

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
13 October 2011 (7.30 - 8.50 pm)**

Present:

COUNCILLORS

Conservative Group Pam Light (Chairman), Wendy Brice-Thompson, Linda Trew and Ted Eden (substituting for Councillor Fred Osborne).

Residents' Group Nic Dodin

Apologies were received for the absence of Councillors Brian Eagling and Fred Osborne (Councillor Ted Eden substituting).
Apologies were also received from Jacqui Himbury, Borough Director – Havering, NHS ONEL.

Also present:

Emma Cockburn, Transport Planning Team Leader, London Borough of Havering (EC)
Daniel Douglas, Assistant Transport Planner, London Borough of Havering (DD)
Debbie Baronti, Deputy Borough Director – Havering, NHS ONEL (DB)
Sarah Gill, Estates, NHS ONEL (SG)
Neill Moloney, Director of Planning and Performance, BHRUT (NM)

Councillor Paul McGeary
Councillor Osborne was also present as an observer for part of the meeting.
Lorna Payne, Group Director – Adults and Health, London Borough of Havering
Lesley Buckland, Vice-Chair, NHS ONEL
Adrian Dorney, NELFT
Med Buck, Chair, Havering LINK

One member of the public was also present.

There were no declarations of interest.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

5 MINUTES

The minutes of the meeting held on 16 June 2011 and of the joint meeting of all overview and scrutiny committees held on 28 July 2011 were agreed as a correct record and signed by the Chairman.

6 HOSPITAL TRANSPORT

The Council's transport planning officers gave a presentation on the work of the transport planning team in relation to Queen's Hospital. The Health for North East London proposals for moving services between Queens and King George Hospitals had led to a number of travel issues and concerns. Many of these had been expressed at a meeting arranged by the local LINKs in October 2010 and, subsequent to this, Havering's Cabinet member – Councillor Barry Tebbutt had met with Councillors from neighbouring boroughs. As a result of these meetings, it had been decided to work with the hospital travel plan and also to respond to the TfL autumn bus review.

The autumn bus review had considered routes 498 between Brentwood and Romford and 499 from Gallows Corner to Heath Park Estate. EC felt there was fairly good coverage of bus routes across the catchment area of the hospital but there were not enough buses going directly into the hospital. A hospital travel survey had been undertaken which showed that a large number of people felt they only had one option (whether by bus, car etc) to get to the hospital. Cost was also cited as a reason why people did not use buses. More than a third of respondents also wanted improved bus access to the hospital.

Officers had therefore included in their response to the bus review a request to bring buses stopping nearby into the hospital itself. TfL had also been asked to undertake a full review of bus services to Queen's. The submission to the review had also asked for improvements to services between King George Hospital and Queen's and between Harold Wood polyclinic and Queen's. Improvements to Romford bus station had also been requested.

The Brentwood community bus – 898 ran between Brentwood and Queen's Hospital and also connected the villages of Kelvedon Hatch, Pilgrims Hatch and Blackmore. Usage of the route had increased but was still averaging only four passengers per trip at present. Additional funding was needed to keep the service going, extend the last but to a 4 pm departure from the hospital and potentially extend the route to include Harold Wood polyclinic.

The Hospitals Trust (BHRUT) was currently looking at options for parking arrangements at Queen's Hospital. It was accepted that there was a lot of demand for the surface level disabled parking although EC felt there had been less congestion since the introduction of longer visiting times.

The only nearby stations with step free access were Romford and Ilford. Work was ongoing at Chadwell Heath and was scheduled to improve the step free access at Romford in 2014. The construction of Crossrail would

bring step free access to all local stations but not until 2016-2019 although efforts were being made to bring these dates forward.

Officers emphasised that work was ongoing with TfL to regularly lobby for improvements. Responses were also put in to any Mayoral consultations on transport issues. A positive development was that it had recently been confirmed that the 193 service to Queen's Hospital (from Gidea Park, Emerson Park and the Country Park Estate) would now run every 20 minutes instead of the current half-hourly frequency.

Cllr. Light explained that, due to the lack of lifts at Harold Wood station, local residents in fact had to go out to Shenfield in order to board a train to Romford. This problem was compounded by Shenfield being outside the Freedom Pass zone and hence fare money had to be spent each time this was done.

Councillor Eden raised the problems experienced by members of the CHINS group of head and neck cancer sufferers who were referred to Barts for their treatment and were usually expected to travel to and from central London by public transport at their own expense. NM clarified that the organisation delivering the care i.e. Barts in this instance would be responsible for arranging patient transport but agreed to update on the specific situation with patients referred to Barts.

