

MINUTES OF MEETING OF NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 29TH January 2024, 10.00am – 12.35pm

PRESENT:

Councillors: Tricia Clarke (Vice-Chair), Cllr Lorraine Revah (Vice-Chair), Cllr Kemi Atolagbe, Cllr Rishikesh Chakraborty, Cllr Jilani Chowdhury, Cllr Philip Cohen, Cllr Chris James, Cllr Andy Milne and Cllr Matt White

40. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Pippa Connor (Haringey).

In the absence of the Cllr Connor as the Chair, the meeting was chaired by Cllr Tricia Clarke as one of the Committee's Vice-Chairs.

42. URGENT BUSINESS

Cllr Clarke informed the Committee that new rules were being put in place nationally in respect of health scrutiny and reconfigurations of local health services and requested that further details on this be provided to the next meeting of the Committee. **(ACTION)**

43. DECLARATIONS OF INTEREST

None.

44. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

Cllr Clarke informed the Committee that two deputations had been received:

- From Brenda Allan on the issue of Operose Health – this deputation would be received under this agenda item.
- From Jan Pollock on the issue of Diabetes Services - this deputation would be received under agenda item 8.

Brenda Allan, Chair of KONP Primary Care Working Group, introduced the first deputation, explaining that there were two main elements to the group's concerns:

- The replacement of GPs by Physician Associates (PAs), and
- The sale of 50 GP practices in London to a private equity company.

On the issue of PAs, Brenda Allan explained that there were concerns about risks to patient safety as a result of these changes, particularly following the recent death of a patient who had been misdiagnosed by a PA at a medical practice in north London.

On the issue of the sale of GP practices, Brenda Allan explained that, having acquired the practices in 2021, Operose Health had now announced plans to sell the practices to HCRG Care Group on the basis that they were not profitable, despite being paid more per patient than under the previous owners. She said that there had been little public consultation on this issue and proposed that there should be a rigorous procurement exercise and scrutiny of HCRG Care Group, and their owners T20, on their service track record, financial viability, long term commitment and suitability to provide primary care. She described deficiencies in the performance of services previously taken over by HCRG Care Group and concerns about their lack of transparency, which were set out in more detail in the written submission to the Committee. She concluded by expressing a preference for PCNs and GP Federations to run the practices instead.

Brenda Allan then responded to questions from the Committee:

- Asked by Cllr White about the role of PAs and the training that they received, Brenda Allan commented that PAs received two years of training which was fewer than GPs, nurses or paramedics and that their role were more suitable in hospital settings where they work as part of a team with more supervision. However, she said that PAs were now being employed in roles in place of GPs.
- Cllr Cohen queried the current role and powers of the ICB over this sale. Brenda Allan said that ICBs did have to approve the sale but that their decision could potentially be subject to legal challenge from the companies concerned.
- Asked by Cllr Chakraborty about the evidence that the use of PAs in GP Practices was having an adverse impact on patient care, Brenda Allan said that there was plenty of evidence from patients on delays to diagnosis and treatment as a consequence of being seen by a PA rather than a GP and that the issue was that PAs were being put in a role that they were not adequately trained to do.
- Cllr Revah expressed concern about the use of PAs and highlighted the importance of consultation and monitoring. Brenda Allan commented that the more primary care services were sold off the more difficult it would be to deliver a stable, quality service.
- Asked by Cllr Cohen about the evidence of an impact on the quality of patient care since Operose Health took over the running of the practices, Brenda Allan

said that there were well documented concerns about patient care with some examples provided in the written evidence to the Committee.

Sarah McDonnell-Davies, Executive Director of Place at the NCL ICB, then responded to the points made by the deputation. She explained that the change of ownership required the approval of the ICB and that this process had also occurred previously following the change from AT Medics to Operose Health and had led to a Judicial Review. The process this time would involve a broader engagement plan than the first time. The ICB had legal levers at their disposal which enabled them to carry out a process of due diligence, overseen by the Primary Care Commissioning Committee, that looked at issues such as financial standing, track record and potential for changes to services. While this process would be thorough, the ICB would not be in a position to reject the proposed changes without operational grounds to do so. The ICB's main priority was therefore to do as much due diligence as possible and to add safeguards where appropriate. The ICB was also doing what it could to ensure that local providers had ample opportunities to access primary care contracts.

