Public Document Pack

Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Wednesday 26 September 2018	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	Independents Residents'Group (4)	Upminster & Cranham Residents' Group (0)
Nisha Patel (Chairman) Christine Vickery Ciaran White (Vice-Chair)	Nic Dodin	Jan Sargent	

North Havering Residents'Group (1)

Darren Wise

For information about the meeting please contact:
Anthony Clements 01708 433065
anthony.clements@oneSource.co.uk

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

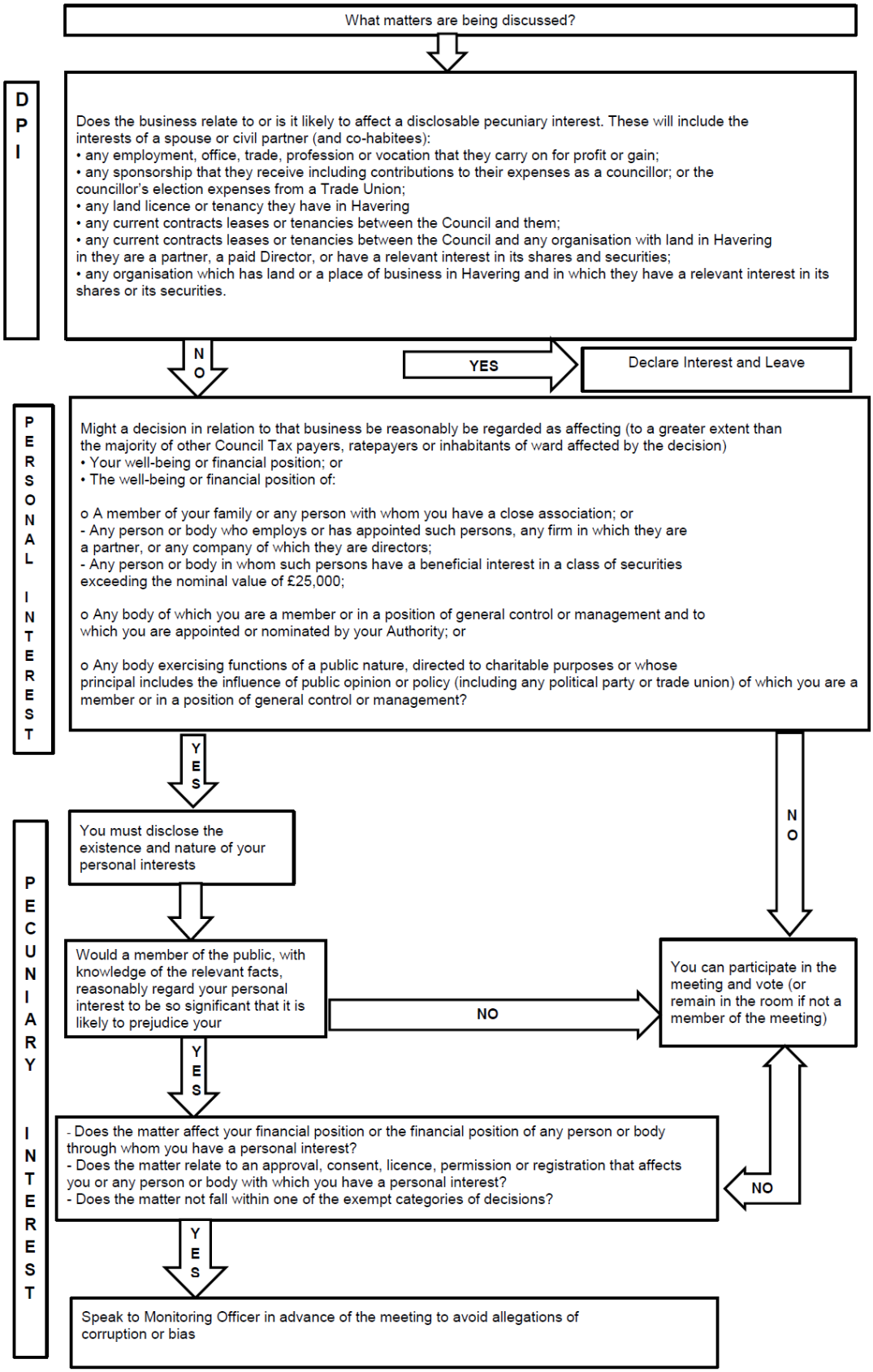
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

Scrutiny of NHS Bodies under the Council's Health Scrutiny function

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DECLARATIONS OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 6)

To agree as a correct record the minutes of the meeting held on 18 July 2018 and to authorise the Chairman to sign them (attached).

5 BHRUT - GENDER PAY (Pages 7 - 16)

Report and presentation attached.

6 BHRUT - HEALTH TOURISM (Pages 17 - 30)

Report and presentation attached.

7 GP RECRUITMENT (Pages 31 - 48)

Report and presentation attached.

8 PERFORMANCE INFORMATION (Pages 49 - 64)

Report and presentation attached.

9 HEALTHWATCH HAVERING - INTRODUCTION AND ANNUAL REPORT (Pages 65 - 90)

Report attached for noting.

10 HEALTHWATCH HAVERING - SERVICES FOR VISUALLY IMPAIRED PEOPLE (Pages 91 - 140)

Report attached for noting.

11 SUB-COMMITTEE'S WORK PROGRAMME (Pages 141 - 142)

Attached for amendment and approval by Sub-Committee.

Andrew Beesley
Head of Democratic Services

MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
18 July 2018 (7.00 - 8.45 pm)

Present:

Councilllors Nisha Patel (Chairman), Nic Dodin, Martin Goode, Jan Sargent, Christine Vickery, Ciaran White and Martin Goode

Also present:

Kathryn Halford, Chief Nurse, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Jacqui van Rossum, Executive Integrated Care Director (London) North East London NHS Foundation Trust (NELFT)
Mark Ansell, Interim Director of Public Health
Lucy Goodfellow, Policy and Performance Business Partner

1 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Darren Wise, Councillor Martin Goode substituting.

2 **DISCLOSURES OF INTERESTS**

There were no declarations of interest.

3 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 15 March 2018 were agreed as a correct record and signed by the Chairman.

4 **TRUST OVERVIEW - NORTH EAST LONDON NHS FOUNDATION TRUST**

The NELFT Executive Integrated Care Director (London) explained that NELFT delivered mental health and community services covering North East London, South West Essex and Kent. NELFT remained financially robust and, as a Foundation Trust, was required to generate a surplus. The Trust was still required to make efficiencies however but efforts were made to keep any cutbacks away from front line services. Trust staff had moved to

agile working, using mobile devices to upload records remotely. This had generated efficiencies by allowing the disposal of Trust estates.

NELFT delivered a range of services including nursing, health visiting, podiatry and services for people with long term conditions. There were approximately 800 NELFT staff in Havering. NELFT had an ageing workforce which could lead to recruitment and retention issues.

Havering was seeing higher levels of dementia including younger onset dementia. There were also increased numbers of children in the borough and a growing demand for mental health services. NELFT worked closely with the Council's Adult Social Care teams as well as with partners such as St Francis Hospice on end of life care. Work was ongoing to try to reduce the referral to diagnosis time for dementia.

There had been a rise in the number of referrals to the Improving Access to Psychological Therapies programme but the officer felt there had been a lack of investment in this area by commissioners. NELFT was also working with BHRUT to manage demand for A&E services. An update could be given at a future meeting on the Community Treatment Team and its work which sought to offer an alternative to people going into hospital. It was agreed that 25% of patients seen in A&E could be treated elsewhere.

Members felt that there should be more emphasis placed on the rising demand for mental health services and officers would confirm if reports from the Mental Health Partnership Board were taken at the Health and Wellbeing Board. NELFT could provide to the Sub-Committee a report on mental health services covering admissions via the Mental Health Act or via the Police etc.

For people with a mental health crisis, the 24:7 Mental Health Direct phone line was linked direct to the NELFT crisis team. NELFT also worked with the Police via the Street Triage Service and had Police based in some mental health facilities. It was clarified that NELFT was the provider for acute or in-patient care whereas more secure, forensic services were managed by the East London Mental Health Trust. It was suggested the Sub-Committee may also wish to scrutinise child & adolescent mental health services and the transition from these to adult services.

The Sub-Committee noted the Trust overview.

5 **TRUST OVERVIEW - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST**

The Chief Nurse of BHRUT reported that in excess of 8,000 babies had been born at the Trust in the last year with 39% of these births in the Queen's Hospital birthing centre which was seen as a positive The Trust saw 185 ambulances per day with 600-700 A&E attendances per day

across the Queen's and King George Hospital sites. The Trust ran a total of 52 critical care beds and 911 in-patient beds.

An inspection by the Care Quality Commission (CQC) in 2015 had rated a number of areas of operations as either inadequate or requires improvement. Some improvements had been recorded when the CQC reinspected in 2016 with further improvements noted in a 2018 inspection of the Trust.

It was accepted that the 95% of A&E patients treated within a four hours target was not currently being met. Targets on 18 weeks access to treatment had also not been met recently by the Trust. The Trust's target for minimising cases of C-Difficile had been beaten due to good infection control practice.

Retention levels of nursing staff at the Trust had improved but BHRUT had faced significant financial problems over the last 18 months. Accounting practices had been adjusted but BHRUT remained in special measures for finance. Efficiencies had been made in areas such as procurement and rostering but savings work was also continuing across the patient pathway.

The increase of attendances at A&E was due to the rise in building and families in the local area. There were also more regular attendees and people with expectations that they would be seen quicker at A&E than at their GP etc. A redirect service at A&E sought to send patients back to their GP if it was not appropriate for them to be treated at A&E. It was difficult to build at Queen's Hospital but a bid had been submitted to extend the size of A&E at both sites. It was noted that a consultation on urgent care services was ongoing and that this was due to be considered by the Joint Committee on 26 July.

Overall, the Trust improvement plan was on target although population increases remained a concern, even though these were fed into targets.

The Sub-Committee noted the Trust overview.

6 **Q4 PERFORMANCE INFORMATION**

It was noted that Havering had missed its target on levels of obesity in reception age children. Obesity levels doubled over the primary school years and a report on this that had recently been taken to the Health and Wellbeing Board, could be circulated to the Sub-Committee. Central Government was now more directive as regards obesity and the Council also sought to use its green spaces and leisure facilities to get people more active.

Children were weighed as part of a national survey when they started school. Schools did offer healthy meals but it was uncertain what proportion of children had school meals or brought their own food. There was also a link between obesity and levels of deprivation.

Some 67% of respondents were satisfied with their out of hospital GP service, which was just above the national average. Officers could circulate examples of letters that were sent to parents of children assessed as overweight. These gave details of where parents could get appropriate advice. Some schools did encourage their pupils to walk and Members felt this should be encouraged. Only in rare cases were instances of children being overweight linked to medical conditions such as hyperthyroidism. Officers would circulate details of the Couchto5k app and website which were designed to improve fitness levels.

Delayed transfers of care (patients who were medically fit for discharge but remained in hospital) did not currently have a specific target as the methodology had recently changed. Some recent cases had been due to problems with community health care such as a lack of availability of district nursing.

A breast feeding scheme was due to be launched in Havering the following day and further details could given be to the Sub-Committee.

The Sub-Committee noted the performance information.

7 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE NOMINATIONS**

It was agreed unanimously that Councillors Patel, White and Dodin would be the Sub-Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

It was also agreed unanimously that Councillor Patel would be the Sub-Committee's representative on any Pan-London scrutiny work that may be required during the 2018/19 municipal year.

8 **SUB-COMMITTEE'S WORK PROGRAMME**

The Sub-Committee's agreed that the various items raised during the meeting should be added to the work programme and asked the clerk to circulate an updated version of the work programme reflecting this.

Chairman

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2018

Subject Heading:	BHRUT Gender Pay Gap 2018 Report
CMT Lead:	Mark Ansell
Report Author and contact details:	**Alan Wishart, Associate Director of Workforce, BHRUT**
Policy context:	**The information presented gives details of the current position with gender pay at the Hospitals' Trust.**
Financial summary:	**No financial implications of the covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached presentation gives details of the position with gender pay at the Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT).

RECOMMENDATIONS

1. That the Sub-Committee considers the attached BHRUT presentation and takes any action it considers appropriate.

REPORT DETAIL

Following a request by Members to be updated on this issue, the attached presentation gives details of the position regarding gender pay at BHRUT. Trust officers will present the information on this subject for scrutiny by Members.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

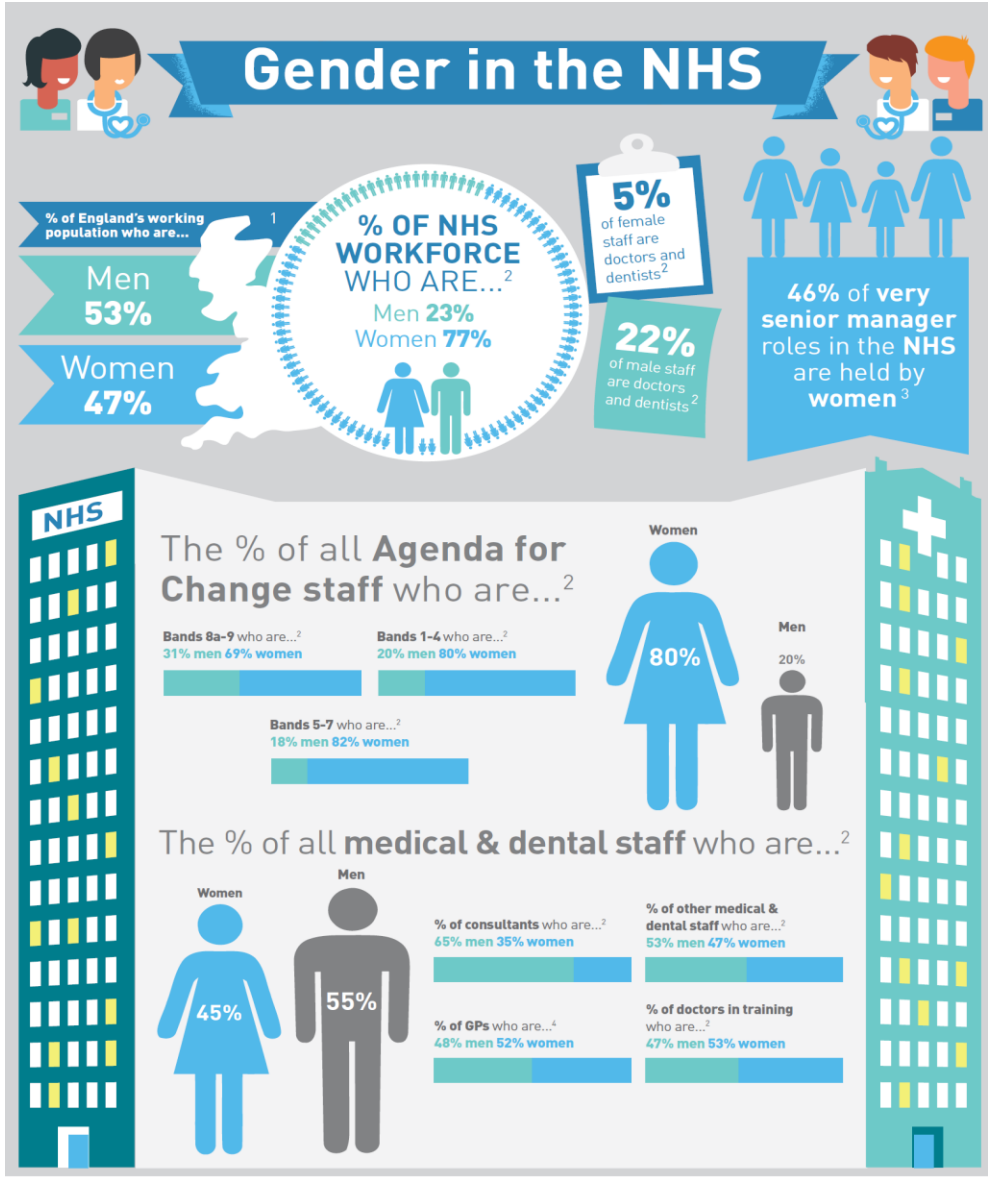
None.

