

## Decisions of the Health Overview and Scrutiny Committee

12 December 2013

Members Present:-

Councillor Alison Cornelius (Chairman)  
Councillor Graham Old (Vice-Chairman)

Councillor Maureen Braun	Councillor Barry Rawlings
Councillor Geof Cooke	Councillor Kate Salinger
Councillor Julie Johnson	Councillor Brian Schama
Councillor Arjun Mittra	Councillor Sury Khatri

Also in Attendance

Councillor Helena Hart – Cabinet Member for Public Health  
Councillor Jim Tierney – West Finchley Ward Member

Apologies for Absence

Councillor Julie Johnson                      Councillor Bridget Perry

### 1. **MINUTES (Agenda Item 1):**

The Chairman updated the Committee in relation to minute items from the 3 October 2013 meeting as follows:

- i) Item 6 (Transport Services – Finchley Memorial Hospital) – the Committee were informed that officers had confirmed that unspent section 106 contributions could not be used to fund the purchase of a shuttle vehicle for Finchley Memorial Hospital.
- ii) Item 6 (Transport Services – Finchley Memorial Hospital) – the Committee noted that the Friends of Finchley Memorial Hospital had been given permission by the hospital to undertake a patient survey to gauge demand for additional on-site transport services. It was expected that this would take place in February or March 2014 unless new GP services were scheduled to come on site.

**RESOLVED that the minutes of the meeting held on the 3 October 2013 be agreed as a correct record.**

### 2. **ABSENCE OF MEMBERS (Agenda Item 2):**

Apologies for absence had been received from Councillor Bridget Perry and Councillor Julie Johnson.

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

<b>Member</b>	<b>Subject</b>	<b>Interest declared</b>
Councillor Alison Cornelius	Agenda Item 7 (Barnet, Enfield and Haringey Clinical Strategy Update) and Item 8 (NHS Quality Accounts – Mid Year Update)	Non-pecuniary interest by nature of being on the chaplaincy team at Barnet Hospital
Cllr Kate Salinger	Agenda Item 8 (Maternity Services –Caesarean Births)	Non-pecuniary interest by nature of having two nieces who are midwives at Barnet Hospital

**4. PUBLIC QUESTION TIME (Agenda Item 4):**

None.

**5. MEMBERS' ITEM - GP SERVICES AT FINCHLEY MEMORIAL HOSPITAL (Agenda Item 5):**

The Committee considered a Members' Item in the name of Councillor Geof Cooke in relation to NHS England seeking to relocate local GP practices onto to the Finchley Memorial Hospital site.

Councillor Cooke informed the Committee that Dr Su Thwe (209 Ballards Lane, Finchley) was being forced by NHS England relocate her practice into the vacant GP spaces in Finchley Memorial Hospital as the current accommodation did not meet current NHS England accommodation standards.

At the invitation of the Chairman, Councillor Jim Tierney, Ward Member for West Finchley, addressed the Committee. Councillor Tierney considered that primary care services should be accessible within the community and questioned how moving an existing surgery from N3 to N12 would support this. The Committee were informed that Dr Thwe had 2,050 patients on her list and, when surveyed, 900 of these had indicated that they would not be prepared to travel to Finchley Memorial Hospital to access services.

Councillor Tierney advised the Committee that when Finchley Memorial Hospital was being redeveloped, there had been concern at the planning committee approval stage regarding the accessibility of the site and public transport links. He noted that at a previous meeting of the Committee, Transport for London had stated that they would not re-route local bus services into the hospital site as the cost would be prohibitive.

The Committee expressed disappointment that the Finchley Memorial Hospital Transport Plan submitted to the Council when the site was redeveloped had not been implemented and this was now causing on-going accessibility issues for patients.

A Member informed the Committee that NHS England were only able to require GP practices to move out of sub-standard premises when a GP retired.

