# MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
**Havering Town Hall**
**24 June 2015 (7.00 - 9.00 pm)**

**Present:**

Councillors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Gillian Ford, Jason Frost, Linda Hawthorn and Carol Smith

Ian Buckmaster, Director, Healthwatch Havering was also present.

Also present:
Sarah See, Director of Primary Care Improvement - Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs).
Dr Dan Weaver, Chair, Havering GP Federation
Dr Sue Milner, Acting Director of Public Health
Anthony Clements, Principal Committee Officer

## 1 ANNOUNCEMENTS

The Clerk to the Sub-Committee gave details of the procedure to be followed in case of fire or other event that may require the evacuation of the meeting room.

## 2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

The revised membership of the Sub-Committee was noted and the Chairman welcomed Councillors Hawthorn and Smith to their first meeting.

## 3 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of pecuniary interests.

## 4 MINUTES

The minutes of the meeting of the Sub-Committee held on 28 April 2015 were agreed as a correct record and signed by the Chairman.

## 5 PRIMARY CARE STRATEGY

The Director of Primary Care Improvement – BHR CCGs explained that a Programme Board was working in conjunction with Barking & Dagenham, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and health and social care directorates across the three boroughs. Each borough however had its own primary care strategy.

There were a number of key drivers around the primary care landscape. These included the ageing population, more patients with multiple long-term conditions, IT issues, information sharing, the NHS estate and workforce issues. The Royal College of GPs had also recently issued a blueprint for new GP arrangements. The College wished to have 8,000 more GPs working nationally. It also wanted GPs to be allowed to innovate, have better premises and to have increased time with patients.

There was a total of 47 GP practices in Havering which were all now commissioned locally by the CCG. Representatives of the Health and Wellbeing Board and Healthwatch Havering sat on the Commissioning Committee in order to avoid any conflicts of interest. It was clarified that pharmacists, optometrists and NHS dentists were still commissioned by NHS England.

The GP list size in Havering (5,383 patients) was lower than the national average but Havering was also below the national average for the numbers of GPs and Practice Nurses per patient. These combined figures totalled 0.67 medical staff per 1,000 patients compared to a national average of 0.85 staff per 1,000 patients.

It was accepted that it was difficult to recruit GPs in Havering. Around 20% of Havering GPs were aged over 60 and this was expected to rise to 27% in the next 10 years (higher than the national average).

A new GP contract needed to be negotiated nationally which would allow professional barriers to be broken down and GPs to work more closely with Social Care. The GP Federation could be used to provide some services differently and a Programme Board of stakeholders had been established to improve primary care provision. A programme of stakeholder engagement was also under way with regard to this and clinicians, patient groups and pharmacists had been asked to give their input. The CCGs were keen to have further patient and public engagement with regards to primary care provision.

A review of how local NHS properties and estates were being used was in progress and the CCGs wished to ensure that existing spaces were used as effectively as possible. There was a possible £1 billion NHS England investment in premises available nationally over the next four years but it was important that this linked with the CCG Estates Strategy. The Director would confirm when the review of local NHS premises was due to be

concluded and hence when the Estates Strategy would be available for scrutiny.

The Chair of the Havering GP Federation felt that difficulties in recruiting GPs locally were due to a number of issues. These were mainly related to working conditions and expectations of being based in an Outer London location. It was agreed that it would be useful to maximise GPs' relationships with Queen's and the Federation Chair felt that, if Queen's was continue to improve its image, this would be helpful to GP recruitment.

The Estates Strategy would assist with the procedure if GPs wished to move into new premises. It would also be helpful if the estates process could be streamlined as there were currently a lot of different organisations involved.

Most Havering GP practices had signed up to the Federation hub with 80% of practices, covering 89% of the local population now being members. Non-member practices were also kept informed and worked with. The Director of Primary Care Improvement did not feel there needed to be a move away from single handed GPs. While some practices were proposing to merge, the CCGs wished to keep the 'family doctor' model. It was though the aim for Practices to work together to provide services in order to meet the demand for planned and unplanned care. It was confirmed that one small GP practice had recently merged with the North Street Medical Centre.

It was clarified that the figure of 148 Havering GPs was based on returns by practices to NHS England. This figure also included part-time doctors. The CCG wished to develop a workforce audit with the Havering Local Medical Committee and the Sub-Committee asked for details of the workforce audit to be provided when these were available.

The targets of seeing GP patients within e.g. 48 hours were no longer in operation. It was accepted that there was not a specific definition of 'reasonable access' to a GP. Some practices had begun using phone consultations to manage demand and other models were also being tested. The Federation Chairman reported that only one third of calls in the trials needed to be seen by a GP but felt that the telephone consultation model may not be sustainable in the longer term. The demands on general practice were large and more GPs were needed in the system. Finding ways to lower Did Not Attend rates was another important issue.

It was confirmed that some pharmacists were able to prescribe a restricted list of medications. Some services were already commissioned from local pharmacies and pharmacists could also bid for e.g. an anti-coagulation contract from the CCG. There was however a lot of regulation and paperwork to be gone through and there was also the issue of insurance for pharmacies. A Pharmacy Federation had recently been formed. Some Public Health services such as smoking cessation were also commissioned from pharmacies by the Council.

Stitches removal was not specified in the current GP contract although the CCG was looking at this. It was clarified however that the budget for this service sat with the Harold Wood and Queen's Hospital clinics rather than with GPs. GPs would be interested in providing this service, if the budget was available. Most practice nurses were already at full capacity and so were unable to deliver stitch removal. There was also a shortage of practice nurses locally.