SUSTAINING HIGH QUALITY CARE THROUGH INCLUSION

GENDER PAY GAP REPORT 2018

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust



Source:

1. England population in employment aged 16+, Office for National Statistics - Annual Population Survey, 12 months to September 2016.
2. NHS Digital, Hospital and Community Health Services (HCHS) workforce statistics: Equality and Diversity in NHS Trusts and CCGs in England, September 2016 - Experimental Statistics. Gender - Source Data. NHS Digital, Hospital and Community Health Services (HCHS) workforce statistics: Gender by grade in NHS Support Organisations and Central Bodies in England, September 2016, headcount. Gender by grade
3. http://content.digital.nhs.uk/media/26464/Statistical-Change-Notice-Relating-to-NHS-HCHS-in-England-Workforce-Statistics/pdf/Statistical_change_notice_relating_to_NHS_HCHS_in_England_workforce_statistics.pdf
4. NHS Digital, General and Personal Medical Services, England September 2015 - March 2016, Provisional Experimental statistics

www.nhsemployers.org
enquiries@nhsemployers.org
@nhsemployers

NHS Employers

PRIDE

OUR WORKFORCE BY THE NUMBERS

Band	Female	Male	Total	Female ratio	Male ratio
1	2	3	5	40%	60%
2	919	200	1119	82%	18%
3	668	135	803	83%	17%
4	431	43	474	91%	9%
5	930	149	1079	86%	14%
6	938	202	1140	82%	18%
7	513	134	647	79%	21%
8a	146	65	211	69%	31%
8b	64	26	90	71%	29%
8c	22	21	43	51%	49%
8d	9	9	18	50%	50%
9	15	11	26	58%	42%
Medical	345	521	866	40%	60%
VSM	12	5	17	71%	29%
Total	5014	1524	6538	77%	23%

Staff Group	Female		Male	
	Number	%	Number	%
Additional professional, scientific and technical	116	62	72	38
Additional clinical services	1042	82	236	18
Administrative and clerical	1209	81	279	19
Allied health professionals	263	71	110	29
Estates and ancillary	3	18	14	82
Healthcare scientists	118	62	76	39
Medical and dental	345	40	520	60
Nursing and midwifery registered	1869	90	210	10
Students	49	88	7	13
Total	5014	77	1524	23

GENDER PAY GAP DATA

- On average our mean pay gap is 30.3%
- The average woman at this company is paid 23.4% less than the average man
- Women make up 57.2% of higher-paid jobs and 83.6% of lower-paid jobs
- Nationally 91% of NHS organisations reported a pay gap in favour of men - ranging from 0.1% of median hourly pay (Lancashire Teaching Hospitals) to 52.5% (Health Education England)

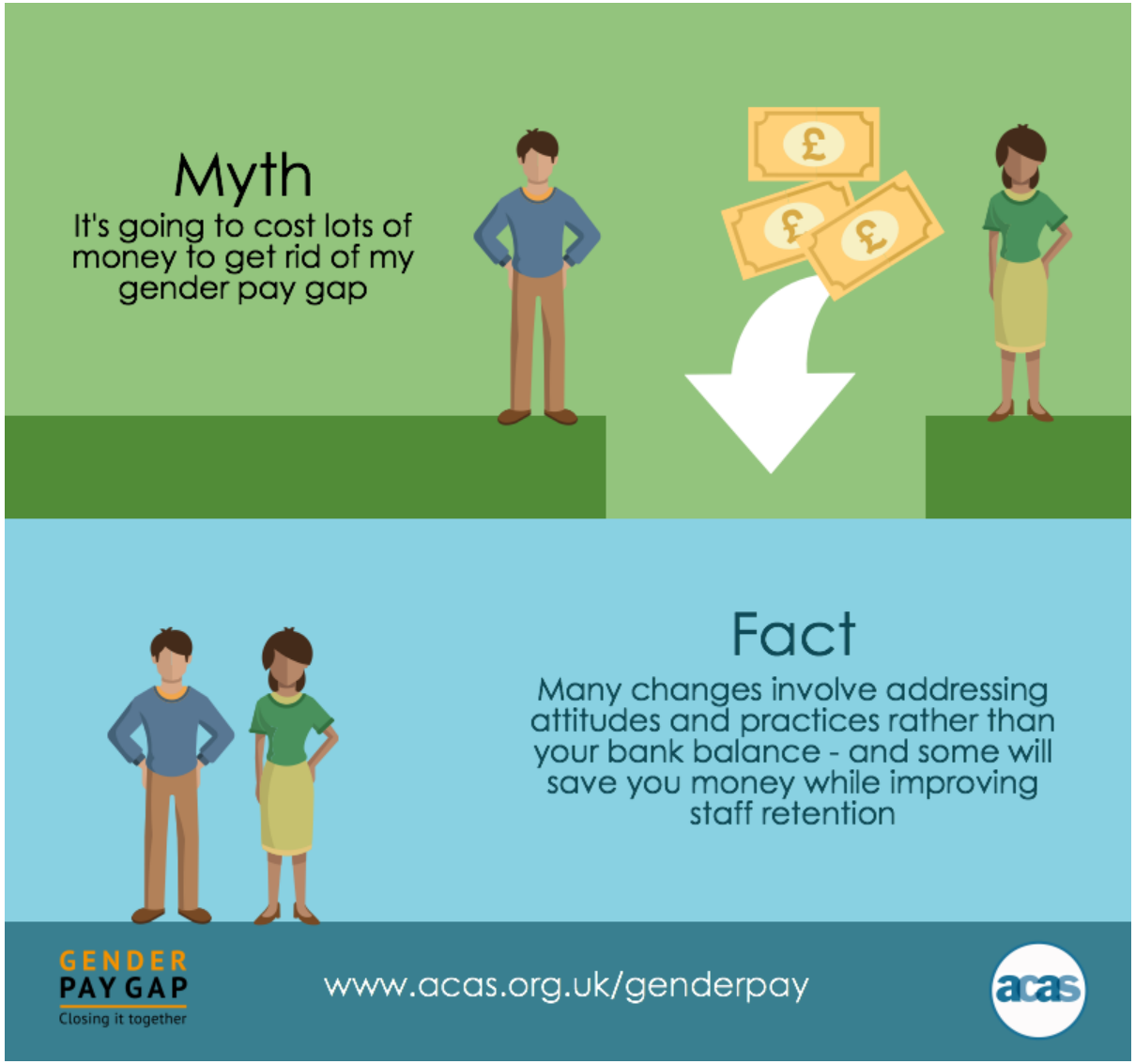
REASONS FOR OUR GENDER PAY GAP

- Lower number of women compared to men in bands 8c, 8d, 9 and the medical workforce
- Men are 3x as likely than women to receive bonus pay
  - More men being in the medical workforce
  - More men receive the Clinical Excellence Award because they are more likely to apply
- Our local picture reflects the wider NHS

Two-thirds of councils and 90% of NHS trusts have a gender pay gap

▲ 'Despite having longstanding pay scales and an overwhelmingly female workforce, sometimes at senior levels, many councils and NHS trusts have above-average pay gaps.' Photograph: Joe Giddens/PA

Men still earn more at overwhelming majority of public


Myth
It's going to cost lots of money to get rid of my gender pay gap
Fact
Many changes involve addressing attitudes and practices rather than your bank balance - and some will save you money while improving staff retention
GENDER PAY GAP
Closing it together
www.acas.org.uk/genderpay
acas

OUR RESPONSE TO OUR GENDER PAY GAP

- Inclusive recruitment approaches with Diversity Partners representing our diverse workforce
  - We are launching Diversity Partners on the 1 October 2018
- Revised approach to and promotion of flexible working
  - We have removed the statutory qualifying period and made applying a two step process rather than a four step process
    - This new approach to flexible working enables us to better support staff members to stay at work and explore opportunities to progress their careers in-house
- Specific focus on Clinical Excellence Awards with workshops and encouraging women to apply in 2018/19

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2018

Subject Heading:	BHRUT Health Tourism
CMT Lead:	Mark Ansell
Report Author and contact details:	**Andy Ray, Director of Financial Operations, BHRUT**
Policy context:	**The information presented gives details of the current position regarding treatment for overseas patients at the Hospitals' Trust.**
Financial summary:	**No financial implications of the covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached presentation gives details of the position with treatment for overseas patients at the Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT).

RECOMMENDATIONS

1. That the Sub-Committee considers the attached BHRUT presentation and takes any action it considers appropriate.

REPORT DETAIL

Following a request by Members to be updated on this issue, the attached presentation gives details of the position regarding treatment for overseas patients and ‘health tourism’ at BHRUT. General information on financial issues facing the Trust is also covered. Trust officers will present the information on this subject for scrutiny by Members.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

FINANCIAL UPDATE

Andy Ray
Director of Financial Operations

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

AGENDA

Our financial position

- 2017/18
- 2018/19

Overseas Visitors Update

HOW THE SITUATION DEVELOPED

- Optimistic plan different to that expected by CCG leading to disputes and ultimately expert determination
- Different judgements applied to financial reporting in the second half of the year
- Operationally unable to live within expenditure plans and a shortfall on expected financial improvement plans
- Loss of Strategic Transformation Fund (STF) financial support as a result of the losses above

PUTTING THINGS RIGHT

- Resulted in deficit of £49m for 2017/18
- Financial Special Measures
  - Required to produce a Financial Recovery/Improvement plan
  - Improving understanding of benchmarks
- Cash support required from DH, supported by NHS Improvement
- Development of action plan and changes needed to improve financial governance – supported by NHSI and PwC
  - Training
  - Compliance
  - Reporting

TAKING ACTION

- Top priority still maintaining safety and high quality of care
- Quality Assurance Panels
- Improvements driven from the “ground up”
- Tools to support staff handle staffing/budgets
- Additional training
- Tackling expensive agency staffing
- Comprehensive review of all areas of corporate spend
- Paying over 90% suppliers in line with Better Payment Practice Code

LOOKING AHEAD

- 2018/19 will be challenging
- Planned deficit of £52.5m
- Cost Improvement (savings) requirement of £39m
- This will take some time to get back to break-even
- Improved cash management and payment of suppliers

OVERSEAS VISITORS AND NHS CARE - WHO'S ELIGIBLE/NOT ELIGIBLE FOR FREE NHS CARE

- The NHS guidance is a very detailed and comprehensive document
- Based on the concept of "ordinary residence"
  - An "overseas visitor" is any person who is not "ordinarily resident" in the UK.
- Nationals of countries outside the European Economic Area (EEA) must also have indefinite leave to remain in the UK in order to be "ordinarily resident" here
- Important exceptions – **emergency care** and **maternity** – we cannot withhold these services to anyone who needs them
- An emotive topic – contrary to instincts of huge majority of clinicians
- Vast majority of patients are not "health tourists"

NUMBERS AND RECOVERY RATES

Financial Year	No. overseas patients invoiced	Total charges invoiced	Recovered so far
2016/17	573	£3.2m	£249,000
2017/18	378	£2.5m	£419,000

Context: total activity seen by hospital (overseas small element)

- 240,000 Emergency attendances, 73,000 admissions
- 8,300 babies delivered
- Maternity, specialist medicine
- Very difficult to recover some sums

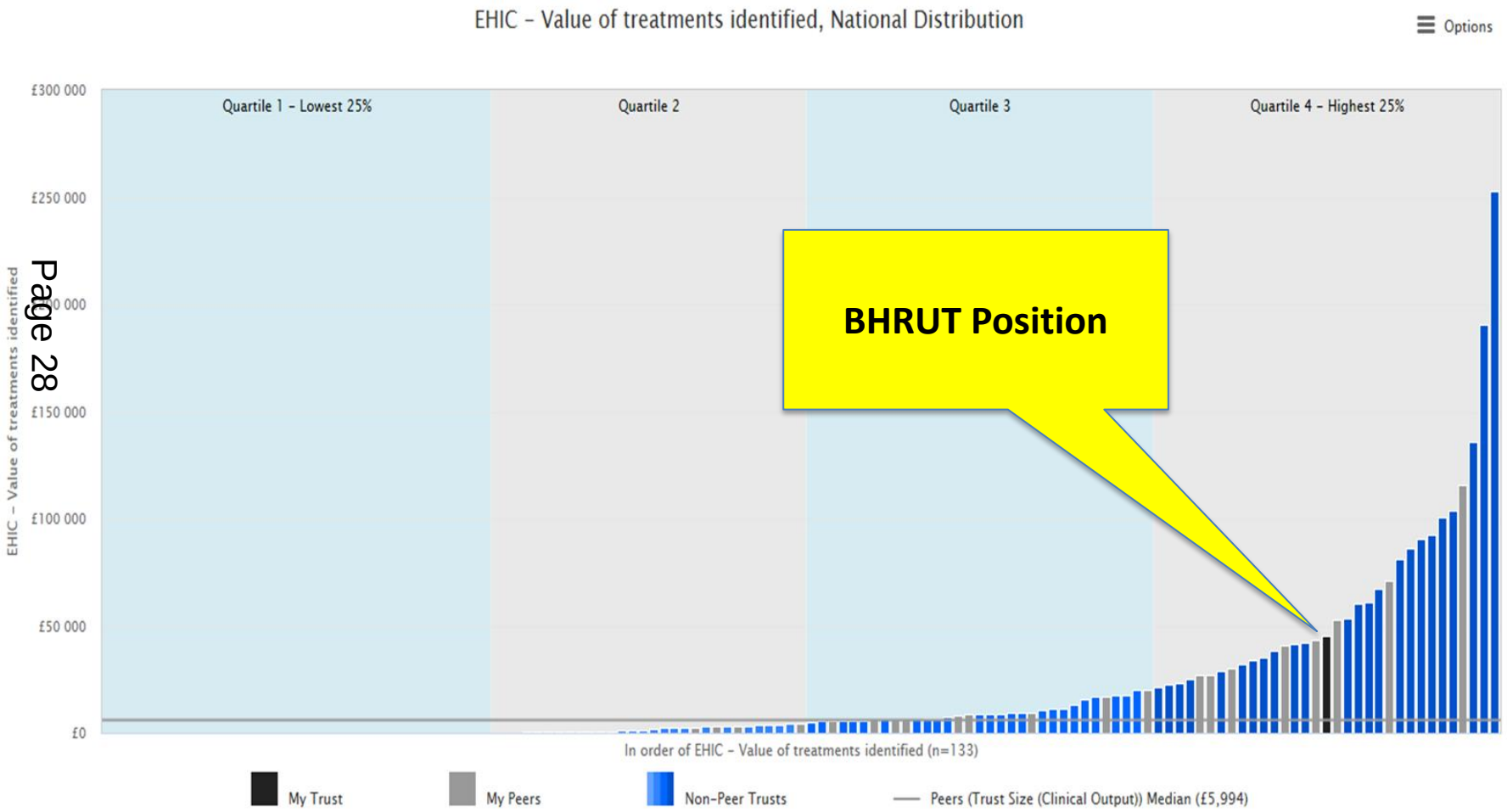
WHAT DO WE DO?

Examples:

- Main features of overseas process –we ask/check
- The overseas visitors team – how do they work?
- Up front payments
- Invoicing
- Follow up – debt collection
- Escalation/reporting/Home Office

OVERSEAS VISITORS

- **Trust is in top quartile for EHIC identification**



CONTINUED IMPROVEMENT

- National issue
- Hospital has developed an Overseas Visitor Action Plan
- What works well elsewhere?
- What we hope to achieve?

8,900 checks on NHS 'health tourists' find just 50 liable to pay

Ross Lydall Health Editor

A PILOT scheme set up by Jeremy Hunt to check whether patients were entitled to free NHS care found only a tiny number were ineligible, the Evening Standard can reveal.