Councillor Cooke noted that there was vacant space for GP premises on the Finchley Memorial Hospital site and there was a charge for the Barnet Clinical Commissioning Group for underutilised estates. Notwithstanding this, patients had indicated that they did not want the practice to move from its current high street location.

At the invitation of the Chairman, the Committee were addressed by Ms Soo Koh, Practice Manager at the surgery of Dr Thwe at 209 Ballards Lane, Finchley. She advised the Committee that the senior partner at Dr Thwe's practice had retired in March 2013 and that the surgery had been run on a caretaking basis since then. As such, NHS England had no obligation to retain the practice in its current location and could choose to advertise or disperse the list. The Committee noted that 209 Ballards Lane was currently below the CQC minimum premises standards and as a consequence the premises needed to be refurbished or move to an alternative site. Dr Thwe's preferred option was to move the practice from 209 Ballards Lane to 100 Ballards Lane and work was on-going to bring this site up to standard. However, NHS England's preference was for the practice to move into the Finchley Memorial Hospital site.

**RESOLVED that:-**

- 1. the Committee invite NHS England to make a written submission and be invited to address the Committee at the March 2014 meeting on:**
  - i) the issues detailed above regarding the decision to move Dr Thwe's practice to Finchley Memorial Hospital; and**
  - ii) any progress made in relocating GP practices into the vacant GP space at Finchley Memorial Hospital.**
- 2. the Committee receive a written submission in advance of the next meeting in relation to the impact of dispersing the patient list of two practices in the West Finchley area (Dr K Dodanwatawana, 110 – 112 Ballards Lane and Dr S S Thwe, 209 Ballards Lane).**

**6. MEMBERS' ITEM - SITE ISSUES AT FINCHLEY MEMORIAL HOSPITAL (Agenda Item 6):**

The Committee considered a Members' Item in the name of Councillor Kate Salinger in relation to site issues at Finchley Memorial Hospital site.

The Committee noted that Councillor Salinger had received responses to her queries from NHS Property Services and Community Health Partnerships and that these were detailed in the committee report. Councillor Salinger considered that the responses received did not address the issues raised particularly in relation to public transport, benches and the porter service.

**RESOLVED that a NHS Property Services and Community Health Partnerships be requested to attend and present a full report at the next meeting of the Committee on 12 March 2014.**

## **7. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY (Agenda Item 7):**

The Committee welcomed Cathy Geddes (Barnet and Chase Farm Programme Director for the Barnet, Enfield and Haringey Clinical Strategy) and John Morton (Chief Operating Officer, Barnet Clinical Commissioning Group) who were in attendance to provide an update on the implementation of the Barnet, Enfield and Haringey Clinical Strategy.

Cathy Geddes outlined the principal reasons for the service changes. Members were informed that the Clinical Cabinet and Barnet, Enfield and Haringey Clinical Strategy Programme Office continued to meet whilst the Strategy was being implemented.

The Committee noted that the NHS had been working closely with Barnet Social Care Services on delayed transfer of care and PACE (Post Acute Care Enablement).

Members questioned how patients were triaged when they presented at urgent care. Cathy Geddes reported that patients would either be treated or referred back to their GP, or would be screened by the TREAT Service (Triage and Rapid Elderly Assessment Team) or RAID Service (Rapid, Assessment, Intervention and Discharge). She added that the RAID Service was not 24 hours, but hours would be increasing.

The Committee highlighted that Chase Farm Hospital would not increase their elective surgery capacity until 2014 and questioned whether there was currently capacity in the system to achieve the 18-week target. Cathy Geddes reported that the Highland Wing was already in place at Chase Farm. She acknowledged that there would be an issue with clearing the backlog to achieve the 18-week target and reported that Fiona Smith (Chief Operating Officer at Barnet and Chase Farm Hospitals NHS Trust) was dealing with this issue.

Cathy Geddes confirmed that the new 200 space car park on the Barnet Hospital site would be opening on 13 December 2013.

Members welcomed the improvements at Barnet Hospital Maternity and A&E.