The suggestion that nurses in care homes be used to provide more medical services was noted but this would need to be explored with the Council as it may require a change to how care homes were commissioned.

The NHS dentist contract did not include any minimum number of patients that should be on a dental practice's NHS list. This area was the responsibility of NHS England.

The Sub-Committee **NOTED** the position.

## 6 HAVERING ACCESS HUBS AND WEEKEND GP PROVISION

The Chair of the Havering GP Federation reported that there was direct access available for patients to hub appointments. This was via a new phone number – 020 3770 1888. Access was also still available via the NHS 111 service.

There were now two GP hubs available in Havering – at the North Street Medical Centre and at the Rosewood Medical Centre in Abbs Cross Lane. The new service had received a lot of publicity support with Practice posters being produced and Practices being asked to mention the availability of hub appointments on their answerphone messages. Members suggested that libraries, community centres and Facebook could be also used to advertise the service. The GP Federation Chair agreed that more advertising was required. Living Magazine and the Council e-mail database could also potentially be used.

In September 2014, around 300 out of hours appointments per month had been provided. By May 2015, with the opening of the second hub, this had risen to approximately 5,000 appointments per month. Some 42% of people who used the service had indicated they would otherwise have gone to A&E so this had produced a financial saving for the local healthcare economy. The hub services had received good feedback for areas such as access and quality of staff. There was no peak time for the service as all patients were booked by appointment. There had been a lot of compliments received that people were able to obtain weekend GP appointments very quickly via the service.

Some 90% of weekday hub appointments in Havering had been used but this dropped to 41% at weekends. The weekend figures were in line with experience in other areas where demand for weekend appointments had been lower than anticipated. The originally planned 8 am – 8 pm weekend service was not therefore needed and appointments were available 12-4 pm on Saturdays and Sundays. It was clarified that there were no plans to close the weekend GP service in Havering.

The GP Federation, known as Havering Health, represented 38 of the 47 GP practices in Havering. As regards sharing of medical records, any IT issues had been resolved but data sharing protocols still needed to be agreed. This was a local issue that needed to be resolved between the commissioners and providers involved.

The Director of Healthwatch Havering reported that around half of Havering GP surgeries did not display a recent Healthwatch survey on GP access and only very poor responses had been received from most other practices. Responses that were received however had been very supportive of the hub and of the sharing of patient records. Many GP receptionists still did not appear to be aware of the hub and its out of hours services. The Federation Chairman expressed disappointment at this and would report this back to a practice managers' meeting.

The GP Federation wished to run the full triage service at Queen's A&E but this was not however consistent and the Federation only currently undertook the full triage service at certain times. The Federation Chair was keen to avoid instances of people being sent between A & E and the Urgent Care Centre and wished to see these services joined up in due course.

The GP Federations for Havering, Barking & Dagenham and Redbridge met every two weeks and joined together for some projects such as the triage service at Queen's A & E. The Urgent Care Centre at Queen's was open 8 am to midnight but worked at different capacities at different times. It was confirmed that patients who arrived during the last part of the evening could not usually be seen in the Urgent Care Centre. It was accepted that there was sometimes a lack of communication between A & E and the Urgent Care Centre and the GP Federation wished to negotiate with BHRUT to gain control of the full triage and reception functions at A & E. It was clarified that the Urgent Care Centre itself was operated by the Partnership of East London Cooperatives.

The Federation Chair agreed to amend the advertising poster for the hub out of hours service and send this to the Sub-Committee. This would use phrases such as 'central number, local service' and emphasise the times when the call centre was open. The Acting Director of Public Health would discuss with the Council's communications team about getting this information out.

The Sub-Committee **NOTED** the update.

## 7 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE NOMINATIONS

It was **AGREED** without division that Councillors Dodin, Ford and Patel should be the Sub-Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2015/16 municipal year.

It was **AGREED** without division that Councillor Dodin should be the Sub-Committee's representative at any pan-London health scrutiny meetings that may be required during the 2015/16 municipal year.

## 8 APPOINTMENTS CANCELLATION TOPIC GROUP

The Chairman reminded the Sub-Committee that the next meeting of the topic group looking at appointments cancellation was scheduled for Tuesday 28 July at 6.30 pm.

The Chairman reported a number of issues he had been advised of concerning appointments at BHRUT. There had been incidents reported of where an appointment not was not available within 12 weeks, patients not being put on the system and being asked to telephone every day to check availability. This was of course impractical for many people. Other issues included chose and book appointments made direct by patients then being cancelled by the Trust and continuing delays at the call centre in answering calls.

It was felt it would be useful if the BHRUT Assistant Chief Executive could attend the next meeting of the topic group to explain the administration process and how problems were being resolved. This would include the large reduction in the variety of appointment letter types that had previously been sent by the Trust.

It was **AGREED** that the clerk to the Sub-Committee would circulate to Members the notes of the previous meeting of the topic group. Members would then decide on which issues they wished to discuss during the topic group meeting.

## 9 COMMITTEE'S FUTURE WORK PROGRAMME

In addition to the draft workplan circulated with the agenda papers, the Sub-Committee **AGREED** that the following items should be added to its workplan for the 2015/16 municipal year:

Joint Health and Wellbeing Strategy
Joint Strategic Needs Assessment
CCG Estates Strategy/Property Review

The clerk to the Committee would circulate to Members a revised version of the workplan for information.

## 10 URGENT BUSINESS

There was no urgent business raised.

**Chairman**