Healthwatch did not want to see older patients lose out as a result of this.

Members said that they felt it was important that the process was clear and transparent and that patients were able to challenge a decision if they felt it was having a negative impact on them and their quality of life. A procedure may be as effective carried out later than earlier (if the condition did not clear up from non-surgical intervention) but the patient could be in pain and discomfort during the period.

Members of the public present made comments. They sought assurance that rationing of healthcare would not be taking place and that further procedures which could be considered PoLCE would come back to the committee before CCGs acted.

Members of the Committee made a number of recommendations as to what they would like NCL CCGs to do. They recommended that there be a plan for GP engagement about clinical changes prior to rolling out the PoLCE policy. They wanted outcomes measured and feedback gathered from patients.

The Committee also wanted clarity on what criteria would be used to decide what future updates to the PoLCE policy would be submitted to JHOSC.

Members commented that Equality Impact Assessments were important and should be assessed as part of service changes.

RESOLVED –

(i) THAT the presentation be noted;

(ii) THAT the following recommendations be made to the CCGs:

a. A special GP engagement plan be drawn up around clinical changes prior to the implementation of the policy;
b. The CCGs should provide clarity on how the outcomes of the new policy and feedback from patients would be monitored;
c. Clarity should be provided to the Committee on what criteria would be used to decide which variations to the policy would come back to JHOSC for future consideration;
d. Information should be provided on Equality Impact Assessments and how they were being examined as part of service change.

7. DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were:

- Friday, 23rd March 2018 (Islington)
- Friday, 20th July 2018 (Barnet)
- Friday, 5th October 2018 (Camden)
- Friday, 30th November 2018 (Enfield)
- Friday, 11th January 2019 (Haringey)
- Friday, 15th March 2019 (Islington)

8. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business the Chair considered urgent.

The meeting ended at 3.50pm.

CHAIR

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MINUTES END

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