A Member supported the investment in Alzheimer's care in the Larches Ward at Barnet Hospital, particularly the improvements to bed areas, the installation of a Tiptree Box and the refurbishment of the toilet.

A Member informed the Committee that he had visited North Middlesex Hospital and had been impressed at the changes to maternity services and the positive attitude of staff.

### **RESOLVED that:**

- 1. Committee Members be canvassed for availability to attend a site visit to A&E, Maternity Services, Alzheimer's/Dementia Services and the new car park at Barnet Hospital in February 2014.**
- 2. the Barnet, Enfield and Haringey Programme Office be requested to provide the Committee with details of the number of Barnet patients currently scheduled for elective surgery.**

## **8. NHS QUALITY ACCOUNTS - MID YEAR UPDATE (Agenda Item 8):**

The Committee considered updates received from NHS health service providers on progress made in addressing the comments / recommendations made by when the 2012/13 Quality Accounts were reviewed on 9 May 2013.

### **NORTH LONDON HOSPICE**

The Committee welcomed Pam McClinton, the Nursing Director at the North London Hospice. She made the following comments in addition to the update report set out in the committee report:

The Hospice had now achieved full compliance with Level 2 of the 2013/14 Information Governance Toolkit.

Whilst staffing ratios were currently good, recruitment could be an issue and the Hospice had been investigating ways to address this.

The Hospice Board had been undergoing a development programme facilitated by Help the Hospices. A new governance structure had been implemented which had delivered a more joined up approach. In addition, the Board of Trustees would be considering the implications of the Government's response to the Francis Report in early 2014.

The Committee noted that the table on pressure sore numbers should read 4 in 2012/13 and not 2 as per the published table.

Members were informed that Douglas Bennett would be stepping down as Chief Executive of the Hospice and would be replaced by Pam McClinton.

### **ROYAL FREE LONDON NHS FOUNDATION TRUST**

The Committee welcomed Dr Steve Powis, Medical Director at the Royal Free London NHS Foundation Trust. He made the following comments in addition to the update report set out in the committee report:

Dr Powis reported that meeting the C. difficile target had been challenging and it was expected that the Trust would not meet the target in 2013/14. The Committee were advised that detailed root and branch reviews had been undertaken to investigate C. difficile cases. He added that a recent study by Oxford University had shown that reductions in the same of C. difficile cases could be attributed to reductions in the use of antibiotics rather than hospital cross-infection control measures.

Responding to a question, Dr Powis reported that patient-reported outcome or experience metrics were not related to satisfaction, but rather health improvements and pain management. He added that the system was currently being tested.

### **CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST**

The Committee noted that Central London Community Healthcare (CLCH) had been unable to send a representative to the meeting

Members commented that whilst PREMs (Patient Reported Experience Measures) responses from Barnet residents had increased to 20% of the total responses for CLCH, this was still represented poor performance from a borough with a population of 350,000.

## **BARNET AND CHASE FARM HOSPITALS NHS TRUST**

The Committee welcomed Fiona Smith (Chief Operating Officer at Barnet and Chase Farm Hospitals NHS Trust) and Terina Riches (Director of Nursing at Barnet and Chase Farm Hospitals NHS Trust). They made the following comments in addition to the update report set out in the committee report:

In relation to MRSA, the Trust undertook a root and branch reviews to ascertain the reasons for these failures in care.

The Committee were informed that there had been one 'Never Event' where potassium had been given to a patient and it was reported that this had been referred to the serious incident panel.

A Member questioned whether the root cause analysis for specific incidents was shared across the NHS. Terina Riches reported that this did not happen routinely and at present, learning was shared with the Commissioning Support Unit.

## **BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST**

The Committee welcomed Clara Wessinger (Head of Clinical Audit and Effectiveness at Barnet, Enfield and Haringey Mental Health Trust).