Sarah McDonnell-Davies then responded to questions from the Committee:

- Asked by Cllr Revah about the timeline for this process, Sarah McDonnell-Davies said that the interim findings were expected the following month which would be presented to the Primary Care Commissioning Committee. A further review of evidence by the Committee was then expected to follow. Cllr Revah suggested that there should also be further engagement with the JHOSC.
- In response to a question from Cllr Chowdhury about the suitability of Pas, Sarah McDonnell-Davies said that this was one of a number of new roles in General Practice as part of multi-disciplinary teams under a national recruitment scheme and that the ICB had similar questions and priorities on the implementation including that they receive proper support and supervision. The case involving a patient who died was the only serious incident that the ICB was aware of and a full paper on this was expected at the Primary Care Commissioning Committee. She added that the ICB had detailed workforce data and so the ratio of GPs to PAs was monitored.

Cllr Cohen proposed that the Committee should formally support the recommendations made by the deputation. This position was approved by the Committee. Cllr Clarke proposed that the Committee submit this in writing to the ICB with a response provided to the next JHOSC meeting in March 2024.

The main recommendation of the deputation was that:

“ICBs must conduct a full and widely publicised consultation on the proposed sale so the public, patient and carers can participate meaningfully in the decision making.”

The deputation also proposed an alternative approach:

The alternatives that ICBs and their Primary Care Committees could adopt would secure a safer, more stable service and better value for money:

- **Enable PCNs and GP Federations to take over** the Operose practices or support a **merger** of the Operose practices with other practices.
- **Award a GMS contract to PCNs** to run practices, as has happened in Hoddesdon and Broxbourne PCN. Hertfordshire and West Essex made this decision to secure the long-term sustainability of the practice and care provided.
- The shortage of GPs, and particularly those wanting to be partners might be improved if practices were paid even a percentage of the 14% extra per patient that commercial practices receive, as with **extra resources**, the task of running practices would be more attractive.
- Longer term, **establish within ICSs a body, e.g.** PCN, GP Federation or a new body e.g. a primary care board, to **hold NHS GMS contracts**.
- Encourage practices to convert to an **Employee Ownership Trust** (EOT) as in Minehead., Somerset. Dubbed a John Lewis model it gives all staff shares in the company. EOTs cannot be sold and thus the practice become a community asset, fixed by their GMS contract to the community they serve. GP EOT accounts are open and transparent.

RESOLVED –

a) The Committee recommended that NCL ICB should conduct a full and widely publicised consultation on the proposed sale of GP practices to HCRG Care Group so the public, patient and carers could participate meaningfully in the decision making.

b) The Committee also endorsed the alternative approach proposed by the deputation as described above.

45. MINUTES

The minutes of the previous of the North Central London Joint Health Overview and Scrutiny Committee were approved.

RESOLVED – That the minutes of the meetings held on 30th November 2023 be approved as an accurate record.

46. WORKFORCE UPDATE

The report for this item was introduced by Sarah Morgan, Chief People Officer at the NCL ICB, which was an update on NCL workforce issues and progress on key challenges following the previous update to the Committee in September 2022. She explained that the NCL ICS People Strategy was published in May 2023 with three main priorities of Workforce Supply, Development and Transformation.

Sarah Morgan said that retention was a particular workforce challenge and that the three main levers used to support retention were identified as Staff Health & Wellbeing, Equality, Diversity & Inclusion and Leadership & Talent. She noted the importance of helping people into careers in the context of the cost of living crisis and a decline in social mobility but that the NHS had a low percentage of staff under the age of 25 which represented a future challenge. The ICB was therefore investing in workforce as a strategic priority with a system team focused on this work.

In terms of challenges, she acknowledged issues with industrial action, low morale and low national recruitment levels for nursing places. However, in the NCL area, Middlesex University had a good record of bringing new nurses through, reliance on agency staffing had reduced and an award had been won for the NCL ICS Graduate Guarantee Programme.

She added that the ICB was also one of ten pathfinders in England to support care leavers into NHS careers in collaboration with local authorities. This was part of a national programme established in October 2022 to support care leavers into career pathways.