Figures from London hospitals which asked 8,894 people for two forms of ID prior to treatment showed that only 50 — or one [illegible]0 — had to pay for their [illegible]ners today called on the [illegible]p abandon any plans to [illegible]t nationwide as they [illegible]empted crackdown on [illegible] a "waste of time".

[illegible]er, of Docs Not Cops, [illegible] are most likely to be [illegible]st likely to pay. There [illegible] saves the NHS an [illegible]t of money."

[illegible]ilots ran in selected [illegible]s, of which 11 were [illegible]t two months last [illegible]were refused care [illegible]ead concern that [illegible]rable "undocu- [illegible]ntially suffering [illegible] or contagious [illegible]red from seek-

[illegible]utside St Tho- [illegible]s started. [illegible]units, includ- [illegible] entitled to [illegible]K nationals [illegible] care or the [illegible]reciprocal

[illegible]t said he [illegible]argeable [illegible] choices [illegible] to seek [illegible]s made

clear". Barts Health asked 2,752 patients attending outpatient renal clinics at the Royal London hospital for ID. Two were found ineligible for free treatment and billed a total of £2,500.

It also found 17 of 1,497 maternity patients at Newham hospital ineligible and billed them £104,706. Inquiries continue into a further 77 patients.

Barts Health said it had continued to ask for up-front ID in these departments but had shelved plans to extend the checks to maternity and orthopaedics at the Royal London.

Dr Ron Singer, chairman of Newham Save Our NHS, claimed the trials were "part of the Government's hostile environment policy" that resulted in uproar over the treatment of Windrush migrants. "If you go to Newham hospital you will see huge signs saying you may not be eligible for free NHS treatment. The hostility is right in your face."

St George's, in Tooting, which at one stage was owed £5 million by overseas patients, checked 1,660 maternity patients over five months. Eighteen were found to be ineligible and were billed a total of £45,000. It also checked neurology and neurosurgery patients.

Barking, Havering and Redbridge trust screened 1,021 women attending maternity at Queen's hospital. Eleven were ineligible and were each billed £6,500. It has since ended the checks.

The Department of Health declined to say whether the ID checks would be abandoned in light of the trial. It said: "We are considering the findings from the evaluation before deciding on next steps with NHS England and NHS Improvement."

@RossLydall

Editorial Comment Page 16

Don't turn the NHS into border control

OUR report today about the impact of an NHS identity-checking pilot scheme has been seized upon by campaigners as another example of the Government's "hostile environment" policy.

What is certainly true is that the upfront checks on patients — who were asked to supply photo ID and a document proving their home address — were of limited value in detecting those who were not entitled to free NHS care.

Eighteen trusts took part in the two-month pilot scheme, of which 11 were in London. All 11 were asked by the Standard to supply data. To their credit, five of the biggest trusts did. They said 8,894 people were asked to produce ID. Only 50 were found to be not entitled to free treatment. Dozens more are under investigation, but that is more likely to be futile than fruitful.

The Department of Health states that the NHS is a "national, not an international, health service". Emergency care is provided without question to all those in need, regardless of whether they are ordinarily resident in the UK. Some people do seek to abuse the NHS, flying in for treatment and leaving before they pay. The law has been changed to require upfront payment in such non-urgent cases.

What this pilot has shown is that there is limited value in demanding ID upfront. Nobody was denied care but unknown numbers may have been deterred from seeking treatment. Admin staff rather than frontline clinicians may have carried the burden of performing the checks, but all should be able to put a patient's medical needs first. Checking patient IDs would be a waste of NHS resources.

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HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2018

Subject Heading:	Primary Care and GP Recruitment
CMT Lead:	Mark Ansell
Report Author and contact details:	**David Parke, Head of Primary Care, Havering Clinical Commissioning Group (CCG)**
Policy context:	**The information presented gives details an update on primary care issues and GP recruitment.**
Financial summary:	**No financial implications of the covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached presentation gives an update on issues faced by Primary Care services locally including the position with GP recruitment.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached BHR CCGs presentation and takes any action it considers appropriate.

REPORT DETAIL

Members have previously requested to be briefed on the latest position with the recruitment of GPs in Havering. Further details on this subject are included in the attached presentation. It was felt that it would be useful for the Sub-Committee if the presentation also summarised other issues currently impacting on primary care services in Havering.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

NHS
Havering
Clinical Commissioning Group

Havering Clinical Commissioning Group

Havering Health Scrutiny Committee
Wednesday 26 September 2018

David Parke, Head of Primary Care, Havering CCG

Primary Care Update

NHS Havering Clinical Commissioning Group

- GP practices – CQC inspections across Havering
- Primary care at scale
- Personal Medical Services (PMS) review – what this means for Havering practices
- GP recruitment – seven new GPs across BHR
- Rolling out e-Referral – moving from paper to an electronic system
- Diabetes - improving care for patents with diabetes
- Stroke prevention - scheme to be rolled out in Havering

Care Quality Commission (CQC) Inspections

NHS Havering Clinical Commissioning Group

Results as of September 2018

CCG	Total no. of practices	% of visits with published reports	No. rated 'inadequate'	% rated 'inadequate'	No. rated 'requires improvement'	% rated 'requires improvement'	No. rated 'Good'	% rated 'Good'
B&D	35	100.00	0	0.00	5	14.29	30	85.71
Havering	44	100.00	1	2.27%	6	13.64	38	86.36
Redbridge	42	100.00	0	0.00	5	11.90	37	88.10
Total	121	100.00	0	2.27%	16	13.22	105	86.78

Primary care at scale

NHS
Havering
Clinical Commissioning Group

- Additional funding has been allocated to support the development and maturity of the Havering GP Federation to work with practices to improve health outcomes and support the primary care transformation agenda, and to become an integral member of the BHR Provider Alliance

- Mergers and collaborations being worked up in Havering to level up performance and ensure GP services are provided, where possible, from fit for purpose buildings

- CCG will commission in a way to encourage practices to work together

- Future proofing practices in terms of workforce, estates and new ways of working

Personal Medical Services

NHS Havering Clinical Commissioning Group

In 2014, NHSE issued national guidance that all Personal Medical Services (PMS) contracts must be reviewed.

PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs – however this has meant a great variation in payments between practices.

The review aimed to create a consistent approach, and ensure GPs are paid equally for providing the same services.

CCGs were asked to come up with “commissioning intentions” to form the basis of their local PMS offer.

In 2016, NHSE agreed a “one size fits all” approach will not work and asked CCGs to progress the review at a local level.

Local Review

Havering Clinical Commissioning Group

Havering CCG reviewed all PMS GP contracts to ensure they receive the same basic funding for providing core services. This new approach is based on the principles:

- fairer system by paying all practices the same amount per patient
- release PMS funding and reinvest back into general practice

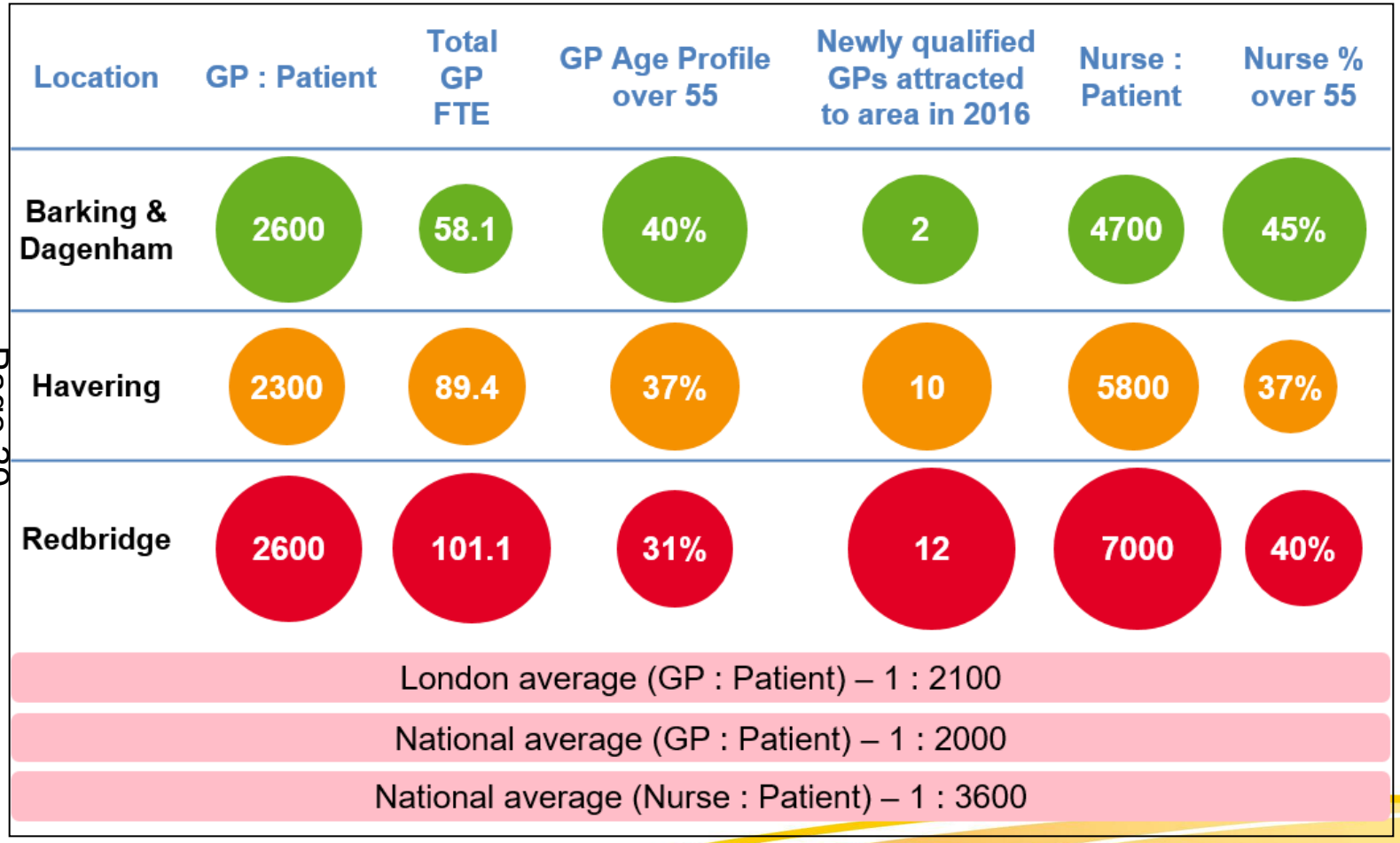
As a result of the review, around a third of practices in Havering will see their funding reduced and practices have voiced concerns as to the impact this could have on them.

To this end we have secured additional funding of £2.4 million from our North East London (NEL) CCG partners to provide a minimum offer to all Havering practices over the next three years. Practices will be required to use funding to provide a minimum number of appointments, ensuring a consistent level of service for all patients across BHR.

Practices have up to three months statutory time before they are required to decide on accepting the offer.

Workforce

NHS Havering Clinical Commissioning Group



Seven new GPs across BHR

NHS Havering Clinical Commissioning Group

Along with many other parts of the country, retaining and recruiting GPs has been an issue across BHR where the GP to patient ratio is among the highest in England.

To address this, the CCG successfully recruited newly trained doctors under a recruitment initiative that will allow them to develop specialist skills and work at BHR practices.

Seven new GPs have accepted offers and started in August at local practices, where they are working between four and seven sessions a week. By taking on part of the workload, they are relieving pressure on existing GPs and cutting waiting lists.

The scheme was developed by BHR CCGs with Health Education England, BHRUT, NELFT, BHR Community Education Provider Network, Barts and The London School of Medicine and Dentistry, and a number of local GP practices.

Other Workforce Initiatives

Havering Clinical Commissioning Group

- IGPR
- Physician Associates
- Clinical Pharmacists
- Nurse Leadership and Nurse Associates

e-Referral Service (e-RS)

NHS Havering Clinical Commissioning Group

NHS England and NHS Digital established a national programme to switch Referrals from paper to electronic from 1 October 2018. BHR CCGs and Barts Health NHS Trust have now switched over, and local GP practices are no longer able to make paper referrals.

The new e-Referral Service (previously known as Choose and Book) combines electronic booking with a choice of place, date and time for first hospital or clinic appointments.

Patients now have more choice and control over their care, and can choose:

- initial hospital or clinic appointment
- book it in the GP surgery at the point of referral
- or later at home on the phone or online

The new service is safe to use, and includes data encryption for sending and receiving information.

Patients are only able to book/change appointments using a unique booking reference number and a password.

Benefits to Local GPs

NHS Havering Clinical Commissioning Group

Technology is playing a greater role than ever in how health services are provided, and the e-Referral Service benefits GP practices:

- fewer ‘did not attend’ appointments
- reduced admin overheads
- easier referral tracking therefore reducing patient and clinician enquires
- saving of circa £500m per annum nationally (assuming full use of the system)

Nationally e-Referral Service is currently used for 62% of all referrals by GP practices into consultant-led first outpatient appointments.

NHSE requirement is to hit the 80% utilisation target by 1 October 2018.

BHR CCGs utilisation June 2018

- Havering CCG: **85%**
- Barking & Dagenham CCG: **89%**
- Redbridge CCG: **85%**

Improving care for patents with diabetes

NHS Havering Clinical Commissioning Group

The National Diabetes Audit measures what percentage of patients with type 2 diabetes on a practices' diabetic register have an annual diabetic Health check. There has been a significant improvement in the percentage of patients who have had these checks in Havering - up by almost 20 percentage points each to just under the England average.

The CCG Diabetes Care Improvement scheme (15 months) achieved:

Annual checks

- 1,425 more completed annual checks. CCG average now 45%
- Anticipate higher in 2018-19 as quality improvement issues are further addressed

Treatment targets

- 42% diabetic patients in controlled range for blood pressure, Cholesterol

Prevention

- Established at-risk of diabetes registers (6,000+ patients)
- patients now being referred on to National Diabetes Prevention Programme

Stroke Prevention

NHS Havering Clinical Commissioning Group

A stroke prevention scheme has achieved success in Redbridge, and as a result will be rolled out in Havering. Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. Screening improves detection and management for patients.

The scheme comprised of:

- **Case finding:** screening of older patients for pulse checks
- **Implementation:** working with clinical pharmacist on joint reviews
- **Education**: education sessions with GPs (43 practices identified a lead GP who, at the end of the scheme, felt their ability to manage and treat patients with AF had improved)

At the end of scheme, results showed:

- **79%** practices had achieved the 15% increase in number of patients aged 65 and over that had pulse checks for patients without long-term conditions
- **95%** practices had achieved the 15% increase in number of patients aged 65 and over that have pulse checks for patients with long-term conditions.

The team will now work with Havering practices to ensure a uniform approach to Atrial Fibrillation and achieve similar successes that have been achieved in Redbridge.

Other practice support

NHS Havering Clinical Commissioning Group

- Resilience monies
- Improvement grants
- Voice recognition software
- Two way text messaging
- IT Platform
- Jayex
- e-consult

Questions?

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2018

Subject Heading:	Quarter 1 2018/19 performance information
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
Policy context:	The report sets out Quarter 1 performance against indicators relevant to the Health Overview and Scrutiny Sub-Committee
Financial summary:	There are no direct financial implications arising from this report which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[X]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Health Overview and Scrutiny Sub-Committee for Quarter 1 (April 2018 – June 2018).

RECOMMENDATION

That the Health Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Health Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.

2. Following a trial without them during 2017/18, tolerances around targets (and therefore the amber RAG rating) have been reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:

    - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
    - **Amber** = outside of the quarterly target, but within the agreed target tolerance
    - **Green** = on or better than the quarterly target, or 'on track'

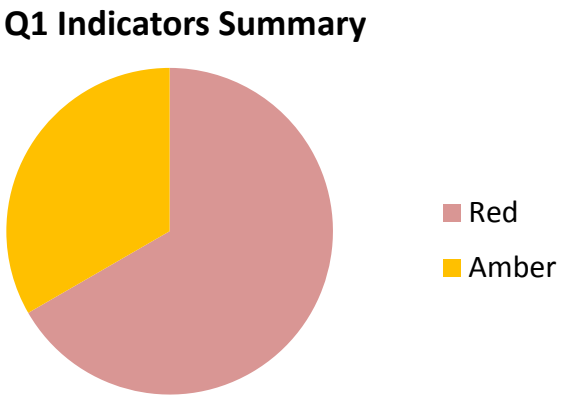
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.

