MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE WALTAM FOREST TOWN HALL 19 April 2016 (2.00 - 4.16 pm)

Present:

COUNCILLORS

London Borough of Havering	Nic Dodin, Dilip Patel and Linda Van den Hende
London Borough of Redbridge	Stuart Bellwood
London Borough of Waltham Forest	Richard Sweden (Chairman) and Anna Mbachu
Essex County Council	Chris Pond

Also present:
Councillor Mark Santos, Redbridge
Councillor Shineen Hillfield, Waltham Forest

NHS officers present:
Dr Jake Bayley, HIV consultant
Dr Kate Adams and Alex Smith, Transforming Services Together
Tim Fry, Director of Capital Investment and Development, Moorfields Eye Hospital NHS Foundation Trust
Linda Finch, Network Programme Director, Waltham Forest CCG

Scrutiny Officers present:
Anthony Clements, Havering (Clerk)
James Holden, Waltham Forest
Jilly Szymanski, Redbridge

All decisions were taken with no votes against.

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

28 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event that might require the evacuation of the meeting room or building.

29 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from:

Councillors Peter Chand and Eileen Keller, Barking & Dagenham
Councillors John Howard and Karen Packer, Redbridge
Councillor Gavin Chambers, Epping Forest

Alli Anthony, Healthwatch Waltham Forest
Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge
Richard Vann, Healthwatch Barking & Dagenham

30 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

31 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 19 January 2016 were agreed as a correct record and signed by the Chairman.

On minute 25 concerning proposed changes to stroke rehabilitation services, it was noted that Councillor Pond was dissatisfied that Essex residents would not be allowed to use facilities in Greater London, even if these were their nearest stroke rehabilitation facilities. The Essex Health Overview and Scrutiny Committee was taking this matter forward but it was **AGREED** that the Clerk to the Joint Committee should draft a letter on behalf of the Chairman expressing the Joint Committee's support for Councillor's Pond's viewpoint.

The minutes were **AGREED** as a correct record and signed by the Chairman.

32 PRE-EXPOSURE PROPHYLACTICS (PREP)

It was noted that it had recently been confirmed that NHS England would not currently be releasing funding for this type of HIV treatment.

The Committee was addressed by a doctor who explained that he had been an HIV consultant for two years and had worked in this field for eight years. He felt this treatment was very important and that it was disappointing that

NHS England had turned down the treatment which had been approved by the World Health Organisation and in countries such as the USA, Israel and Kenya.

There were 103,000 people living with HIV in the UK and the average cost of treatment for each patient was £300,000 over their lifetime. The doctor added that the number of new HIV cases among men having sex with men was rising. PReP was given to people before they were exposed to HIV and was part of a wider HIV prevention strategy. PReP had been trialled in the UK and France where it had led to an 86% reduction in new HIV diagnoses amongst the trial groups. There were minimal side effects of the treatment and only one known case of a patient on PReP still developing HIV.

PReP could not prevent other sexually transmitted infections but also worked as an HIV treatment for women. The drug was still on patent and so currently cost £5,000 per patient per year. It was however only required to be taken during periods of high sexual activity and was also due to come off patent in mid-2017 when the cost was likely to drop significantly, possibly to as little as £40-50 per year.

With the current non-availability of PReP in the UK, there were increasing amounts of the drug being sourced from abroad which may not have undergone stringent quality controls.

The doctor felt it was disappointing that NHS England had not put PReP forward for national funding, saying it was up to Local Authorities to fund this. Most previous HIV medications had been funded by NHS England. It was noted that the same drug was used in post-exposure prophylactics which were funded by NHS England and there were reports of people obtaining these drugs in order to use them pre-exposure.

It was clarified that there were few cases of HIV infection from drug use with this only constituting 3-4% of total HIV cases.

Letters in protest at the decision by NHS England had been written by London Councils, the Local Government Association and the Association of Directors of Public Health.

The Committee was addressed by Councillor Mark Santos who declared an interest as the Cabinet Member for Health at London Borough of Redbridge. Councillor Santos was also a director of Positive East, a charity working in the HIV field. Councillor Santos felt that funding of PReP should be the responsibility of NHS England.

The level of condom use among gay men had been fairly unchanged over the last 20 years at around 50%. There was however evidence of lower risk awareness currently, particularly among younger gay men where condom use was often lower.

It was **AGREED** that, following the London Mayor and Assembly elections, the Committee would write to NHS England and local MPs expressing their concern at the situation and the Committee's view that funding of PReP should be the responsibility of NHS England. The Clerk to the Committee would draft a letter to this effect.

It was further **RECOMMENDED** that this matter should be taken to the individual borough Health Overview and Scrutiny Committees, if this was felt appropriate.

33 TRANSFORMING SERVICES TOGETHER

Officers explained that the Transforming Services Together (TST) project was now in an active engagement phase concerning the strategy and investment case. The engagement period would last until 22 May.

It was emphasised that there were no plans under the proposals to close any A & E or maternity units given the predicted large increase in the population of east London over the next 15 years. It was also not planned to build a new hospital.

Primary care was of key importance to the plans as it was a priority to prevent hospital admission where possible. Some impact of the plans would be felt further into Outer North East London with for example the planned closure of A & E at King George Hospital and one third of Redbridge residents using Whipps Cross as their local hospital. Some Barking & Dagenham residents also used Newham General Hospital. A Member pointed out that residents of the southern part of the Epping Forest District Council area also used Whipps Cross.

Offices accepted that the urgent care system was confusing for patients and were trying to make this clearer, with a single point of access. Too many people went to A & E and there was a need to improve primary care access. Officers agreed that it was not acceptable for example for people in Redbridge to wait 25 minutes to get through to their GP. It was possible that one overall phone system for GP appointments could be introduced. Officers would check how much liaison had taken place with West Essex CCG regarding the urgent care proposals.