Sarah Morgan then responded to questions from the Committee:

- Asked by Cllr Clarke for clarification about 'Bank' staff compared to agency staff, Sarah Morgan explained that Bank staff were substantive staff that would take on additional shifts on flexible contracts, whereas agency staff were supplied by a third party provider. The ICB aimed to reduce reliance on agency staff through improved recruitment and better use of Bank staff.
- Asked by Cllr Atolagbe about retention and Equality, Diversity & Inclusion issues, Sarah Morgan said that there had been a lot of work in this area including with an anti-racism approach endorsed by the ICB Board in July 2023, through targeted development and opportunities and an anti-racism pledge on midwifery and nursing standards.
- Asked by Cllr Atolagbe about the progress of the Oliver McGowan Training (to provide care to autistic people with a learning disability) Sarah Morgan said that this had started in pilot form for clinical staff working face-to-face with patients and would also include online training for all ICB staff. Cllr Revah said that patients with learning disabilities in Camden had started using 'passports' explaining the best ways of supporting them in various circumstances and suggested that this should be used in other Boroughs.
- Asked by Cllr Atolagbe about engagement with care leavers, Sarah Morgan explained that there were a lot of relationships which provided routes into communities which helped to support care leavers, including the Prince's Trust and Health & Social Care Academies.
- Cllr White requested clarification on the figures for medical vacancy on page 21 of the agenda pack (an increase by 2.8% to 5.8%). Sarah Morgan agreed to provide further details in writing. **(ACTION)**
- Cllr White queried whether government policy on immigration (particularly restrictions relating to income levels) was impacting on workforce supply. Sarah Morgan said that there had been heavy reliance on international recruitment,

particularly in social care, so this would have to be monitored as it could be problematic in the short-term. However, the ICB did not want to rely too heavily on international recruitment as this was an expensive route and this was why there was a focus on expanding domestic recruitment.

- Cllr James requested clarification on the term 'Staff Passports' and 'Portfolio Careers' on page 40 of the agenda pack. Sarah Morgan explained that Staff Passports enabled staff to move more easily between organisations in London without the need for lengthy checks on information such as skills and training. 'Portfolio Careers' referred to staff with more than one role and a range of skill sets.
- Cllr Cohen raised concerns about the overall workforce gap, particularly in social care, and asked whether a national social care plan was required to address this, including pay and conditions. Sarah Morgan responded that the social care model was currently fragmented and siloed and acknowledged the difficulties nationally in addressing this gap with an ever-decreasing workforce and an ageing population.
- Cllr Chakraborty asked what actions would help to address the concerns of residents in the short-term on the current difficulties of accessing primary care services. Sarah Morgan acknowledged that international recruitment was one important route, but that retention was also important as NCL had a high leaving rate. This was being addressed through initiatives such as increasing flexible working and health and wellbeing measures.
- Asked by Cllr Atolagbe about monitoring, Sarah Morgan explained that there was an annual review each year and that a dashboard of performance indicators was also being created.
- Sarah Morgan added that the ICB was engaging with the WorkWell partnership programme which aimed to provide employment support for disabled people and people with health conditions and were hopeful that they could become one of the small number of Vanguard Partnerships that would carry out pilot work.

Cllr Clarke thanked Sarah Morgan for the presentation and noted that the Committee would welcome further updates in future about the care leavers initiative and the WorkWell partnership programme. **(ACTION)**

47. DIABETES SERVICES

Prior to the presentation of the report on this issue, Jan Pollock introduced a deputation on the issue of Diabetes Services. She informed the Committee that she was a long-term user of insulin as a Type-1 diabetic. She described experiencing a severe hypoglycaemic attack while under the care of the Royal Free hospital in the 1990s for an operation because blood sugar tests were not carried out. She asked for further details about the current treatment of diabetic people when using NHS services. She also expressed concerns about the current shortage of certain drugs used by diabetic people as they were now being used by non-diabetic people for the purposes of weight loss.

Amy Bowen, Director of System Improvement at NCL ICB, introduced the report of diabetes services informing the Committee that, as a system, a commitment had been made to focus on prevention, early intervention and proactive care. This was challenging in a system with high levels of demand and real pressure on services but the aim was to intervene before a crisis occurred while improving equity of access to services. This required both a focus on the medical elements of the service but also addressing the wider determinants of health.