4. Also included in the presentation are Direction of Travel (DoT) columns, which compare:

    - Short-term performance – with the previous quarter (Quarter 4, 2017/18)
    - Long-term performance – with the same time the previous year (Quarter 1, 2017/18)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.

6. In total, three performance indicators have been selected for the sub-committee to monitor. Performance data is available for all three indicators this quarter, and these have all been given a RAG status.



In summary, of the 3 indicators:

1 (33%) has a status of **Amber**
2 (67%) have a status of **Red**

This is a decline on the position at the end of Quarter 4, when 50% of indicators were rated Green and 50% were rated Red.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications arising directly from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

Human Resources implications and risks:

There are no HR implications or risks arising directly from this report.

Equalities implications and risks:

Equality and social cohesion implications could potentially arise if performance against the following indicator currently rated as Red does not improve:

- Obese Children (4-5 years)

The attached presentation provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

BACKGROUND PAPERS

Appendix 1: Quarter 1 Health OSC Performance Presentation 2018/19

Havering

LONDON BOROUGH

Quarter 1 Performance Report 2018/19

Health O&S Sub-Committee

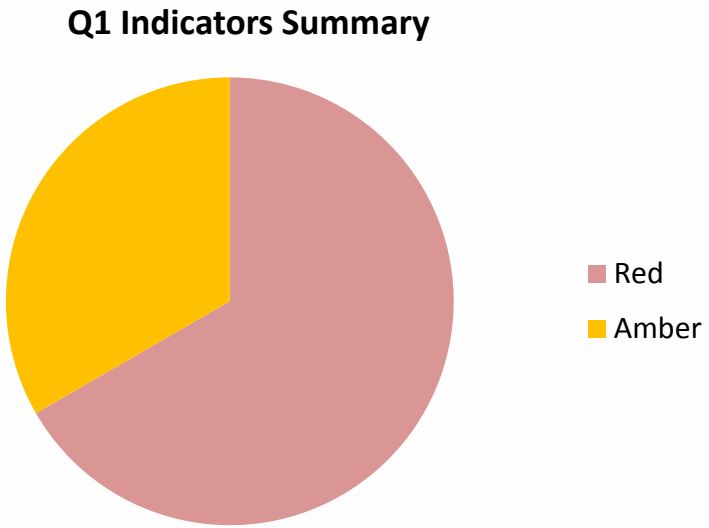
26 September 2018

About the Health O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Health Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the rating is '**Red**', '**Corrective Action**' is included. This highlights what action the Council will take to address poor performance.

OVERVIEW OF HEALTH INDICATORS

- 3 Performance Indicators are reported to the Health Overview & Scrutiny Sub-Committee.
- Performance ratings are available for all 3 indicators.



Of these 3 indicators:

1 (33%) has a status of **Amber** (within tolerance)

2 (67%) have a status of **Red** (off target)

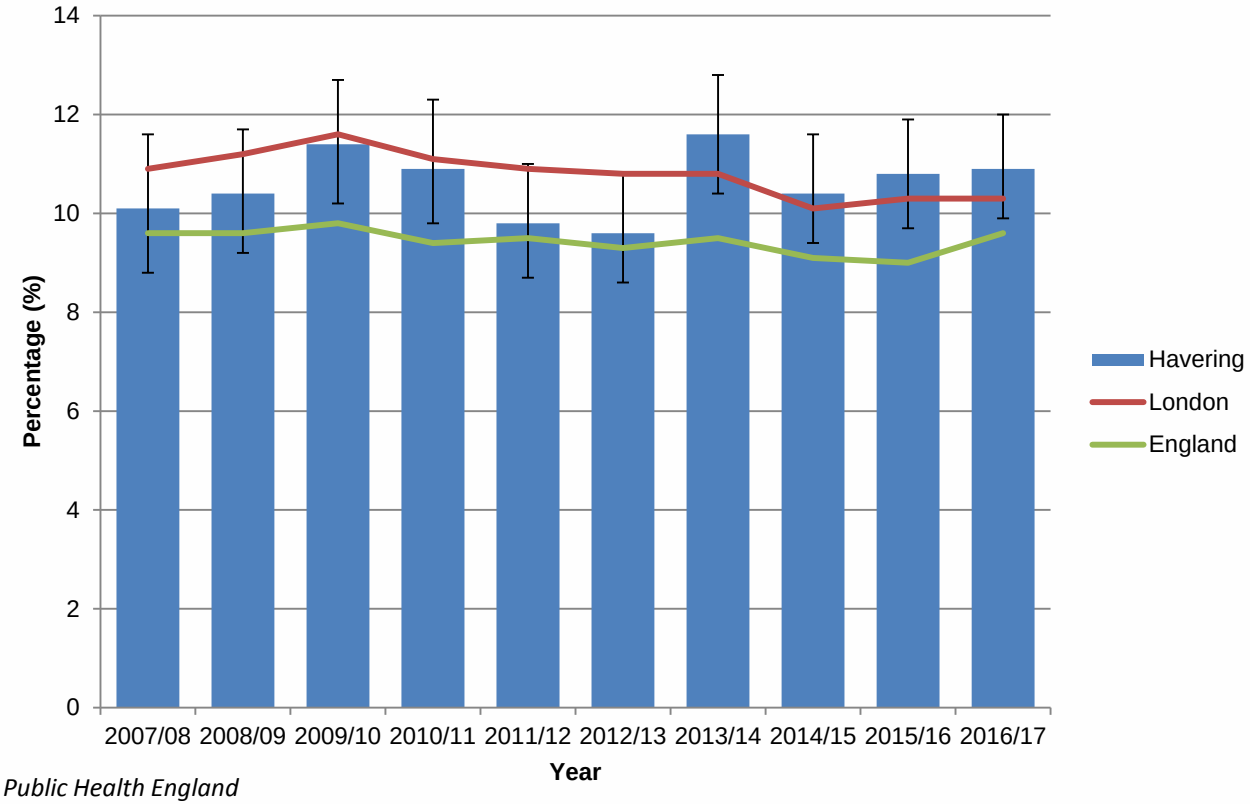
Quarter 1 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q1 Target	2018/19 Q1 Performance	Short Term DOT against Q4 2017/18		Long Term DOT against Q1 2017/18		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to England	Better than England (9%)	Better than England (9%)	10.9% (2016/17) RED Worse than England	-	N/A	↓	10.8% (2015/16)	**Public Health**
Percentage of patients whose overall experience of out-of-hours services was good (Partnership PI) (Annual)	Bigger is better	Similar to England	Better than England (69%)	Better than England (69%)	64% (2018) AMBER Similar to England	-	N/A	↓	67% (July 2017)	**Havering CCG**
The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)	Smaller is better	±10%	7	7	7.8 RED	↓	5.46	↓	4.92	**Adult Social Care**

About Childhood Obesity

- Prevalence of obesity amongst 4-5 year olds in Havering has seen no significant change over the past 9 years. In 2016/17 Havering's performance remained significantly worse than England but similar to London .

Percentage of Obese Children, Havering, London & England, 2007/08 – 2016/17



Source: Public Health England

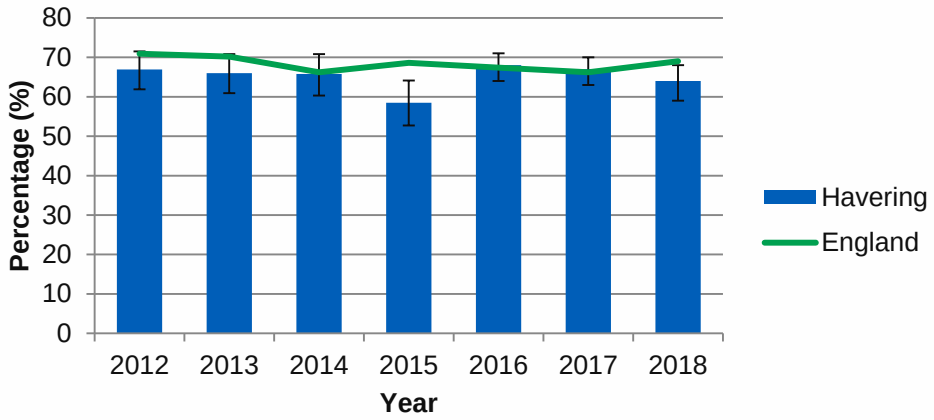
Improvements Required: Childhood Obesity

- Directed by Havering's 'Prevention of Obesity Strategy 2016-19', our borough working group continues to progress actions that are within the gift of the local authority and partners, and within available budgets.
- Progress on actions since the last update are as follows:
  - Council and NHS premises have begun registering as Breastfeeding Welcome. The scheme will be publicly launched in August to link in with World Breastfeeding Awareness Week.
  - Monthly 'Starting Solid Foods' workshops have been co-delivered by Health Visitors and Early Help Practitioners at Collier Row Children's Centre since January and have been well attended and received. We are scoping capacity to extend these to additional Children's Centres.
  - The Healthy Early Years London pilot has concluded with three settings achieving the bronze award and two silver. Phased rollout across the borough commenced in June.
  - A new Veggie Run game app was successfully launched by Havering Catering Services in April, aiming to increase uptake of healthy schools meals, improve children's knowledge of healthy eating and award prizes that encourage healthy lifestyles.
  - The Public Health and Waste and Recycling teams have started working together to promote the Water Refill scheme with the dual aim of reducing plastic waste and reducing sugar intake.
- Obesity is a complex issue and many of the opportunities to tackle it fall outside of the local authority's influence. As such, work continues at national level, guided by the national 'Childhood Obesity: A Plan for Action' and we continue to link with national campaigns and programmes where appropriate.

About Patient Experience of GP Out-of-hours Services

- The latest available data (2018) for patient experience of GP out-of-hours services shows no significant difference between the percentage of patients who are satisfied with the service in Havering (64%, 95%CI: 59%-68%) and the England average (69%, 95%CI: 68%-69%). This follows an overall improvement in the England average performance as compared to the previous year (2017 – 66%) whereas Havering's performance has not significantly changed. Use of out-of-hours services includes contacting an NHS service by phone (e.g. 111) and going to A&E - which a vast proportion (54% and 31% respectively) of the 882 Havering respondents who answered this question say they did.

The percentage of patients who are satisfied with the GP out of hours services, Havering & England 2012 - 2018



Source: NHS Digital & GP Patient Survey Database

Considerations for: Patient feedback on Out of Hours Services

- When practices are closed (outside of 8 am – 6.30 pm) they can provide their own Out of Hours (OOHs cover) or 'opt-out'. If a practice 'opts out' the commissioner is responsible for ensuring appropriate OOHs cover is in place.

- In Havering, all practices have opted out of OOHs, therefore the CCG commissions PELC to provide OOHs cover in which the clinical responsibility for patients is transferred to the OOHs provider. PELC provide services out of hours on the Queens and King George hospital sites and at Grays Court in Dagenham.

- London Ambulance Service took over 111 services from 1st August – they were previously provided by PELC. 111 are able to book patients into the OOH services. In addition, there are seven GP hubs providing an out of hours service across BHR and there are two in Havering at Rosewood Medical Centre and North Street Medical Centre.

- A number of factors affecting use of OOHs have changed as part of the NHSE London Access strategy reflecting the ambition of the General Practice Forward View (GPFV).

- The survey results are now collected only once per annum rather than every six months and are therefore slower to reflect changes. Trends will therefore only be discernible from the July 2017 data collection point on.

About Delayed Transfer of Care

- In the first three months of 2018/19, there has been an average of 15 delayed discharges per month (7.8 days per 100,000) whereas at the same stage last year there had been an average of 10.

- The vast majority of delays are in the acute sector and are the responsibility of Health.

Any questions?

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2018

Subject Heading:	Healthwatch Havering – Annual Report
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises work undertaken by Healthwatch Havering during the last year.**
Financial summary:	**No financial implications of the covering report itself for either the Council or Healthwatch Havering.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached annual report of Healthwatch Havering introduces the organisation and gives details of the work carried out by the organisation during the last year.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached Healthwatch Havering report and takes any action it considers appropriate.

REPORT DETAIL

The attached report details work undertaken by Healthwatch Havering during the last year and serves as an introduction to the organisation. A representative of Healthwatch Havering will be present at the meeting to give further details of the organisation's work.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

healthwatch Havering

Annual Report 2017/18

Helping to make sure that your views are heard

Encouraging services to work for everyone equally

Giving you a greater say in your own care

Everyone working together

Contents Page

We are working to make sure people from every community in Havering have their say about heath and care

Message from the Chair

"It is more important than ever, to find out what people need and it is your views that help to shape services and make a difference"

- Welcome and thank you for taking the time to read our report. This report updates you on our progress and our plans for 2018/2019.
- We have made over 60 recommendations to improve services following our Enter View programme this year. Our visits have included 10 GP practices 3 hospital visits and 13 Nursing and Care Homes, our reports are available on our website.
- New this year is the Home Visiting team in partnership with Havering borough council to seek the views of residents who are receiving home care support
- It is vital that local people express their views on our Urgent and Emergency services which need to make a step-change to improve the availability and timeliness of clinical care. Over 340 residents shared their thoughts, residents attending the Havering Over Fifties Forum (HOFF), CarePoint and Rainham Village Children's Centre, helped us to provide a comprehensive report about what was important for them, their families, their friends and as their role as a carer.
- We have been listening to residents and voluntary organisations who have repeatedly raised concerns about Sight Services. We have captured your views and experience and just published a report which has been distributed both locally to BHRUT, the Borough, the CCG and to national organisations including the CQC, the Royal College of Ophthalmologists, the Pocklington Trust and the Royal National Institute for the Blind.
- None of this would have been achievable without our team and our volunteer members – thank you for your hard work. Thank you to every person and organisation that has worked with us during the year your support is invaluable

Highlights from our year

Thank you to our volunteers this is what we have achieved

1600 people or more have played a part in providing us with their views and concerns

Over **50** residents living in Sheltered Housing have expressed their views on their domiciliary care

Over **340** people contributed to public consultations

Working with other organisations we have attended over **150** meetings and events

27 Enter and View Reports, Care and Nursing Homes, GP practices, hospitals

Over 60 recommendations to improve services

Over **55** followers on Twitter

Who are we and why you are our priority

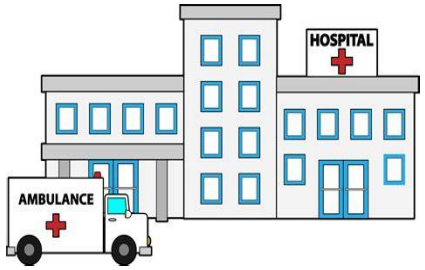
- Healthwatch is a national initiative created in 2012 following the Public Enquiry into the failings at Mid Staffordshire Hospital by Sir Robert Francis QC now know as the Francis report. This report resulted in the government making it law that people should be at the centre of care
- Healthwatch's role is to understand the needs and ideas of different people
- Make sure your views are heard by the people who decide things about health and social care
- Healthwatch also have the power to Enter and View organisations that receive public sector funding, making sure that services are working for you and the people you care about
- Our reports on local organisations are published on our website and include our actions and recommendations to deliver positive outcomes for people

Making a Difference - Our role with the Care Quality Commission (CQC) and Healthwatch England (HWE)