The existing integrated care programme covering CCGs and service providers in East London would also seek to avoid unnecessary admissions to hospital. A further issue was to establish better joined up working with social care. At present, zero hours contracts could sometimes mean that carers were not available quickly.

For long-term conditions, it was felt that a key issue was the continuity of patients being able to see the same GP. The bringing together of GPs with other teams would improve access but it was also important that the community supported these changes by not using GPs unnecessarily. The

vanguard project to improve access to services was in the planning stages but had not commenced as yet.

Barts Health was leading work on integrated care across London. It was accepted that there remained challenges around sharing care plans with both London Ambulance Service and colleagues in social care. It was confirmed that there remained a role for NHS walk-in centres in the new model.

Officers agreed that it was often difficult for people to see their own GP if they worked in another area. More evening appointments would therefore be made available although there were no current plans to introduce dual registration of GPs at this stage. It was also hoped to introduce more on-line booking of GP appointments together with the provision of medical advice on-line in some cases.

Delayed discharge from hospital remained an issue and some hospitals had schemes to discharge people first and then follow up with their medication. Barts Health were also looking to improve issues around To Take Away forms and the hospital pharmacies generally. Concerns Members raised around the provision of medication to in-patients with mental health issues would be taken back to the relevant organisations.

Officers agreed that home births had not been previously encouraged in North East London and that mothers should be given this as an option. A home birth service was offered at Homerton Hospital and this was usually a safer method of delivery if a low risk birth was expected. In the Netherlands, 20% of births were at home.

It was agreed that there were a high number of GPs due to retire in the next five years and that there was a shortfall of around 200 GPs in inner North East London. Discussions re succession planning for the loss of these GPs had taken place and the East London CCGs had funded a physician's associate course in response to this in order to increase the local primary care workforce.

A lot of work on mental health services was also taking place. Planning was also underway to allow the Police to contact mental health professionals directly where required.

It was emphasised that the only proposals being considered were those shown in the engagement document and that nothing had been hidden. The rising population would eventually mean the release of further income and not having to build a new hospital would also mean significant cost avoidance. Work with partners such as Public Health and London Ambulance Service could also allow access to untapped resources.

Travel times to GPs had been considered under the proposals as had provision for disabled or housebound patients such as consultations by Skype.

In summary, the main points discussed by the Joint Committee in relation to the proposals were:

- Use of zero hours contracts in social care
- Services for disabled patients such as Skype consultations
- A unified telephone system for booking GP appointments
- Merged budgets and sharing of information
- Expected GP retirements
- On-line GP appointments
- Increasing the numbers of home births
- Duplication of services

It was **AGREED** that officers should give an update on the plans to the Joint Committee, following the end of the engagement period.

34 MOORFIELDS HOSPITAL MOVE PROJECT

The Director of Capital Investment, Moorfields Eye Hospital NHS Foundation Trust explained plans to move both the hospital and the University College London Institute of Ophthalmology into a single building on a new site. A design brief had been drawn up which included future proofing for expected rises in activity. The hospital also wished to do more in community based settings and currently had in excess of 20 satellite outreach centres.

The preferred site for the new building was near St Pancras station and hence had good transport links. It was hoped to conclude the purchase by the end of 2016 which would allow the current site to continue to be used whilst the new building was constructed. Once the site had been secured, more formal engagement would take place with patients on the hospital designs etc.

The new building would be fully step free and be financed by selling the existing City Road site with some additional donations. It was confirmed that no services would be lost as a result of the move. Once the site had been secured, it was estimated that the new hospital would take two years to design and a further three years to build.

It was accepted that it had taken too long to conclude the purchase of the site which was currently owned by Camden & Islington NHS Trust. Members were welcome to visit the site if they wished. The officer agreed to forward to the Committee monthly written updates that were produced on the project.

The Committee **NOTED** the position.

35 GP PRIMARY MEDICAL SERVICES CONTRACTS

A representative of Waltham Forest CCG explained that Primary Medical Services contracts for GPs had been locally developed and gave practices premium funding for delivering additional services. The number of practices on PMS contracts in each borough were:

Barking & Dagenham – 11 of 39 practices
Havering – 15 of 47 practices
Redbridge – 13 of 46 practices
Waltham Forest – 23 of 45 practices

Any funding released from the PMS review would be reinvested back into primary care. Final sign-off was still awaited by the London Local Medical Committees so it was unlikely that the new contracts would be in place by the target date of 1 July 2016. Once the contract had been agreed at a London level, then detailed discussions would take place with individual GP practices.

PMS contracts started officially in 2004 and GPs only switched to these types of contracts voluntarily. It was noted that payments to practices under the contract were weighted according to the needs of the population in terms of age, gender, deprivation level etc. There would be a transition period for practices that lost money under the new contract.

It was not expected that any further PMS contracts would be commissioned and the review aimed to remove any differences in service to patients due to the types of GP contracts available.

The average practice size was 5,000 – 6,000 patients although in Redbridge for example, practice size varied between 2,000 and 15,000 patients. Incentives were given under PMS contracts for Saturday morning opening of surgeries and levels of screening and immunisations offered. There were also incentives for the provision of on-line services such as the booking of appointments and repeat prescriptions.

It was emphasised that there would be no loss of screening services although some screening would no longer be incentivised. Officers wished to provide more services out of hospital but there would not be a direct impact of this on the PMS contract.

The Committee **NOTED** the update.

36 URGENT BUSINESS

A Member requested that a presentation be arranged from a senior officer of Great Ormond Street Hospital, similar to that given by Moorfields.

Chairman