At the invitation of the Chairman, Councillor Helena Hart (Cabinet Member for Public Health), addressed the Committee. She expressed serious concerns regarding the findings of recent Care Quality Commission (CQC) inspections of Barnet, Enfield and Haringey Mental Health Trust services. Members were informed that she had written to the Barnet Clinical Commissioning Group Chairman and that John Morton had written to the Trust regarding these issues. She reported that the recent CQC inspections were a follow-up from inspections undertaken in May 2013 which identified issues. Whilst there had been improvements in one ward, there had been no improvements in a number of other wards. Of the six basic quality and safety standards, four had been breached. She highlighted that there had been failures on medicines and oxygen management, patients had been forced to wear continence pads and that mealtime arrangements required improvements.

The Committee noted that the Cabinet Member for Public Health would be taking an urgent item to the next meeting of the Health and Well-Being Board on 23 January 2014. The Chairman suggested that a special meeting of the North Central London Sector Joint Health Overview and Scrutiny Committee be convened to consider the CQC inspection reports as soon as possible.

John Morton (Chief Officer at Barnet Clinical Commissioning Group) advised the Committee that Enfield Clinical Commissioning Group (CCG) were the lead commissioners for Barnet, Enfield and Haringey Mental Health Trust across the three boroughs. Members were informed that Mr Morton had been meeting regularly with Barnet, Enfield and Haringey Mental Health Trust. The Committee were informed that

the Mental Health Trust had a new medical director who had significant experience in the field.

In response to these concerns, Clara Wessinger reported that she was not able to respond to issues on the Quality and Safety Action Plan. She made the following comments in relation to the update report on NHS Quality Accounts set out in the committee report:

In relation to communications, process mapping work had been undertaken across services to identify gaps and as a result new protocols had been put in place.

A Member advised the Committee that that at a recent CCG meeting, GPs had commented that they had felt unsupported by the Mental Health Trust in relation to the GP Advice Line. It was highlighted that the number of calls to the GP Advice Line had been deteriorating. Clara Wessinger advised the Committee that there was no mechanism in place to capture feedback on the service. She added that the decline might be attributable to the recent Primary Care Academies which had introduced other systems to support GPs.

**RESOVLED that:-**

- 1. The Committee note the updates on the NHS Quality Accounts 2012/13 as set out in the reports and above.**
- 2. Barnet and Chase Farm Hospitals NHS Trust be requested to circulate the outcome of the Diabetes Audit to the Committee.**
- 3. Barnet and Chase Farm Hospitals NHS Trust be requested to provide a written response to the Committee on the arrangements for sharing learning from “Never Events” across the NHS.**
- 4. The Chairman of the North Central London Joint Health Overview and Scrutiny Committee be requested to set up a special meeting (of Barnet, Enfield and Haringey Members only) to consider the recent Care Quality Commissioning reports on Barnet, Enfield and Haringey Mental Health Trust, with representatives from Clinical Commissioning Groups, local Healthwatches and Cabinet Members for Health being invited to attend.**

**9. MATERNITY SERVICES (CAESAREAN BIRTHS) (Agenda Item 9):**

The Committee considered a report which outlined the performance of the Royal Free London NHS Foundation NHS Trust and Barnet & Chase Farm Hospitals NHS Trust in relation to maternity services and caesarean births.

The Committee welcomed Fiona Smith (Chief Operating Officer at Barnet & Chase Farm Hospitals NHS Trust) and Adam Rodin (Clinical Director of Women’s Services at Barnet & Chase Farm Hospitals NHS Trust) for the item.

A Member expressed concern that caesarean rates seemed to be higher than the national average. Adam Rodin reported that the Trust were required to adhere to NICE guidelines which gave expectant mothers choice regarding delivery. He advised the Committee that there were multiple reasons for inductions and caesareans with the

numbers varying from month to month. Members were informed that the Trust had been working with University College Hospital to review practice in relation to inductions and caesareans.