- ✓ National weekly CQC reports are checked for reports on local providers
- ✓ All local provider CQC reports are discussed at our monthly Enter and View panel for consideration and prioritising for a visit
- ✓ We used the CQC GP triangulation tool
- ✓ Havering CQC ratings demonstrated a high number of GP practices with a 'Requires Improvement' rating
- ✓ Supported the CCG on a pilot project to improve CQC poorly performing GP practises with successful results
- ✓ National reports from CQC and Healthwatch England also influence our work. An example would be the Care Homes report to which Healthwatch Havering also contributed
- ✓ All our Enter and View reports are provided to the CQC and the Healthwatch England database
- ✓ All investigative reports such as the RTT report are provided to the CQC and Healthwatch England
- ✓ Prior to CQC inspections we are requested to provide feedback to the CQC. This is drawn from our Enter and View reports, concerns that are raised by local people at the meetings and events that we attend. We also ensure the positive comments are shared with the CQC
- ✓ We have been members of the Quality Risk Profiling Review for BHRUT which included the CCG, NHSI and the CQC

Enter and View Visits

This activity has been undertaken by the relevant persons during the financial year in respect of statutory obligations Section 221



The number of visits undertaken by our volunteer team

10 Residential Homes
10 GP Practices
3 Nursing Homes
3 Queen's Hospital
1 Mental Health Service

Read the reports on our website
www.healthwatchhavering.com

See Appendix 1 for more detail

Working in Partnership - is invaluable to ensuring that we make a difference

Together here are examples of our work for some of the most vulnerable in our community

- ✓ In partnership with the CCG seeking the views of people about urgent and emergency care services -Right Care, Right Place, First Time
- ✓ Our report on Sight Services is responding to the concerns expressed by local people
- ✓ Raising concerns about the withdrawal of out-of-hours pharmacy services at Harold Wood Polyclinic
- ✓ Working with the Overview and Scrutiny Committee on the delays experienced by patients referred for treatment at BHRUT
- ✓ Learning Disabilities and Autism – being part of the wider network of organisations working together to improve health and social care services for individuals and their families and carers

Strategic objective

Supporting you to have your Say

- We want more services to use your views to shape the health and care support you need today and in the future
- Produce strong evidence which those who make decisions about health and social care can use

This year

✓ Over 340 residents took part in the survey seeking their views on designing new models of urgent care

✓ Over 150 people, contributed to our Sight Services report, reflecting the views of members of the Partially Sighted Society (Havering), Sight Action (Havering), the Havering Over Fifties Forum (HOFF), staff and patients

✓ Over 50 Residents living in Sheltered Accommodation have shared their views on the Domiciliary Home Care Services which they are receiving (at the Borough's request)

Right Care, Right Place, Right Time - research commissioned by Havering Clinical Commissioning Group and carried out by Healthwatch Havering

We worked in partnership with other local organisations who could bring their experience and knowledge to the research

- ✓CarePoint
- ✓Havering Over Fifties Forum (HOFF)
- ✓Rainham Village Children's Centre

The CCG were seeking views on two priorities

- ✓Providing more bookable appointments when you have an urgent health care concern or need
- ✓Making urgent care more accessible through digital channels (online booking, digital apps and resources)

Target Audience

- ✓Parents of young children
- ✓Older People
- ✓Young Adults

Right Care, Right Place, Right Time

Reflecting a wide range of views taking part in this consultation process

Ethnicity/Background	
Any White	72.24% (242)
Any Mixed ethnic	3.58% (12)
Any Asian	8.36% (28)
Any Black	10.15% (34)
Other / prefer not to say	5.67% (19)
Disability	
Physical/mobility issue	15.66% (52)
Learning disability/mental health issue	13.55% (45)
Visual Impairment	1.81% (6)
Hearing Impairment	2.71% (9)
None	71.08% (236)
Other	2.71% (9)

Age	
Under 18	0.29% (1)
18 – 24years	7.35% (25)
25 – 35years	35.29% (120)
35 – 44years	18.24% (62)
45 - 54years	12.94% (44)
55 – 64years	8.82% (30)
65 – 74years	10.88% (37)
75 years plus	5.00% (17)
Gender	
Male	20.00% (66)
Female	78.18% (258)
Other/Prefer not to say	1.82% (6)

Strategic Objective

Making a Difference Together

Listening to your views and experiences and using our reports to reflect these in our recommendations. The recommendations are sent to the management of the organisation, the CQC, Healthwatch England, commissioning organisations and accessible to the public on our website.

Enter and View visits identify where improvements can be made to enhance the overall care and ambience of residences

Visiting GP practices recommending ideas that you have suggested during consultations

Seeking improvements in the care of the elderly at Queens Hospital

We visited 10 GP practices and we made a range of recommendations including:

- ✓ Provide a loop system for the hard of hearing
- ✓ Provide alarm systems for reception staff
- ✓ Consider installing queuing system for phone calls that respond positively to patients waiting to speak to reception staff
- ✓ Improve the appearance of the premises
- ✓ Positively manage and help enable patients to remember to attend for their appointments or to remember to cancel the appointment in a timely manner

We have visited 13 residential and nursing homes and we made a range of recommendations including:

- ✓ Improve the décor
- ✓ Provide more music to entertain residents
- ✓ Review staffing levels
- ✓ Improve the management of falls
- ✓ Re-design large sitting room to provide better facilities
- ✓ Re-design the laundry area to get better separation between the dirty and clean areas

We have made 2 visits to Queen's Hospital and made recommendations, in response to which the hospital (as always) has developed action plans that are included in the reports on our website:

- ✓ Need for general improvement in the approach to feeding patients
- ✓ Training for staff ensuring the link between food deliver and infection control
- ✓ Best practice seen on some wards to serving foods needs to be applied to all wards

Our people and our decision making processes

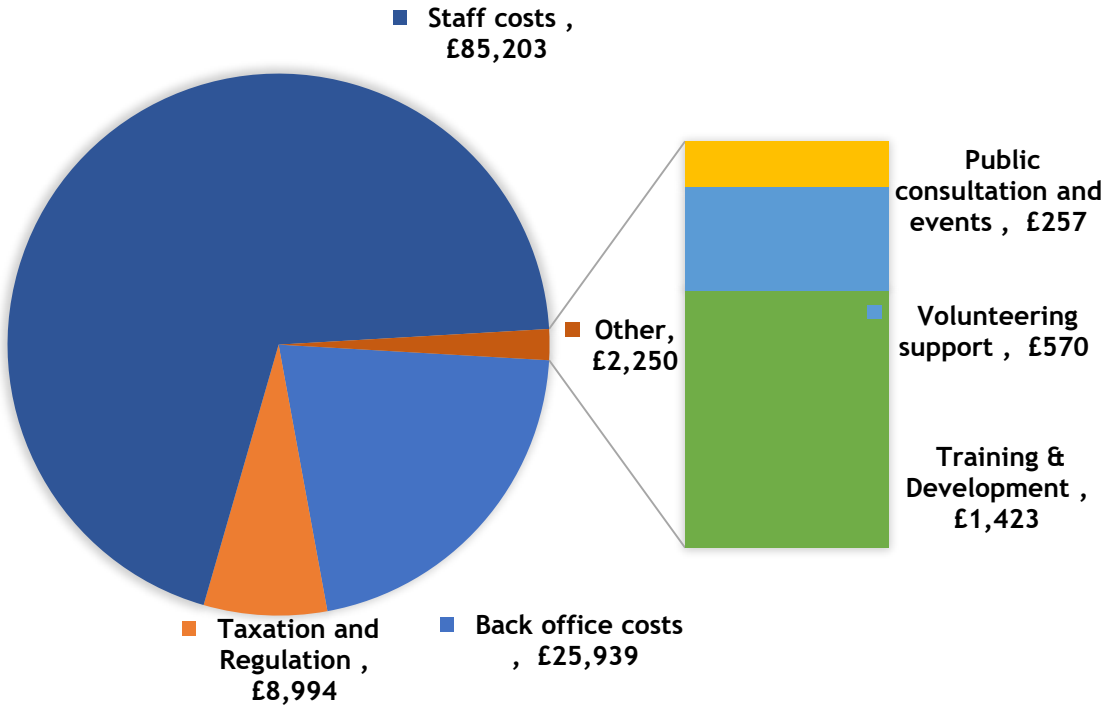
- The Board consists of directors, staff and volunteer members
- Our volunteers are all Board members
- Volunteer members complete a training programme which includes Enter and View training, Mental Health Act and Deprivation of Liberties
- Volunteer members are full voting members of our Board
- The Board generally meets bi-monthly and the details of the Board meeting dates and the minutes of the meeting is published on our website
- The Board undertakes 2 training and development meetings a year, this includes the setting of our objectives and work plan for the year ahead
- During the year external training and educational opportunities are also provided
- Our policies and procedures are all discussed at our Board meetings
- Our governance documents provide the framework ensuring that we operate efficiently and fairly in accordance with our statutory and legal requirements
- The Board has adopted the Healthwatch Good Governance Assurance Tool and Volunteer Members will lead the review this year
- The work has been completed in respect of General Data Protection Regulation and will be formally adopted at the Board in May 2018 (see Appendix 2)
- Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit)

Our Finances

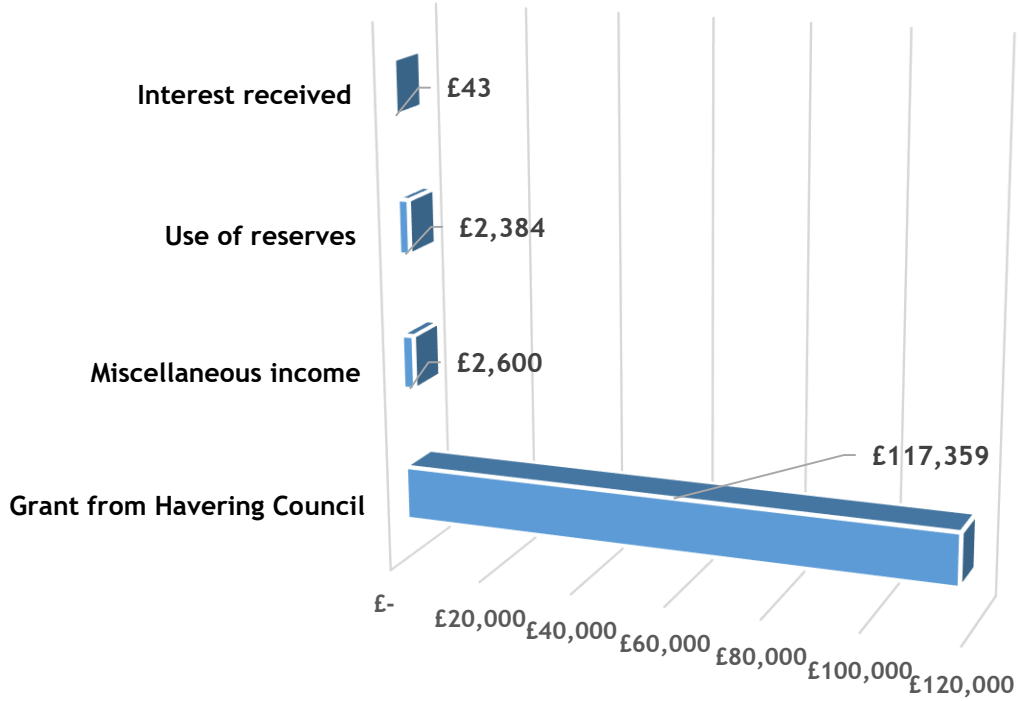
Summary statement of Income and Expenditure

For more detail, please refer to the annual accounts available on our website at http://www.healthwatchhavering.co.uk/our-activities

EXPENDITURE SUMMARY



INCOME SUMMARY



Our plans for 2018/2019

Strategic Objective: To continue to develop our relationship with policy makers - Commissioning Groups - Locality Development Group - CQC - Healthwatch England

- To ensure that we understand, influence and support the engagement and consultation process for our residents

Strategic Objective: Supporting You to Have Your Say

- To continue to support the Borough in developing a quality feedback programme for residents who receive care services
- To continue our successful Enter and View programme, building our knowledge and sharing residents' experiences

Strategic Objective: To be part of network of health and social care professional to promote and champion the value of residents' involvement

- To be an active participant in the Provider Alliance – shaping and supporting new service models in the interests of service users

Strategic Objective: Making a Difference Together

- Extend our working with the Public Health team on Tobacco Control and London Regional Tobacco Control Network as part of our pledge to support their creating a 'No Smoking' environment, particulalry among young people
- Continue to develop our partnership working building on the success with Care Point and Rainham Village Children's Centre to ensure the widest network of resident engagement
- Build on the findings of our current research into the provision of services to people who have visual impairment
- Continue to seek improvement in the provision of meals for patients at Queen's Hospital
- Work with the NEL Commissioning Alliance and ACS to improve the standard of care provided to people living with dementia in their own homes

Contact Us – Get In Touch

Healthwatch Havering is the operating name of

Havering Healthwatch Limited

A company limited by guarantee

Registered in England and Wales

No. 08416383

Registered Office:

Queen's Court, 9 -17 Eastern Road,

Romford RM1 3NH

Telephone: 01708 303300

Email: enquiries@healthwatchhavering.co.uk

Website: www.healthwatchhavering.co.uk

Twitter feed: @HWHavering

The publishing and sharing of local Healthwatch annual reports each year is set out in legislation and therefore a statutory requirement of local Healthwatch organisations.

- Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, the London Borough of Havering, CQC, NHS England, Havering Clinical Commissioning Group, BHR Clinical Commissioning Group, Overview and Scrutiny Committees, Health and Wellbeing Board, British Library
- We confirm that we are using the Healthwatch Trademark, which covers the logo and Healthwatch brand, when undertaking work on our statutory activities as covered by the licence agreement (see Appendix 3).
- If you require this report in an alternative format please contact us at the address above.

List of Appendices to the Annual Report 2017/18

1 Enter and View Reports – The involvement of lay persons and volunteers in the carrying-on of the relevant section221 activities as set out in the Local Healthwatch Organisations Directions 2013

2 Compliance with General Data Protection Regulation (GDPR)

3 Use of Healthwatch copyright material

Appendix 1 Enter and View visits

The involvement of lay persons and volunteers in the carrying-on of the relevant section221 activities as set out in the Local Healthwatch Organisations Directions 2013

In addition to having one of the largest residential and care home sectors in Greater London, Havering has had the largest number of GP practices in London rated by the CQC as Inadequate or Requiring Improvement, a major hospital Trust (BHRUT) that is still emerging from Special Measures (following a 2013 inspection that found it Inadequate), a community health services Trust (NELFT) rated as Requiring Improvement, and a CCG that continues under immense financial pressure and subject to Directions by NHS England. Moreover, the local health economy generally is under considerable strain because of the demands of urgent care needs, residential and domiciliary care needs and the imminent retirement of a number of GPs working single-handedly or in small partnerships.

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.
To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2017/18, we carried out 27 visits (with a small number of premises visited more than once). The full list appears below.

Our visiting teams were generally made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents/patients and their relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all but one of these visits were carried out in exercise of them. On that one occasion however, noted in the table that follows, the visit was carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc.

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2017			
29 March and 23 May	Barleycroft (fourth visit)	Residential Care Home	To observe the home in operation following various expressions of concern and five consecutive inspections by the CQC resulting in "Requires Improvement" ratings
11 April	Fountains Care Centre	Residential Care Home	To observe the home in operation
18 April	Goodmayes Hospital: Ogura Ward	Mental Health In-Patient Ward	To observe the ward in operation
19 April	Romford Nursing Care Centre	Nursing Home	To observe the home in operation following various expressions of concern
19 May	Ingrebourne Medical Centre	GP Practice	To observe the practice in operation following an Enter & View visit to a neighbouring practice

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2017			
1 June	Dr Joseph (Collier Row)	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
21 June	Ashling House	Residential Care Ho1me	To observe the home in operation
4 July	Hillside	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
10 July	New Medical Centre	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
20 July	Dr K Subramaniam	GP Practice	To observe the practice in operation following expressions of concern
24 July	Dr Chowdhury (Oak Lodge)	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate, and the practice being placed in special measures
31 July	Park Lane Residential Care	Prospective Residential Care Home	The prospective proprietors of a new home invited a Healthwatch team to visit and view in advance of their arranging for the premises to be converted to a care home. THE REPORT OF THIS VISIT HAS NOT BEEN PUBLISHED.