Referring to the slides, Amy Bowen highlighted progress on outcomes and recovery after the Covid-19 pandemic but acknowledged that there was further work required, including proactive preventative work with young people. She also noted that the comments from the deputation had demonstrated the importance of the individual's role in managing their health and close collaboration with them as people with diabetes tended to be expert patients.

Amy Bowen then responded to questions from the Committee:

- Referring to page 57 of the agenda pack, Cllr White noted that 8 care processes were referred to but only 7 were listed. Amy Bowen agreed to clarify this in writing. **(ACTION)** Cllr White also queried why the proportion of diagnosed patients receiving all 8 care processes was relatively low. Amy Bowen acknowledged that the figures were low but explained that there was a new primary care model for long-term conditions based on outcomes and this included the proportion of diabetes patients receiving all 8 care processes and the 3 Treatment Targets referred to on page 59. Four of the five NCL Boroughs had chosen to focus on the 8 care processes as their key outcome for 2024/25.
- Cllr White noted that some diabetes patients were managed by their GPs rather than a diabetes specialist. Amy Bowen said that more specialised support for often needed for Type-1 diabetes patients due to the underlying mechanisms of the condition and complexity of management, so support tended to be provided by secondary care. However, most aspects of Type-2 diabetes could usually be effectively managed by primary care services.
- Asked by Cllr White about the long-term conditions referred to on page 62 and links with psychological services referred to on page 61, Amy Bowen said that these were metabolic diseases including cardiovascular disease, coronary heart disease, chronic kidney disease and high blood pressure as well as respiratory diseases such as asthma or chronic obstructive pulmonary disease. She acknowledged that mental health issues including depression were common comorbidities for people living with a long-term condition such as diabetes.
- Cllr White asked about the NHS availability of automated care including Continuous Glucose Monitoring (CGM) and insulin pumps and whether these could be combined. Amy Bowen said that a lot of work was ongoing nationally to invest in technological solutions to help patients manage their blood sugar levels, but that she was not in a position to provide specific details so would look into this further. **(ACTION)**
- Cllr Chakraborty requested clarification on what stage CGM was made available to diabetes patients. Amy Bowen explained that CGM could be

particularly useful for patients who have blood pressure that fluctuates a lot or who have difficulties in keeping up with a treatment regime so the priority was in providing this to patients who would particularly benefit.

- Asked by Cllr Atolagbe about patient choice, Amy Bowen said that this was fundamental for people with long-term conditions and that there was no one-size-fits all solution. While the aim for a consistent set of outcomes there needed to be flexibility in the service to accommodate people's individual preferences. The current primary care model was aiming to create more time and support to allow this to happen.
- Referring to the graphs on page 57, Cllr Cohen expressed concern that Barnet was the only Borough where the proportion of Type-2 patients receiving all 8 care processes had declined between 2019 and 2022/23. Amy Bowen confirmed that Barnet was one of the Boroughs that had prioritised this as a key outcome for 2024/25 but would respond in writing about the specific query. **(ACTION)** Cllr James noted that the figures were lower in Enfield than any of the other Boroughs. Amy Bowen commented that there had been a particular focus in Enfield on the 3 Treatment Targets as a key diabetes outcome which was reflected in the data on page 59. She added that there was always a need to track data such as this further to understand how it impacted on outcomes for different demographic groups.
- Asked by Cllr Atolagbe about Type-2 diabetes, Amy Bowen said that it was often linked to lifestyle related risk factors including obesity, alcohol use and lack of physical activity and was also closely linked to people's wider determinants of health and economic security. A focus on addressing these issues was therefore as important as clinical care.
- Cllr Revah queried the reasons for the shortage of diabetes medication that had been raised through the deputation. Amy Bowen distinguished between injectable drugs for managing blood sugar such as insulin and a new class of drugs to support people with Type-2 diabetes who were finding it difficult to keep their blood sugar in a healthy range. A side effect of the latter was weight loss and so there was an increased interest in these drugs which had led to a global shortage and therefore a procurement problem for the NHS.
- Asked by Cllr Revah about variations in services across different boroughs, Amy Bowen said that details of how this was being addressed had been included in the report. She added that the single primary care model for NCL set out on page 64 aimed to drive out variation and improve outcomes and that similar work was ongoing for community services.
- Cllr Chakraborty noted from the report that there was a focus on both early intervention and population-level prevention. Amy Bowen clarified that primary prevention (population-level) was about preventing people from developing a condition in the first place whereas secondary prevention (early intervention) was about minimising the risk of a condition worsening by reaching people as far upstream as possible.

