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## MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE Barking & Dagenham 2 October 2018 (4.00 - 6.00 pm)

**Present:**

### **COUNCILLORS**

<b>London Borough of Barking &amp; Dagenham</b>	Eileen Keller (Chairman) and Paul Robinson
<b>London Borough of Havering</b>	Nic Dodin and Ciaran White
<b>London Borough of Redbridge</b>	Beverley Brewer and Muhammed Javed+ and Neil Zammett
<b>London Borough of Waltham Forest</b>	Richard Sweden and Saima Mahmud
<b>Essex County Council</b>	Chris Pond
<b>Epping Forest District Councillor</b>	Aniket Patel
<b>Co-opted Members</b>	Ian Buckmaster (Healthwatch Havering) and Richard Vann (Healthwatch Barking & Dagenham) cil)

+substituting for  
Councillor Stuart  
Bellwood

Also present:

Shelagh Smith, Chief Operating Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)  
Liz Crees, Cancer Speciality Manager, BHRUT  
Nicky Agar, Lead Chemotherapy Nurse, BHRUT

Dan Burningham, Programme Director – Mental Health, City & Hackney CCG  
Mark Lawrence, Metropolitan Police  
Briony Sloper, London Ambulance Service

Dr Usman Khan, Consultant in Public Health, Barking & Dagenham  
Anthony Clements, Principal Democratic Services Officer, Havering  
Leanna McPherson, Democratic Services Officer, Barking & Dagenham  
Jilly Szymanski, Scrutiny Co-ordinator, Redbridge

One member of the public was also present.

All decisions were taken with no votes against.

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

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

Apologies were received from Councillors Stuart Bellwood, Redbridge (Muhammed Javed substituting) Nisha Patel, Havering and Catherine Saumarez, Waltham Forest. Apologies were also received from Mike New, Healthwatch Redbridge.

**11 DISCLOSURE OF INTERESTS**

**6. HEALTH BASED PLACES OF SAFETY.**

The following personal interest was disclosed;

Councillor Richard Sweden, Personal, managed by, though not employed by, North East London NHS Foundation Trust.

**12 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 26 July 2018 were agreed as a correct record and signed by the Chairman.

**13 BHRUT - IMPROVING CANCER CARE**

BHRUT officers explained that the Trust provided one of the largest oncology departments in the UK and offered care for patients during the acute phase of treatment as well as beyond this. The Trust had met the national 62 day cancer treatment standard for the last 13 months. Initiatives such as the Enhanced Supportive Care Team and the EMPOWER Programme – a course on dealing with cancer treatment, had been nominated for awards.

The Trust also offered a state of the art radiotherapy facility at Queen's Hospital and the introduction of two halcyon machines had halved treatment times as well as making radiotherapy treatments more accurate. The Trust covered a catchment area of more than one million people and expected a 6% yearly increase in patient numbers.

Current treatments offered included radiotherapy at Queen's, chemotherapy at Queen's and King George, an inpatient ward at Queen's and outpatient facilities at both sites. The Trust wished to centralise chemotherapy treatment at Queen's to improve efficiency, care and experience due to the access to specialised medical cover and the removal of the need to transport chemotherapy drugs between sites. This would allow better

access to clinical trials and would offer better outcomes for patients requiring chemotherapy and radiotherapy. Current treatment pathways meant that more complex cases were seen at Queen's whilst all pre-assessment and clinical trials also took place at Queen's.

Some 600 patients per month were given chemotherapy at the Sunflower Suite at Queen's (compared to 450 previously) and 150 patients at the Cedar Centre at King George (compared to 200 previously). More choice of appointment times could be offered at the Queen's unit which was open six days per week. There was also a dedicated pharmacy production unit at Queen's whereas chemotherapy had to be transported four times a day to King George. The Trust therefore felt that just having chemotherapy at Queen's would reduce patient delays. Longer term plans included a phone triage service for chemotherapy patients which would allow those patients needing urgent help to go straight to the cancer unit, rather than wait in A & E.

Some 20% of patients receiving chemotherapy at BHRUT would be affected by the proposed change. The expected rise in more complex cases over time (which would be seen at Queen's) was likely to reduce this figure. It was accepted that some people would experience increased travel times but officers felt that the better patient experience would outweigh this. Hospital transport would continue to be provided as necessary and there remained a dedicated free car park at Queen's for oncology patients during treatment. Reduced waiting times would mean that car park capacity was unlikely to be an issue.

The Trust wished to implement the changes by the end of October and BHRUT officers did not feel that this was a significant change to how services were delivered. Engagement had been undertaken with patient groups and, once the changes were agreed, leaflets about the changes would be distributed across both hospitals and a frequently asked questions page placed on the Trust website. All members of the Trust's Patient Partnership Council (PPC) supported having chemotherapy services on one site and it was felt that there would be capacity for this at Queen's with the possibility of chemotherapy being available on Sundays in the future.

Members from Redbridge accepted the clinical case for the changes but felt that they did warrant formal consultation, particularly in view of the extra travelling distances for patients from both Redbridge and Barking & Dagenham. It was felt that the PPC was not a substitute for formal processes and Local Healthwatch organisations could be contacted by the Trust to ask patients what they felt about the changes. Officers responded that they did not need to consult as the most complex cases already travelled to Queen's – patients did not have a choice in where they have their treatment; it was based on the treatment they needed. The Trust was happy to work with Healthwatch on the issue.

Other issues raised by Members included the extent of consultation about the issue with staff, with Clinical Commissioning Groups and with voluntary

organisations. There were also concerns about whether the plans had been approved by the Trust Board and whether the proposals contradicted intentions to keep the Cedar Centre at King George open. Officers confirmed that any financial efficiencies resulting from the changes would be reinvested in the Living with Cancer and Beyond service. Details of the number of Redbridge residents and BME members on the PPC could be provided, as well as the support of the groups for the proposals. The plans were ready and in place to be implemented following discussion with the Overview and Scrutiny Committees.

It was explained that staff currently rotated between the King George and Queen's sites and staff could have better career progression by being based at the one site through better support and skills enhancement. Chemotherapy nurses were very difficult to recruit and agency nurses at times had to be used at an additional cost. The Macmillan cancer charity supported the expansion of the health and wellbeing services and officers would give details of engagement with other voluntary services.

The figures for patient numbers covered the period June 2017 – May 2018. Councillor Pond felt it was unlikely that the Essex Health Overview and Scrutiny Committee would consider the proposals to be a major change of services.

A Member from Havering raised concerns that the oncology car park at Queen's would not be big enough and that the wider transfer of services from King George to Queen's would result in Queen's being unable to cope with the extra patients. It was clarified that there was a dedicated car park for Oncology. There was already a helpline available for chemotherapy patients that was staffed 24 hours a day and the centralisation of chemotherapy on the Queen's site would allow for emergency patients to be seen in the Sunflower Suite, thus avoiding a visit to A & E.

Officers could provide a breakdown of the figures for numbers of patients affected by the proposals, by age and ethnicity. It was emphasised that the proposals did not mean the closure of the Cedar Centre at King George. The existing cancer pathway did mean that people were already sent to other facilities depending the type of their cancer. Choices of treatment venue could not be given to patients and the venue often had to at Queen's for certain treatments etc.

The Joint Committee agreed to recommend that, as part of the ongoing engagement process, the Local Healthwatch organisations should be asked by the Trust to research patient views on the proposals