Date of visit	Establishment visited		Reasons for visit
2017	Name	Type	
12 September	Heatherbrook	Residential Care Home	To observe the home in operation
22 September	Alton House	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
4 October (Unannounced) and 5 October (Announced)	Queen's Hospital, Romford: Mealtimes (second visit)	Acute District General Hospital	To follow up a visit in October 2016 to observe the meals service and to assess how far the recommendations then made have been implemented
25 October	Berwick Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate
21 November	Queen's Hospital, Romford: Public Areas	Acute District General Hospital	To observe the cleanliness and "patient-friendliness" of the pubic areas (entrance, corridors, stairways etc) of the hospital
11 December	Mawney Medical Centre	GP Practice	To observe the practice in operation
13 December	Spring Farm Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Inadequate
14 December	Meadowbanks	Residential Care Home	To observe the home in operation

Date of visit	Establishment visited		Reasons for visit
2018	Name	Type	
12 January	Cecil Avenue Surgery	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
16 January	Chase Cross Medical Centre	GP Practice	To observe the practice in operation following a CQC inspection result of Requires Improvement
16 January	Cranham Court	Nursing Home	To observe the home in operation following a CQC inspection result of Requires Improvement
18 January	Romford Grange Care Home	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
30 January (Announced) and 9 March (Unannounced)	Queen's Hospital, Romford: A&E Department	Acute District General Hospital	To observe A&E in operation at a time of "winter pressures" and following implementation of accommodation changes within the building occupied by the department
7 February	Ladyville Lodge	Residential Care Home	To observe the home in operation following a CQC inspection result of Requires Improvement
13 March	Hornchurch Nursing Centre	Nursing Home	To observe the home in operation

Appendix 2 General Data Protection Regulation (GDPR)

Although the GDPR is not coming into force until May 2018, after the period covered by this Annual Report, in common with other Healthwatch organisations we began preparing for the changes during 2017/18.

Among other steps, we procured new IT hardware and software to provide more robust and secure data collection and storage. Our original IT infrastructure was by then four or more years old and, although there was no reason to suppose it was insecure, it was considered an appropriate time to arrange for upgrades.

Software upgrades are applied as and when they become available and known vulnerabilities are addressed, although for much of that we are reliant upon external providers of services such as the website, email system and antivirus programs.

Data storage – both electronic and on paper – is being reviewed.

Policy changes required as a result of GDPR will be addressed in our Annual Report for 2018/19.

The cost of preparing for GDPR in 2017/18 was £2,790.

Appendix 3 Use of Healthwatch copyright material

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch copyright material, the logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website, Twitter account and YouTube and Vimeo accounts
- This Annual Report
- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements and flyers for events

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2018

Subject Heading:	Healthwatch Havering – Services for People with a Visual Impairment
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises work undertaken by Healthwatch Havering regarding services for local people with a visual impairment**
Financial summary:	**No financial implications of the covering report itself for either the Council or Healthwatch Havering.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached report by Healthwatch Havering summarises a review of services for people with a visual impairment.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached Healthwatch Havering report and takes any action it considers appropriate.

REPORT DETAIL

The attached report details work undertaken by Healthwatch Havering into local services for people with a visual impairment. The report makes a number of recommendations to relevant organisations including the Council and NHS bodies.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

healthwatch Havering

healthwatch Havering

Services in Havering for people who have a visual impairment: a review

June 2018

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

INTRODUCTION

A significant role of a Healthwatch is to support and enable the most vulnerable members of the community to have a voice and to influence services which have a substantial impact on their day to day lives.

This report on Eye Services responds to the concerns expressed by residents, professional staff and voluntary organisations about the service model, the facilities, the level of support and, above all, the disjointed processes that service users experience. The number of organisations involved in this chain of care has surprised us. This contributes to the inability to be able to clearly describe the Care Pathways, which may result in residents who are blind or partially sighted being without the physical and health and wellbeing support they require.

In this report we look at the journey patients make from attending their optician for routine eye tests and glasses, to being referred to the hospital services at Barking Havering and Redbridge University Trust (BHRUT) for more complex care, to those residents who find themselves with an eye condition that requires them to register a Certificate of Visual Impairment (CVI) with the London Borough of Havering (LBH), and the support available to help our residents and their families to adjust their lives for the long term.

Managing long-term conditions requires all organisations to work together, maximising the opportunity by sharing clinical information and technology. It is a concern that some of the information we requested was recorded on a manual basis and only estimates of CVIs issued could be provided for 2016/17; given the role the CVI has in supporting national epidemiological analyses of the needs of people who have a visual impairment, this is particularly disappointing.

Our report indicates that a lot more could be done to improve the experience of patients, especially the provision of an Eye Clinic Liaison Officer (ECLO) at BHRUT, which we have been advised, continues to be delayed despite the support and offer of funding from the Pocklington Trust, the Royal National Institute for Blind People and the continued lobbying of the local Sight Action Group.

There is information and guidance available from the Royal College of Ophthalmologists for all hospital medical staff, comprehensive advice available for everyone from the RNIB, supportive and responsive local services from the London Borough of Havering, advice and information from CarePoint and the voluntary sector such as Sight Action and Partially Sighted Havering.

Our view is that, unless there is a more comprehensive understanding of the individual parts of the entire process of care needed in eye services and how they are interconnected, then we may only address the symptoms of an inadequate service model. However, the commitment shown from organisations to address this problem indicates that it is possible to achieve a more holistic model of care for our residents.

In preparing this report local organisations and individuals have been enormously helpful and we are very grateful for their support.

Commissioning services, redesigning clinical pathways and working across the boundaries of different organisations is a challenge. This, together with the financial pressures being faced by all organisations, makes it important that commissioners and service providers carefully determine where best value for money can be achieved while still delivering on statutory requirements and quality of service and care.

A good place to start this report is to set out the view of patients and carers which is contained within the UK Vision Strategy:

‘Seeing it my way’

- ✓ That I have someone to talk to
- ✓ That I understand my eye condition and the registration process
- ✓ That I can access information
- ✓ That I have help to move around the house and to travel outside
- ✓ That I can look after myself, my health, my home and my family
- ✓ That I can make the best use of the sight I have
- ✓ That I am able to communicate and to develop skills for reading and writing
- ✓ That I have equal access to education and lifelong learning
- ✓ That I can work and volunteer
- ✓ That I can access and receive support when I need it

PROLOGUE – Karen, a Healthwatch Havering member

I'm one of the members of the Working Group which contributed to this report. I'm also severely sight impaired (blind) myself. Although my eye problems were with me from birth, I only got myself registered as blind when I was in my early 20s. I had muddled through school and my first few jobs somehow, with hardly any support. Although I can't remember exactly who it was that recommended getting registered, I do recall feeling unenthusiastic. I couldn't imagine how being "officially disabled" was going to help me, especially being a young, confident and ambitious person. But as it turns out they were right, and I would now recommend registration (which is called a Certificate of Visual Impairment, or CVI) to anyone.

I believe the many positives of getting a CVI are largely unknown and for some reason under-publicised, so I've listed * a few of them that have made my life easier and often more financially comfortable – you can read them in section 9 of this report. Let me make it clear that even once you have a CVI, you always have the option to use or not use it. No one is going to "out" you as sight impaired without your permission. It's just a tool you have at your disposal but if you choose never to use it that's fine, and you won't be forced to. I carry a credit-card-style registration card in my wallet as proof of my status, which was provided to me by my local authority. It's convenient and discreet.

KAREN

** Karen's suggestions are listed on page 39 onward*

CONTENTS

1 RECOMMENDATIONS

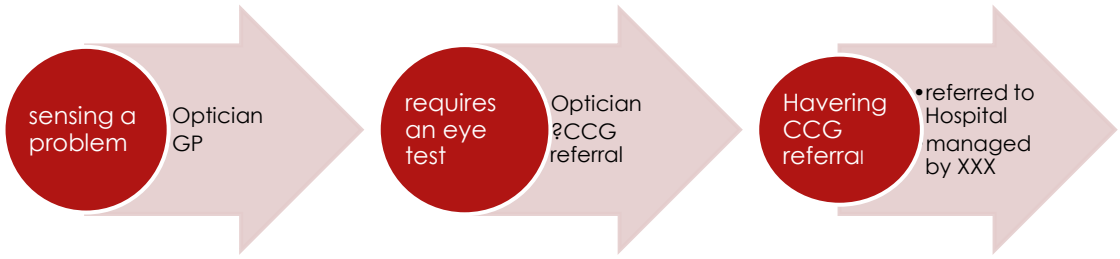
1. That all organisations work together to streamline the referral/assessment process, with the aim of reducing the expenditure and providing a faster service
2. That the CCG review and streamline the assessment, referral and treatment process, with the aim of giving patients a faster diagnosis and possibly saving money by reducing the number of clinical visits
3. That the CCG commission a more holistic model for non-emergency care, based on Care Pathways, drawing on expert opinion, evidenced based practice and mapping clearly what the patient and carer can expect
4. That the CCG review:
    - The care pathway for emergency eye care
    - The guidance and advice provided by the NHS111 service, and
    - The arrangements for patients needing to be transferred to Moorfields
5. That BHRUT and the CCG accept the offer which has been made by the RNIB and the Pocklington Trust to fund/support the appointment of an ECLO to enable the role to be provided as soon as possible, and that BHRUT and the CCG commit to funding and maintaining the role.
6. That all organisations:
    - Recognise that diagnoses of irreversible vision loss can have a traumatic impact on people's lives
    - Develop a Service Level Agreement (SLA) with a voluntary organisation to provide a support service to patients at both Queens and King George Hospital
    - Provide a suitable confidential space with equipment and furniture
7. That everyone be given access to an environment that supports and enables high quality eye care for the prevention and treatment of eye disease to optimise, preserve and restore vision

8. That BHRUT build on current good practice models to develop a Patient and Carer Partnership group facilitated by BHRUT staff
9. That BHRUT create a more dynamic, integrated relationship between the A&E Department and the Outpatients Department to better support both staff and patients
10. That BHRUT and LBH use their best endeavours to ensure that staff and residents are aware of the DVLA Patient and Doctor Guidance and the information provided on the RNIB website regarding visual disorders and driving
11. That care be taken to ensure that all relevant data is shared with Moorfields in order to support a robust needs assessment for those who have visual impairments
12. That BHRUT update their manual recording of CVIs to an electronic database which can provide information in a timely and accurate way to support both BHRUT and the wider health and social care community
13. That BHRUT review its procedures to ensure that all medical staff are complying with the Royal College guidelines and that all Consultant staff and Hospital Eye Clinic staff observe the Guidance note from DH England published 17 August 2017
14. That BHRUT and LBH work together to share the data on CVIs and RVIs to support the appropriate commissioning models for both health and social care and support the epidemiological analysis work which is reported via an NHS England Public Health Indicator
15. That LBH consider incorporating the RNIB database information into its commissioning intentions and requirements to support both current and predicated service models
16. That LBH continue to support voluntary services such as those meeting at Yew Tree Lodge and the opportunities that they provide for residents and, in particular, the highly valued evening club

17. That LBH accept that people who are not digitally literate or able to access digital systems require support to ensure that they can continue to be involved in their community and the opportunities this offers
18. That all organisations aim to achieve the highest possible standards of information, ensuring that they enable people to make informed choices and decision

2 WHERE THE JOURNEY BEGINS AND THE ROLE OF THE CLINICAL COMMISSIONING GROUP

The Journey



- Sensing a Problem

  For most of us the recognition that our vision is deteriorating can come from finding it more difficult to read small text, maybe when driving the car or that feeling of eye strain at the end of a busy day. Some people then contact opticians for an eye test, others seek an appointment with their GP.

- Requires an eye test

  Residents told us about their experiences and it seemed that there was no standard pathway and, in some cases, a meandering and time-consuming pathway. Examples are

  - Patients who attend their local optician were sometimes referred to their GP, others were referred directly to the Westland.
  - Patients who attended their GP were sometimes referred to the Westland Clinic for assessment and Westland clinic referred patients back to the GP for further referral,
  - Patients were referred to the Westland Clinic for assessment and treatment,
  - Patients were referred to BHRUT for assessment and treatment and some to the Treatment Centre.

- In discussion with groups of patients when they began to share their experiences, it became evident that in many cases the current care pathway seemed more like a lottery than clinical efficacy.

Consider

Does this referral journey provide the simplest, most cost effect and optimal route?

We understand that other parts of the country do not have a referral/assessment centre as part of the referral from GP/Optician to Hospital. In many places, the optician can refer directly to the hospital

Recommendation 1:

That all organisations work together to streamline the referral/assessment process, with the aim of reducing the expenditure and providing a faster service

Recommendation 2:

That the CCG review and streamline the assessment, referral and treatment process, with the aim of giving patients a faster diagnosis and possibly saving money by reducing the number of clinical visits

The role of the CCG

Within the NHS service provision, commissioners are required to assess the needs of their individual populations and then purchase services from local providers of care. As part of this role, the CCG assesses how many residents will need care during the year.

The CCG commission services locally from BHRUT, Westland Clinic and the Treatment Centre and more specialist services from hospitals such as Moorfields.

Commissioning services requires detailed specifications and clear performance monitoring techniques, below are areas where concerns have been raised regarding performance.

- Residents' thoughts on what a quality experience should have

  Residents told us that, for them, quality is the total experience and although they valued highly the work of the clinical staff, they identified areas where there was a lack of quality in the total experience:

  - Lack of an Eye Clinic Liaison Officer – '*An investment of £1 can net a return of £10.57 to health and social care budgets - RNIB'*
  - Support in the overall experience for older people with sight problems
  - Congested treatment areas making it hard to manoeuvre walking frames
  - Need for a range of good practical information being easily available for patients recognising the need for language translation and Easy Read
  - Need for more equipment for patients to support them at home and work – Low Visual Aids – particularly important for young people

- Patients' thoughts on what performance standards should deliver

  Patients and carers were seeking to be more informed about the standards of service available in outpatients. Patients suggested that a charter or similar should be displayed setting out the service delivery standards, examples given were

  - How the clinic operated – many found it a very confusing environment

- What to expect and how to prepare themselves, prior to their first attendance.
- More adherence to appointment times - many people said that when they had an appointment for 2.00pm they never expected to be able to leave before 4.30pm, others commented you needed to allocate the entire day if you had to attend the clinic.
- Explanations to patients when the clinic was delayed or running late

- Involving patients in designing services

  The assessment of residents' needs is an important part of commissioning; however, we could not find evidence to demonstrate involvement with service users. The Low Vision Service was criticised for lack of engagement and accessibility for service users and their families

- Improving the emergency eye care facilities in A & E

  Patients have told us that although the care is good in the A & E Emergency Eye Unit, the area is very congested and the facilities poor. Patients said that GPs were very reluctant to care for eye accident conditions. When attending on the advice or GPs or 111 some patients found the experience distressing and have stated that they have been turned away as the visit was not necessary or told to come back the next day. Some were told to go to Moorfields without any conversation about how with an eye injury the patient travelled to Moorfields.

Consider

How can the CCG by working in partnership with BHRUT enhance and maximise the service commissioned on resident's behalf?

How is the CCG preparing for the increasingly older generation who are very high users of the service?

Our research indicates that the clinical teams are very keen to improve the service model. Patients value the service and voluntary organisations who work closely with the hospital are also very supportive and keen to help with improving the service model.