Cllr Clarke thanked Amy Bowen for her report and suggested that the Committee should continue to monitor progress on early intervention and population-level prevention. **(ACTION)**

48. OPHTHALMOLOGY SURGICAL HUB - ENGAGEMENT FINDINGS

The report for this item was introduced by Richard Dale, Executive Director of Performance and Transformation for the NCL ICB, Jon Lear, Senior Operations Manager at Royal Free London NHS Foundation Trust, Rachel Anticoni, Director of Operations at Royal Free London NHS Foundation Trust, and Dilani Siriwardena, Deputy Medical Director at Moorfields Eye Hospital and NHS London Clinical Director for Ophthalmology.

Richard Dale told the Committee that the report provided an update on the progress and engagement work that had taken place in relation to the Ophthalmology Surgical Hub proposal since the previous report to the Committee in June 2023. There were over 260,000 patients waiting for elective care in NCL, of which 30,000 were waiting for surgery. It was anticipated that the new surgical hub would enable an additional 3,000 operations per year.

Richard Dale added that the key feedback from the engagement exercises included that residents wanted well trained and supportive staff, a choice of appointment times, advice and support for vulnerable patients, the opportunity to discuss choices for surgery with a GP, support for travel where necessary and for spare capacity to be used to help reduce waiting lists in other areas.

Dilani Siriwardena explained that, while the clinical benefits were clear, some patients could be impacted by the change in location as set out on page 71 of the agenda pack. Patients who live close to Chase Farm Hospital or Whittington Hospital would have a longer journey to Edgware Community Hospital instead. However, patients would still have the option to transfer to a provider that may have a closer site.

Jon Lear explained that the benefits of the new surgical hub would also include a more efficient use of theatre capacity and a reduced number of cancellations. The number of procedures at Edgware Hospital were still at an early stage but 159 had been carried out in October 2023 and 323 carried out in November 2023. Staff and patient feedback had been largely positive. A small number of patients had chosen to have their procedure carried out elsewhere and this had been facilitated.

Richard Dale, Dilani Siriwardena, Jon Lear and Rachel Anticoni then responded to questions from the Committee:

- Asked by Cllr Revah whether patients were made aware of their option of choosing an alternative site for their procedure at an early stage, Dilani Siriwardena confirmed that this should be happening now as part of the

process with their GP or optician when arranging the procedure. Richard Dale added that patients would also receive information at this stage about waiting times at each site.

- Cllr Clarke and Cllr White expressed concern about the more difficult and longer transport requirements that some residents would experience. Richard Dale responded that, under existing arrangements, patients who meet the eligibility criteria can access patient transport to and from sites. GPs could provide information to patients about their transport choices at the same time as explaining the options for their procedure site. He also noted that the majority of patients from Camden and Islington were choosing to go to Moorfields so there were not many journeys to Edgware so far from these boroughs.
- Asked by Cllr Revah about the services provided at Brent Cross, Dilani Siriwardena explained that this was a diagnostic hub so surgical procedures were not provided at Brent Cross.
- Cllr Chakraborty requested clarification on the figures about how many additional patients would be treated. Dilani Siriwardena confirmed that the new arrangements would enable an additional 3,000 procedures to be carried out per year.
- Asked by Cllr Chakraborty about the impact on services that were being displaced from the new hub site, Rachel Anticoni explained that some chronic pain services would now instead be provided from Hadley Wood Hospital in High Barnet and this would be a 'like-for-like' provision of services. In addition, some podiatry services were being moved to alternative sites. While there was therefore some displacement, there would be an overall increase in capacity as a result of the changes.

Cllr Clarke thanked those in attendance for presenting the report and said that the Committee would appreciate being kept informed about progress on the transport issues that had been discussed **(ACTION)**

49. WORK PROGRAMME

It was noted that the next meeting on 18th March would be on the topic of the mental health and community health core offers in NCL. Community and voluntary organisations from across NCL would be welcome to attend and so Members of the Committee were reminded to suggest organisations that could be invited.

50. DATES OF FUTURE MEETINGS

- 18th March 2024 (10am)

CHAIR:

Signed by Chair

Date