**RESOLVED that:**

- 1. The Committee note the updates set out in the report and above in relation to maternity services.**
- 2. The Royal Free London NHS Foundation NHS Trust and Barnet & Chase Farm Hospitals NHS Trust be requested to provide an update on performance in relation to maternity services in their Quality Accounts submissions to the Committee in May 2014.**

**10. GP SERVICES IN BARNET (Agenda Item 10):**

The Committee welcomed Tony Westbrook (Head of Regeneration) to present a report on GP services in Barnet.

Mr Westbrook informed the Committee that some of the larger regeneration estates had been required to develop GP premises as a planning condition. However, GPs are self-employed and there is no requirement for them to operate their services from the premises provided as part of regeneration schemes.

The Committee noted that a Colindale focussed project group had been established with representation from the Barnet CCG, NHS England, NHS Property Services and the Council.

**RESOLVED that:**

- 1. The Committee note the update on GP Services in Barnet as set out in the report and above**
- 2. The Committee keep a watching brief on this issue**
- 3. The Committee refer this issue to the Health and Well-Being Board to consider alongside the refresh of the Joint Strategic Needs Assessment**

**11. BARNET HEALTHWATCH ENTER AND VIEW REPORTS (Agenda Item 11):**

The Committee welcomed Julie Pal (Chief Executive at CommUNITY Barnet). In introducing the report, she advised the Committee that Healthwatch were disappointed at the response from Barnet, Enfield and Haringey Mental Health Trust to the issues raised in the Ken Porter Ward Enter and View report.

**RESOLVED that:**

- 1. Officers be requested to liaise with support officers for the North Central London Joint Health Overview and Scrutiny Committee to investigate ways for the Healthwatch Enter and View reports be considered.**



2. **Committee Members be requested to identify potential mental health site for Barnet Healthwatch to consider for inclusion in the Enter and View programme of visits.**

**12. BREAST SCREENING SERVICES - FINCHLEY MEMORIAL HOSPITAL (Agenda Item 12):**

The Committee considered a submission from the North London Breast Screening Service and NHS England on the Breast Screening Service at Finchley Memorial Hospital.

The Chairman reported that she had been informed that breast screening mobile unit had been successfully connected and tested in readiness for services commencing on 2 December 2013.

**RESOLVED that the update as set out in the report be noted.**

**13. NHS HEALTH CHECKS SCRUTINY REVIEW (Agenda Item 13):**

The Committee considered a report which provided an update on the joint Barnet / Harrow NHS Health Checks Scrutiny Review.

**RESOLVED that:-**

1. **The Committee note the update on the joint Barnet / Harrow NHS Health Checks Scrutiny Review as set out in the report.**
2. **The Committee approve the final report of the joint Barnet / Harrow NHS Health Checks Scrutiny Review being approved by the Committee via e-mail to enable the report to be referred to Cabinet in February 2014.**

**14. MINUTES OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 4 OCTOBER 2013 (Agenda Item 14):**

The Committee considered the minutes of the North Central London Sector Joint Health Overview and Scrutiny Committee (JHOSC) which had taken place on 4 October 2013.

The Chairman advised the Committee that a visit to the 111 service was being arranged through the JHOSC.

The Overview & Scrutiny Manager informed the Committee that the Royal Free Hospital NHS Foundation Trust had submitted a request for the proposed merger of the Royal Free and Barnet & Chase Farm to be scrutinised through the JHOSC rather than individual Health Overview & Scrutiny Committees. The Committee were requested to consider whether they wished to retain the ability to scrutinise the merger or whether they were content for the issue to be scrutinised through the JHOSC only.

**RESOLVED that the Committee note the minutes of the meeting of the North**

**Central London Sector Joint Health Overview and Scrutiny Committee held on 4 October 2013.**

**15. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 15):**

**RESOLVED that:**

- 1. The Health Overview and Scrutiny Committee Forward Work Programme be noted.**
- 2. The Committee note that the Chairman would review the work programme and allocate items to committee meeting dates.**

**16. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 16):**

None.

The meeting finished at 10.00 pm