Recommendation 3:

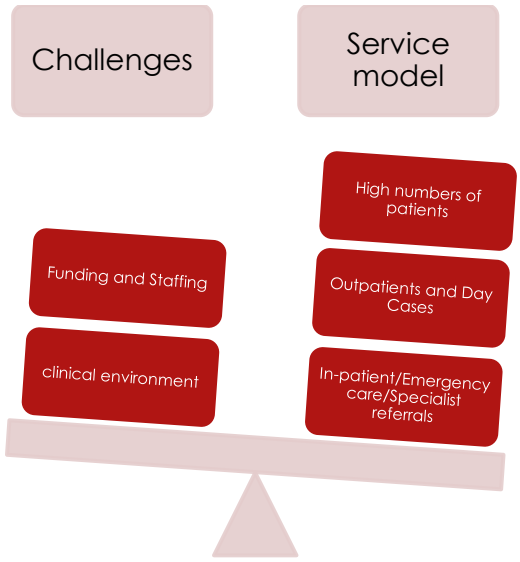
That the CCG commission a more holistic model for non-emergency care, based on Care Pathways, drawing on expert opinion, evidenced based practice and mapping clearly what the patient and carer can expect

Recommendation 4:

That the CCG review:

- The care pathway for emergency eye care
- The guidance and advice provided by the NHS111 service, and
- The arrangements for patients needing to be transferred to Moorfields

3 THE ROLE OF BARKING, HAVERING AND REDBRIDGE UNIVESITY HOSPITALS TRUST (BHRUT)



BHRUT are the main provider of Ophthalmology care for the residents of Havering. The hospital currently provides outpatients' appointments, outpatient treatments, day case procedures and in-patient operations. There are also facilities for patient to be treated for emergency eye care.

There has been nothing that would indicate a lack of confidence in the clinical staff, on the contrary it is well regarded by both staff and patients. Everyone to whom we spoke offered their opinions as a way of achieving the approach of 'a valued service that gets better'. Patients said that their care often exceeded their expectation.

For such a large service provider, crucially, there is no ECLO. It is highly possible that partially sighted residents and blind residents have been leaving the eye clinic not knowing, or unsure of, the name or nature of their eye condition. In addition, patients have not been offered formal counselling either at the time or later.

- What does an Eye Clinic Liaison Officer (ECLO) do?

  ECLOs provide people recently diagnosed with an eye condition with the practical and emotional support which they need to understand their diagnosis, deal with their sight loss and maintain their independence.

  CVI Guidance Notes from the DH England provide the following advice on ECLOs

  "16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations."

  Consider

  Being diagnosed with an eye condition that will considerably change someone's lifestyle can be difficult to come to terms with, and everyone reacts differently. People can be worried about unemployment, at a higher risk of falls and social isolation. It can be an extremely confusing and uncertain time and, in many cases, emotionally traumatic.

  ❖ People with learning disabilities are 10 times more likely to have serious sight problems than other people.

Recommendation 5:

That BHRUT and the CCG accept the offer which has been made by the RNIB and the Pocklington Trust to fund/support the appointment of an ECLO to enable the role to be provided as soon as possible, and that BHRUT and the CCG commit to funding and maintaining the role.

Consider

It is recognised good practice to provide Specialist Advisers on a voluntary basis in services where there is trauma or potentially a negative diagnostic outcome. For fourteen months this service has not been available at BHRUT to patients who receive a diagnosis that their condition is untreatable and will result in them becoming partially sighted or blind. A life-changing diagnosis with no ability to link with an organisation whose networks and advice can provide that vital stepping stone, helping an individual and their family maintain their emotional balance in the months ahead of them.

- People with sight loss are three times more likely to suffer depression.

Recommendation 6:

That all organisations:

- Recognise that diagnoses of irreversible vision loss can have a traumatic impact on people's lives
- Develop a Service Level Agreement (SLA) with a voluntary organisation to provide a support service to patients at both Queens and King George Hospital
- Provide a suitable confidential space with equipment and furniture

- Patients' and Relatives' concerns

Patients and relatives have raised many concerns:

- There is no ECLO or Voluntary Sector support available to patients on diagnosis
- Difficulty contacting the appointments department
- Waiting times for appointments, often confusion with personal and clinical details
- Overcrowding and delays in the outpatient areas
- There has been no information - leaflets/pamphlets, posters or audio material, plus a lack of information in the Accessible format, and equipment from December 2016 to December 2017
- Recently a table with leaflets and useful information has been placed in the main waiting room: it would be helpful if there was signage indicating who patients and carers should speak to, to get advice
- Patients reported a cupboard has been put up with Sight Aids on display. It is placed in a dark corner of the main waiting room and people with sight problems find it difficult to identify Aids in the cupboard.
- Cramped treatment areas
- Lack of the full range of clinical expertise expected in an ophthalmology department
- Clinical staff looking stressed and demoralised, both in Outpatients and A&E
- Lack of appropriate facilities for counselling and support
- No obvious support for patients with Learning Disabilities or patients with other physical needs such as poor mobility
- Royal College of Ophthalmologists together with RNIB have developed a Certificate of Visual Impairment Information poster template for hospital clinics this is not on display.
- Emergency Eye Care in the A & E has very poor facilities and patients complained that they are shuttled between A&E to Team 2 Outpatients.

Consider

The issues raised in this report are very similar to those contained in a CQC report for Moorfields resulting in a rating of Requires Improvement. Is it worth considering the possibility of BHRUT linking with Moorfields to learn about the development and progress they are undertaking as they strive to achieve a Good rating?

Recommendation 7:

That everyone be given access to an environment that supports and enables high quality eye care for the prevention and treatment of eye disease to optimise, preserve and restore vision

Recommendation 8:

That BHRUT build on current good practice models to develop a Patient and Carer Partnership group facilitated by BHRUT staff

Recommendation 9:

That BHRUT create a more dynamic, integrated relationship between the A&E Department and the Outpatients Department to better support both staff and patients

4 THE CERTIFICATE OF VISUAL IMPAIRMENT (CVI)

How this process works and which organisations are responsible for which part seems to have caused a lot of confusion. To assist with a better understanding of the roles and responsibilities of local organisations this section contains extracts from a range of nationally recognised bodies. In the Background Reading section at the end of this report we have identified the sources that we have considered. This process is recognised as complex and to quote the RNIB:

> *'At the moment, however, as RNIB and others have identified, the process of certification isn't always working completely smoothly: certainly, when it is combined with registration: and in fact, it is often incorrect to assume that an area with comparatively low certification rates has relatively few blind and partially sighted residents. A vast range of professionals are involved, all of whom can slow down or block the process'*

The CVI formalises the status of someone as visually impaired and acts as a referral for a social care assessment if the individual is not yet known to social services.

Guidance from the Department of Health (DH)

The DH document published on 17 August 2017 "Certificate of Vision Impairment: Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England", advises:

> *"Purpose of the CVI form*
>
> *"4. Hospital clinic staff should explain the importance of certification and the sharing of information with their local authority, their GP and the Royal College of Ophthalmologists Certifications Office at Moorfields Eye Hospital. If the patient still does not consent to sharing information they should be*

made aware they may miss out on valuable support and information.

"5. Completing and sending off the CVI in a timely manner is not only beneficial for the patient but will enable community health and social care agencies to plan appropriate services as part of local strategies such as falls prevention or loneliness and isolation.

"6. If the patient has also provided consent to share the CVI form with the Certifications Office at Moorfields Eye Hospital, the CVI will be used to record diagnostic and other data that is used for epidemiological analysis and reported via an NHS England Public Health Indicator."

For this process, three statutory organisations are involved:

- BHRUT
- LBH
- The DVLA

BHRUT

It is the role of the senior medical staff at BHRUT to make the assessment and decision to issue a CVI. This process is part of a nationally-designed pathway with clear guidelines available to support medical staff and hospitals in performing this responsibility efficiently and with care.

The Royal College of Ophthalmologists guidelines state:

"The College believes that an important component of good clinical care by ophthalmologists is the offer of a Certificate of Vision Impairment (CVI) to eligible patients and encourages its members to promote the uptake of the CVI amongst patients who are likely to benefit from it and to facilitate the process of registration as far as it is in their power to do so."

The Guidance adds:

Certificate of Vision Impairment Form

'Part 1 of the CVI form clearly indicates the section that must be completed by the consultant ophthalmologist and they should also complete the visual acuity and diagnosis section as set out in Part 2 of the CVI as well. The CVI should be completed fully and accurately. The patient should be actively involved in completing the form which may be completed in part by members of the eye clinic staff where indicated on the form, such as by an Eye Clinic Liaison Officer (ECLO).

16. It is good working practice to have ECLOs in hospitals as this helps to create a good link between health and social care and enhances joined up support for the patient. Clinic staff should be suitably trained to be able to manage what may be an emotional and upsetting time for the patient. The patient should be asked to sign if they consent to their information being shared. It is important to document the patient's decision in their notes and to advise them of the benefits of sharing their information. The patient does not have to consent to share information, and they can also withdraw their consent at any point by contacting the relevant organisations.'

The next stage involves the patient and the decision that they make as to whether to register with the local council (in Havering, LBH):

'Being registered as partially sighted or blind enables a person to access a range of benefits to help them manage their condition and the impact it may have on their lives. Registration is voluntary, and access to benefits and social services is not dependent on registration.'

Registration is voluntary, and whilst it is essential to obtaining some benefits and concessions, it is not a prerequisite for accessing support from social services.

However, we would strongly encourage all patients to seek access to the assessment process provided by the borough. By completing the form, the borough is required to undertake a full assessment of an individual's needs and to provide the necessary help and support needed.

The College also states that:

> *'The* Referral of Vision Impairment (RVI) *letter is used where registration is not appropriate or where the patient has declined registration but wants advice and information about the difficulties caused by loss of vision.'*

LBH

LBH is responsible for assessing the needs of the Borough's population and delivering a range of support and social care provision for people with sight disabilities, and this includes working with voluntary organisations. Under the Care Act 2014, local authorities continue to have specific duties to assess and provide information, rehabilitation and support to visually impaired people. This includes making contact with people within 2 weeks of receiving their CVI. LBH is also responsible for the formal registration process of CVI. For more detail, see section 6 of this report.

The DVLA

Albeit that registration as blind with the local authority is voluntary, an individual who is a driver and is diagnosed with a visual impairment is obliged by law to comply with Driver and Vehicle Licensing Authority (DVLA) requirements (which in many cases will result in disqualification from driving). The DVLA provide a patient and doctor guidance document regarding visual disorders, as do the RNIB.

Consider

Some of the information we requested using FOI was only recorded on a manual basis and only estimates of CVI issued could be provided for 2016/17. This is disappointing given the role the CVI has in supporting epidemiological analysis which is reported via an NHS England Public Health Indicator.

Where a patient consents to registration, the CVI form is also shared with the Certifications Office at Moorfields Eye Hospital, producing data that is ultimately used to shape and commission the local services through the Joint Strategic Needs Assessment (JSNA). If the data is inadequate or inaccurate, it will lead to levels of need not being properly identified.

Recommendation 10:

That BHRUT and LBH use their best endeavours to ensure that staff and residents are aware of the DVLA Patient and Doctor Guidance and the information provided on the RNIB website regarding visual disorders and driving

Recommendation 11:

That care be taken to ensure that all relevant data is shared with Moorfields in order to support a robust needs assessment for those who have visual impairments

5 DOES THE CURRENT INFORMATION AND TECHNOLOGY PROVIDE AND MEET EXPECTATIONS?

Concerns have been expressed to Healthwatch that there is no adequate way of measuring those patients issued with CVI by the consultants at BHRUT and people registering a CVI for assessment and support being received by LBH. Without the right information, LBH cannot allocate sufficient resources to people with Visual Impairments.

Healthwatch have tried to consider how best to address this on-going concern. Our approach, admittedly basic, was to issue FOI requests to BHRUT and LBH.

According to the FOI responses received from both organisations, the position for 2016/17 is:

- BHRUT Ophthalmology Department only keeps information in a manual record by patient name and not date; about 300 CVIs were issued in that year
- LBH received in total from all ophthalmology units (i.e. mainly from BHRUT but also from elsewhere) - 93 CVIs

Below are the formal responses from both organisations:

- BHRUT

Healthwatch's FOI request was sent on 20 February 2018, but the response was not received until 21 May 2018.

Question: In 2016/17, how many Certificates of Visual Impairment (CVI) were issued by the Ophthalmology Department for people resident in Havering?

Response:

'Further to your request dated 20 February 2018, please find our response to your enquiry below. Please also accept our apologies for the delay in getting back to you.

"Our Ophthalmology department keeps a manual record of this information; however, it is not split by CCG/area. Details are recorded by patient name and not date. We can only estimate that there were circa 300 CVI's in 2016/17."

- LBH

Question: For the year 2016/17 - How many Certificates of Visual Impairment were received by the Council (distinguishing between those issued by BHRUT and those issued by other ophthalmic units, if any)

Response:

93 Certificates of Visual Impairment. This information is not held in the way requested and cannot distinguish between BHRUT and other Ophthalmic units

Question: How many assessments of need were made following the receipt of a CVI. How many assessments, if any, were made of individuals needs for support as a result of visual impairment were made without the issue of a CVI

Response:

With CVI - 87

Without CVI - 149

Question: How many people, if any, refused registration as blind despite the issue of a CVI

Response: Information not held

Consider

To make good commissioning decisions and plan appropriately for health and social care, managing all long-term conditions requires all organisations to work together, maximising the use of, and sharing, clinical information and technology.

Recommendation 12:

That BHRUT update their manual recording of CVIs to an electronic database which can provide information in a timely and accurate way to support both BHRUT and the wider health and social care community

Recommendation 13:

That BHRUT review its procedures to ensure that all medical staff are complying with the Royal College guidelines. All Consultant staff and Hospital Eye Clinic staff observe the Guidance note from DH England published 17 August 2017

Recommendation 14:

That BHRUT and LBH work together to share the data on CVIs and RVIs to support the appropriate commissioning models for both health and social care and support the epidemiological analysis work which is reported via an NHS England Public Health Indicator

6 WHAT IS THE ROLE OF THE LONDON BOROUGH OF HAVERING (LBH)?

LBH is responsible for assessing the needs of the Borough's population and delivering a range of support and social care provision for people with sight disabilities, and this includes working with voluntary organisations. Under the Care Act 2014, local authorities continue to have specific duties to assess and provide information, rehabilitation and support to visually impaired people. This includes making contact with people within 2 weeks of receiving their CVI. LBH is also responsible for the formal registration process of CVI.

- Numbers of patients registering

Concerns have been expressed to Healthwatch that there has been a decline in the number of patients registering for assessment with the borough, the rationale for this concern being that a deterioration in people's eyesight predominantly affects the older generation and Havering has the oldest population in London which is also steadily growing, so a decline in registering seemed counter-intuitive.

This was tested by another FOI request.

Question: Please provide the number of people registered with the Council as blind as of 31 March (or the nearest available date) in each of the years 2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017.

Response:

- 2010-11 = 1258
- 2013-14 = 1284
- 2016-17 = 1134

LBH explained that the number of registrations is measured only once every three years, hence it was not possible to provide data for each of the years specified.

Healthwatch followed this up with a meeting with the Service Manager for Disabilities in December 2017, at which he offered the view that Havering's numbers registered appeared lower than other boroughs because, as part of the preparation for the registration review in 2016/17, they carried out a comprehensive review of the existing register and removed from it people who were no longer in the borough, including those that had died or moved away - in some cases, a while earlier, because the service is not notified of every death or move outside the borough.

This explanation goes some way to explaining the apparent statistical anomaly but may not be a complete answer.

Social Care Information Centre

The Health and Social Care Information Centre data for 2014 does demonstrate a similar trend however, the report raises its concern about the accuracy of the 152 councils reporting.

"The statistics relating to blind people who have an additional disability may understate the true numbers.

"Due to additional guidance on deaf blind registration where there was information on additional disabilities for people having multiple disabilities including deaf or hard of hearing,

councils were advised to count this under the category of deaf or hard of hearing. This could lead to a bias towards deaf or hard of hearing disabilities" (emphasis added)

Consider

It has not been possible for Healthwatch to assess whether there is a genuine decline in the number of patients seeking assessment as part of the CVI and RVI process. As LBH has recently undertaken a comprehensive review of the list, going forward, LBH is in an advantageous position to be able to monitor accurately the number of residents with a CVI or an RVI.