NM confirmed that the staff car park at Queen's was full on a daily basis. Staff had been told not to use the public car park and would have difficulty exiting the car park if they did so. Staff use of disabled spaces was also monitored. NM confirmed that staff did pay to use the car park. Use of public transport and car sharing by staff was also encouraged. Staff working shifts at the hospital were however more likely to need to use the car park. MB reported that the LINK was concerned that monitoring of the blue badge spaces appeared to have ceased. NM felt that monitoring was in fact continuing and that stickers were put on cars to act as a deterrent against further improvements. The charging for disabled bays inside the multi-storey car park was in fact to ease congestion as blue badge holders would otherwise require the assistance of security to let them out of the car park. NM reiterated that disabled parking remained free of charge in the surface car park. Access to the cancer unit car park was free and the security guard would allow exit. Councillor Light reported seeing a substantial number of disabled spaces being available on her last visit to the hospital.

EC confirmed that transport information to the hospital was now being put on the reverse of appointment letters although this may not include specific information on the location of nearby bus stops etc.

Councillor Light thanked EC and DD for their presentation and for answering the Committee's questions.

7 **NHS OUTER NORTH EAST LONDON UPDATE**

DB reported that the project plan to bring breast screening into Harold Wood Polyclinic had been approved and the capital budget allocated. Enabling work would begin in December this year with the first patients seen in spring 2012. Eighty women would be called per day and it was expected sixty women would be seen each day. Appointments would be available until the polyclinic closed at 8 pm (Monday to Friday). DB would check the situation as regards availability of weekend appointments.

The issue of opening hours at both the Polyclinic and local GPs was currently being reviewed by Dr. Richard Burack. Opening hours were extended at the Polyclinic over the Christmas period in 2010 and DB would update on whether this would happen again this year.

Only a single physiotherapy clinic had ceased at Harold Hill Health Centre with patients now being seen at St. George's Hospital. The Committee remained concerned however that the building was significantly underused. Councillor Light added that several consultants no longer had clinics at the site due to the high rents being charged. SG agreed to give an update on utilisation of the building at either the next meeting of the Committee or direct to the clerk to the Committee.

Officers confirmed that chiropody services had now moved back to Cranham Health Centre from Hornchurch clinic. This would not directly impact services for diabetics as these services had been centralised at the long term conditions centre. DB would however clarify the position as regards the diabetic chiropody service.

SG explained that the original signage for the polyclinic had been stolen and that it was planned to put up further signage relating to the car park. More signs emphasising the car park was for staff and patients only had already been installed. Trials had begun of a number plate recognition system which would allow enforcement against drivers who used the car park for commuter parking etc. Councillor Light thought this was essential as commuter parking was an issue throughout the local area. SG clarified that patients would be required to give their registration numbers to the polyclinic reception in order to avoid enforcement action. DB also agreed to clarify the number of GPs available at the polyclinic during its hours of operation.

8 **QUEEN'S HOSPITAL A&E**

Councillor Dodin reported he was impressed by the recent scrutiny visit to A&E at Queen's. He had however since been made aware of a poor experience suffered by a local resident who had been kept in A&E for some 26 hours. NM agreed to investigate the issues raised by this case which

was already in the BHRUT complaints process. NM also agreed to check on reports that an ambulance was required to transfer patients the very short distance from the helipad to the A&E building. Councillor Brice-Thompson also raised some planning-related issues concerning the helipad including the wish of A&E staff to briefly close the nearby pathway when the helicopter took off or landed.

NM clarified that there was a 20 minute drop-off period for people arriving at A&E by car but it would not be possible give free parking to all users of A&E. There was also individual discretion to waive parking fees if hospital staff considered this to be appropriate.

Councillor Brice-Thomson felt the A&E visit had been very useful and Councillor Light had been pleased with the dedicated children's area in the unit. NM confirmed that there was no policy of prioritising treatment for patients who were drunk although Members remained of the view that this did happen at times.

NM clarified that the four-hour rule for A&E treatment was still in place although some additional standards had been introduced this year. Performance against these indicators was published monthly on the BHRUT website. NM would provide details of the specific indicators. Patient experience in A&E was also monitored. The Rapid Assessment and Treatment system to provide initial treatment within one hour had been very successful and it was hoped to extend the hours of this service and also to introduce its operation at King George Hospital A&E.

9 URGENT BUSINESS

NM agreed to supply for Councillor Eden details of how many managers were on site across King George and Queen's Hospitals and also how many beds were in each hospital. The Clerk to the Committee would also approach NELFT for the equivalent figures at St. George's Hospital.

Councillor Light was in agreement with concerns raised at the recent Joint Health Overview and Scrutiny Committee concerning restrictions on maternity at Queen's. These included no residents from the Essex area being allowed to give birth at Queen's for a period of six months and planned caesarean section births being transferred from Queen's to Homerton for the next two months. NM agreed to give a full update on this but emphasised that these were temporary measures. Emergency caesarean section deliveries would still be carried out at Queen's. The measures were in response to the recent warning notice given to Queen's maternity by the Care Quality Commission.

Councillor Trew reported that at the cardiovascular unit (teams 2 and 3) at Queen's, she had recently observed three women hurt their backs on the bar running across the seating area and felt that this could be removed. NM would check on this.

Chairman