The FOI response from BHRUT has demonstrated, however, that record keeping for CVIs is by use of a manual system and is only able to offer very approximate confirmation of numbers of CVI's undertaken by the Ophthalmology Department, seemingly and crucially without being able to identify the borough of residence so that neither the local authority can be confident of the number of residents eligible to be registered nor the CCG can be confident that it is paying through its commissioning arrangements for the right number of patients .

The RNIB's Sight Loss Data Tool is the UK's biggest collection of eye health datasets. It collates a wide range of publicly available datasets enabling a tailored story about the local area; and the benchmarking report shows users how local areas compare to their region and nation, across a set of key indicators.

Recommendation 15:

That LBH consider incorporating the RNIB database information into its commissioning intentions and requirements to support both current and predicated service models

Voluntary Sector services

During the process of completing this report we have had the pleasure of working with three voluntary groups, Havering Over Fifties Forum (HOFF), Sight Action Havering and the Partially Sighted Group. It has been invaluable spending time with their members to seek their views on eye services. The Partially Sighted Group and the Havering Over Fifties Forum both benefit from LBH support, particularly with the use of premises as they average between 50 – 120 members each.

LBH is undertaking a 'Review' to ascertain if they can continue to provide the Yew Tree Resource Centre on a Monday evening. This is a much-valued focus point for Havering residents who are partially sighted or blind.

While it is necessary to ensure that public funds and resources are used to best effect, it is easy to create an impression that out-of-hours provision are subordinated more to the convenience of staff and cost control than to addressing the inequality of disadvantaged people being unable to access facilities others take for granted.

Consider

There is good access to information and personal support in the borough. In addition, there is on-going development to support further use of electronic systems.

The challenge for LBH is to consider ways in which individuals who are not able to access electronic services such as email or use or afford a smart phone are kept informed and aware of services and

opportunities as these people may be some of the most vulnerable in the community.

People who have a visual impairment are not always able to access clubs or other social gatherings and facilities that others are able to use.

Recommendation 16:

That LBH continue to support voluntary services such as those meeting at Yew Tree Lodge and the opportunities that they provide for residents and, in particular, the highly valued evening club

Recommendation 17:

That LBH accept that people who are not digitally literate or able to access digital systems require support to ensure that they can continue to be involved in their community and the opportunities this offers

7 THE IMPORTANCE OF GOOD AND ACCESSIBLE INFORMATION

Healthwatch England gives the following advice on 'What should you expect from the NHS when it comes to accessible information?'

The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

It also includes appropriate support to help individuals communicate, for example, support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

Five things that you should expect from organisations that provide NHS or adult social care:

- You should be asked if you have any communication needs, and asked how these needs can be met
- Your needs should be recorded in a clear and set way
- Your file or notes should highlight these communication needs so people are aware and know how to meet them
- Information about your communication needs should be shared with other providers of NHS and adult social care, when they have consent or permission to do so
- Information should be delivered to you in a way you can access and understand, with the option for communication support if needed

Consider

The evidence we have seen suggests that some people leave the Eye Clinic not fully realising the implications of the diagnosis that they have a visual impairment.

The support of an ECLO, highlighted earlier in this report, would go some way to alleviating this; but the ready availability of detailed information would also assist in understanding at a time in the affected people's lives when they are particularly vulnerable.

Recommendation 18:

That all organisations aim to achieve the highest possible standards of information, ensuring that they enable people to make informed choices and decision

8 WHAT IS AVAILABLE WITHIN THE COMMUNITY TO SUPPORT HAVERING RESIDENTS?

The following is a brief summary of information available to local residents; it is not an exhaustive guide.

✓ London Borough of Havering

'Information and service guide for people who are vision impaired'

This useful guide is available on line and in printed format. It is **available by contacting the Customer Services, Adult Social Care** on 01708 432000

www.haveringcarepoint.org/care-advice/living-with-a-sensory-impairment/

'browsealoud' software is available to improve accessibility of webpages. It enables users to change the colour scheme, alter text size and have information read aloud:

www.texthelp.com/en-gb/products/browsealoud/

✓ CarePoint

CarePoint are the Council's Information Service point. They can provide advice on a wide range of issues related to Sight Impairment, such as which concessions people are entitled to and they actively promote residents registering as it helps the council improve the support available for those living with sight impairment in Havering.

CarePoint offer Drop-In clinics across the borough, and to contact them for more information you can

Telephone 01708 776770 selecting option 2

Email carepoint@peabody.org.uk

✓ Sight Action (Havering)

Sight Action (Havering) is a local voluntary sector society for vision impaired people in Havering. Sight Action is also a registered charity (1078815).

It is supported by East London Vision (ELVis). ELVis is designed to provide an effective and efficient way of ensuring that vision impaired people living in East London get the support and services they need.

Sight Action also works closely with the Thomas Pocklington Trust.

Sight Action has a wealth of experience and knowledge and works closely with the RNIB to achieve the best possible standards of care for residents in the borough.

Email enquiries@sightactionhavering.org.uk

- ✓ Partially Sighted (Havering) - voluntary organisation based at Yew Tree Lodge

Partially Sighted Society Havering is a voluntary organisation, also based at Yew Tree Resource Centre. The Society pays London Borough of Havering for the use of Yew Tree Resource Centre to run a Monday evening social group, and also runs a Drop-In group every Tuesday afternoon.

The Society's meetings give opportunity for residents to meet in the evening, once a month, and provide a much-valued social outing and emotional support. It also provides weekend events such as barbeques where other family members can join in. The Society is well networked into the borough and provides members with information, contacts, advice and transport help to attend the meetings and events. Users were extremely positive about the "club". The service meets on 3rd Monday of each month between 8pm and 10pm. Transport can be provided.

The Drop-In Group service aims to offer advice and information; and to provide opportunities for visually impaired people to socialise with other visually impaired people, and to share hints and advice on how to get around everyday problems they encounter. In addition, the Society's volunteers demonstrate specialist equipment and how they can be used, thus encouraging independent living.

The Drop-In group meets every Tuesday between 12:30pm and 3pm at Yew Tree Resource Centre.

Contacts: Peter Slattery = Peter.Slattery@blueyonder.co.uk and John Slattery = dapjbs@gmail.com

✓ Royal National Institute for the Blind (RNIB)

This nationally respected organisation has a wealth of information and guidance on their website, as well as interactive and video information and the ability to speak to one of their advisers. It is worth a visit and can be particularly helpful for family and friends in helping to guide people through the myriad of complex issues which arise, from clinical advice, to employment opportunities, training and fitness and wellbeing.

Contact: www.rnib.org.uk or telephone 0303 129 9999

✓ Havering over Fifties Forum (HOFF)

The HOFF is a non-political organisation which offers a platform where the over 50's can find information and raise issues which are of a concern to them.

The forum is open to Havering residents aged over 50. It meets monthly, usually on the second Tuesday of the month, in the Council Chamber at Havering Town Hall

Contact 07541 511973 for general enquiries; 01708 733711 for membership

Website: www.havo50forum.org

Email: contact@havo50forum.org

9 BACKGROUND READING

To support our work, we have sourced the following documents which we hope will provide additional information to the reader.

1) The Importance of an Eye Clinic Liaison Officer – the link below takes you to the RNIB site where a detailed paper sets out the economic benefits to having an ECLO as a key member of the service.

   http://www.rnib.org.uk/economic-impact-eclo

2) The Royal College of Ophthalmologists provide as part of its professional resources advice on the CVI

   www.rcophth.ac.uk/professional-resources/certificate-of-vision-impairment/

   It has also produced two videos of interest:

   http://youtu.be/yk0sFBtKNf8 for professionals

   http://youtu.be/4iX_0_SlLOE for patients

3) Certificate of Visual Impairment

   www.gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability

4) Information available from RNIB

   www.rnib.org.uk/eye-health/registering-your-sight-loss

5) DVLA guidance and RNIB guidance for drivers

   patient.info/doctor/visual-disorders-dvla-guide

   www.rnib.org.uk/information-everyday-living-getting-around/driving

6) LBH advice services

www.havering.gov.uk/accessibility

www.haveringcarepoint.org/.../2015/06/Visual-Impairment-booklet1.pdf

7) The Partially Sighted Group

familyserviceshub.havering.gov.uk/kb5/havering/directory

8) The changes to the electoral system

www.gov.uk/government/organisations/department-of-health

9) UK Vision Strategy – Seeing It My Way

www.visionuk.org.uk/seeing-it-my-way-the-peoples-voice

10) RNIB statistical information

www.rnib.org.uk/.../key-information-and-statistics

11) RNIB Accessible Information Standards AIS

www.rnib.org.uk/sites/default/files/RNIB-FAQLeaflet-GP-Practice-Manager-for-1605-implementation-Oct2016_0.pdf

KAREN'S SUGGESTIONS - *Following from her Prologue on page 4*

EMPLOYMENT

Getting, and keeping, a job is particularly difficult when you have impaired vision. In fact the shocking fact is that only 27% of those of us of working age are in employment. Luckily though there is some support available.

Blind In Business –
http://www.blindinbusiness.org.uk/

This organisation, set up by three blind graduates, provides training & advice for sight impaired people hoping to find work or education opportunities. They sent me on helpful workshops & gave me loads of personal guidance when I was looking for my first full-time job.

RNIB –
https://www.rnib.org.uk/information-everyday-living/work-and-employment

The RNIB provides an absolute wealth of information and advice about how to choose, find and keep a job. For a young person unsure of how to embark on their career, the Trainee Grade Scheme (https://www.rnib.org.uk/information-everyday-living-work-and-employment-practical-support/trainee-grade-scheme) is probably of most interest. This provides a year of paid work in one of many areas of employment - a fantastic way to learn key skills & decide what's right for you.

Access to Work –
https://www.gov.uk/access-to-work

This government scheme provides support if you already have or are about to start paid employment. In my case, I was able to get a voice recorder and a hand-held video magnifier, both of which have been a huge help at work.

Blind Person's Tax Allowance –
https://www.gov.uk/blind-persons-allowance

This allowance means that you can earn an extra couple of thousand pounds before you start having to pay income tax. It's free money, and is automatically added each year, without you having to reapply.

EDUCATION

There is a range of help available for sight impaired people who want to learn & develop their skills.

Disabled Student's Allowance –
https://www.gov.uk/disabled-students-allowances-dsas

While studying, this fund provided me with various pieces of IT equipment plus an assistant for note-taking & other tasks.

Special Examination Arrangements

Wherever you're studying - further or higher education, or gaining a professional qualification - you should request help with materials & exams. I have been able to get electronic versions of printed course materials emailed to me in advance, and had extra time given to me during exams. The format of exams could also be changed to suit your needs. Contact your institution of provider for details.

BENEFITS

You may not think that your sight impairment costs you money, but I can almost guarantee that it does. From paying for taxis that other people wouldn't need, to buying magnifiers & other visual aids, to replacing the bottle of wine that you knocked onto the floor. You're entitled to benefits, so don't shy away from claiming them.

Personal Independence Payments (PIP) –
https://www.gov.uk/pip

Previously known as Disability Living Allowance, this benefit can be paid to you regardless of your income or employment status. The amount depends on how your disability affects your daily life. Contact the RNIB before applying - they can give you essential guidance on how to fill in the forms.

Working Tax Credits –
https://www.gov.uk/working-tax-credit

If you're working more than 16 hours a week, you can claim this benefit and there is extra money available for those with a CVI.

General benefits advice –
https://www.rnib.org.uk/benefits-and-support

The RNIB, as you'd expect, has a wealth of information available on this subject. Note especially that they provide a 'benefits calculator' that will check what and how much you should be entitled to.

TRAVEL

I believe travel is the area of my life which is most affected by my sight loss. Accessing the services below has made an enormous difference to my ability to travel and consequently to my sense of independence.

Freedom Pass –
https://www.londoncouncils.gov.uk/services/freedom-pass

This is the single most beneficial thing that my CVI has given me. It is a card which gives me free travel across London and free bus journeys nationally. I use it on trains, tubes and buses every day. It is only available to residents of London boroughs.

Blue Badge –
https://www.gov.uk/government/collections/blue-badge-scheme

Most people think of the blue badge as being associated with a particular car, but people with a CVI can get a 'mobile' blue badge which they can use in any vehicle in which they're a passenger. Blue badge holders sometimes get free parking or discounts/exemptions on things like the Congestion Charge, so it is well worth having.

Disabled Persons' Railcard –
https://www.disabledpersons-railcard.co.uk/

With this card you can get ⅓ off rail fares on all networks, for yourself and for your companion if you're not travelling alone.

Other rail concessions -
http://www.nationalrail.co.uk/stations_destinations/44965.aspx

Even if you don't buy a railcard, you can use your CVI registration card to get discounts of up to 50% for both of you as long as you are travelling with a companion.

ENTERTAINMENT

It is always worth mentioning your sight impairment when booking tickets for the theatre, comedy clubs etc, and when arriving at an attraction such as a museum or theme park. Frequently you will get a complimentary ticket for your companion, but there are other benefits on offer such as the ability to 'queue jump' at certain theme parks.

CEA Cinema Card –
https://www.ceacard.co.uk/

This card is accepted in many cinemas across the country, and allows your companion to get a free ticket.

TV licence –
http://www.tvlicensing.co.uk/check-if-you-need-one/for-your-home/blindseverely-sight-impaired-aud5

The discount given to blind (severely sight impaired) TV licence holders is a whopping 50%.

The things I've mentioned here are just the tip of the iceberg, but I hope they'll prove useful to anyone considering getting a CVI, or who's not sure what they can do with the one they already have. I recommend doing some Google research, perhaps about your own eye condition, or about how sight impaired people pursue the pastimes you're interested in. It can be a huge relief just to discover that you are not alone, that there are people experiencing similar things to you, and that there are solutions out there which can make your life easier & richer.

Karen

10 TABLE OF ABBREVIATIONS

A&E (Department)	Accident and Emergency Department
BHRUT	Barking Havering and Redbridge University Trust
CCG	Clinical Commissioning Group
CVI	Certificate of Visual Impairment
DVLA	Driver and Vehicle Licensing Authority
ECLO	Eye Clinic Liaison Officer
FOI	Freedom of Information
GP	General Practitioner
HOFF	Havering Over Fifties Forum
LBH	London Borough of Havering
Moorfields	Moorfields Eye Hospital
NHS	National Health Service
RNIB	Royal National Institute of Blind People
Royal College	Royal College of Ophthalmologists
RVI	Referral of Vision Impairment
SLA	Service Level Agreement

Healthwatch Havering thanks all service users, staff and other participants who have contributed to this review for their help and co-operation, which is much appreciated.

Disclaimer

This review is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**
email
enquiries@healthwatchhavering.co.uk
Find us on Twitter at @HWHavering

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
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Find us on Twitter at **@HWHavering**

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HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, REPORTS AND WORKPLAN MONITOR

MEETING DATE	**DEADLINE FOR SUBMISSION OF PAPERS (CLEARED REPORT, PRESENTATION ETC TO DEMOCRATIC SERVICES)**
18/07/2018	**06/07/2018**
	TRUST OVERVIEW - CCG
	TRUST OVERVIEW - NELFT
	TRUST OVERVIEW – BHRUT
	JHOSC NOMINATIONS
	PERFORMANCE INFORMATION
	SUB-COMMITTEE WORK PROGRAMME
26/09/2018	**14/09/2018**
	HEALTHWATCH INTRODUCTION AND ANNUAL REPORT
	HEALTHWATCH – SERVICES FOR VISUALLY IMPAIRED PEOPLE
	GENDER PAY
	HEALTH TOURISM UPDATE
	PERFORMANCE INFORMATION
	GP RECRUITMENT

04/12/2018	**22/11/2018**
	PRIMARY CARE – CQC RATINGS
	HEALTHWATCH – ENTER AND VIEW VISIT TO QUEEN'S
	PERFORMANCE INFORMATION
	BHRUT FINANCIAL POSITION
19/02/2019	**05/02/19**
	PERFORMANCE INFORMATION
	COMMITTEE'S ANNUAL REPORT
	A & E UPDATE